

**CHAPTER 44C****STANDARDS FOR COMMUNITY RESIDENCES  
FOR PERSONS WITH HEAD INJURIES****Authority**

N.J.S.A. 30:11B-1 et seq., specifically 30:11B-4.

**Source and Effective Date**

R.2004 d.31, effective January 20, 2004.  
See: 35 N.J.R. 1337(a), 36 N.J.R. 533(a).

**Chapter Expiration Date**

Chapter 44C, Standards for Community Residences for Persons with Head Injuries, expires on January 20, 2009.

**Chapter Historical Notes**

Chapter 44C, Standards for Community Residences for Persons with Head Injuries, was adopted as R.2004 d.31, effective January 20, 2004. See: Source and Effective Date.

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**APPENDIX****SUBCHAPTER 1. GENERAL PROVISIONS****10:44C-1.1 Purpose and scope**

(a) The purpose of this chapter is to establish specific requirements for the provision of residential services to persons with head injuries who reside in group homes, supervised apartments or supported living programs.

(b) Group homes, supervised apartments, and supported living programs designed specifically to meet the needs of developmentally disabled individuals are licensed under N.J.A.C. 10:44A.

(c) Community care residences, living arrangements in which a Family Care or Skill Development program is provided in a private home or apartment, are licensed under N.J.A.C. 10:44B.

(d) If none of the persons with head injury at a particular place of residence requires personal guidance, as determined by the transdisciplinary team, licensing shall be available on a strictly voluntary basis, in recognition of a person's right to choose independent living.

**10:44C-1.2 Severability**

If any provision of this chapter or the application thereof to any person or circumstances is held invalid, the invalidity shall not affect other provisions or applications of this chapter which can be given effect and to this end the provisions of this chapter are severable.

**10:44C-1.3 Definitions**

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

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

“Adaptive behavior” means behavior that in a cultural or functional context indicates the ability of a person served to adjust to environmental demands in a fashion that benefits the person served while respecting the rights of those with whom he or she comes in contact.

“Advanced practice nurse,” also known as a nurse practitioner (see N.J.S.A. 45:11-46c), is defined in N.J.S.A. 45:11-23 and may, in addition to those tasks lawfully performed by a registered professional nurse, manage specific common deviations from wellness and stabilized long term care illnesses by initiating laboratory and other diagnostic tests and prescribing certain medications and devices (see N.J.S.A. 45:11-49).

“Advocacy services” means one or more of the following services:

1. Personal advocacy: one-to-one advocacy to secure the rights of people with head injuries and their families;
2. Systems advocacy: seeking to change a policy or practice that affects people with head injuries;
3. Legislative advocacy as permitted by law: seeking legislative enactments that would enhance the rights and/or opportunities for people with disabilities or persons with head injury;
4. Legal advocacy: using the judicial and quasi-judicial systems to protect the rights of persons with head injuries;

5. Self-advocacy: advocacy of a person served on his or her own behalf.

“Affirming rights” means respecting rights and providing the assistance persons served need to exercise those rights and to engage in self-advocacy.

“Affiliation” means a relationship, usually signified by a written agreement, between two organizations, under the terms of which one organization agrees to provide specified services and personnel to meet the needs of the other organization, usually on a scheduled basis.

“Agency” means the licensee and his or her staff responsible for the care and safety of the persons served in each community residence for persons with head injuries licensed under this chapter.

“Approved” means approved by the licensing agency.

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

“Assistive device” means any implement or mechanism that enables a person with head injuries to increase, maintain, and/or improve his or her functioning capabilities.

“Assistive technology” means the use of commercial or custom-designed devices, modifications, and/or related technical services to increase, maintain, and/or improve the functional capabilities of persons with head injuries who have resulting disabilities.

“Audiology” means services provided by an audiologist who meets applicable legal requirements for the provision of audiology services and who meets the academic and work experience standards established by the American Speech-Language and Hearing Association for the Certificate of Clinical Competence in Audiology.

“Authorization to operate” means official correspondence issued by the licensing agency to permit a licensee to operate beyond the license expiration date, because of a delay in completing a licensing inspection.

“Banking institutions” means and includes banks, trust companies, national banking associations, savings banks, savings and loan associations and Federal savings and loan associations.

“Behavior modification program” means a written, approved plan that employs techniques to:

1. Decrease maladaptive behavior; and
2. Increase adaptive behavior.