

**CHAPTER 47****MANUAL OF STANDARDS FOR PRIVATE  
LICENSED FACILITIES FOR THE  
MENTALLY RETARDED****Authority**

N.J.S.A. 30:1-12, 30:1-15, 30:1-15.1, 30:6D-23 et seq.

**Source and Effective Date**

R.1990 d.593, effective November 2, 1990.  
See: 22 N.J.R. 2915(b), 22 N.J.R. 3620(b).

**Executive Order No. 66(1978) Expiration Date**

Chapter 47, Manual of Standards for Private Licensed Facilities for the Mentally Retarded, expires on November 2, 1995.

**Chapter Historical Note**

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 Chapter 47 was repealed and replaced with new rules as "Manual of Standards for Private Licensed Facilities for the Mentally Retarded" by R.1985 d.540, effective November 4, 1985.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 Subchapter 2, formerly "Licensure Procedure," was repealed and replaced with new rules and retitled "Licensure" by R.1990 d.593, effective December 3, 1990.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

**CHAPTER TABLE OF CONTENTS****SUBCHAPTER 1. GENERAL PROVISIONS**

- 10:47-1.1 Scope
- 10:47-1.2 Definitions

**SUBCHAPTER 2. LICENSURE**

- 10:47-2.1 Licensure requirements

**SUBCHAPTER 3. ADMINISTRATIVE POLICIES**

- 10:47-3.1 Management and organization standards
- 10:47-3.2 Administrative standards
- 10:47-3.3 Admission and release
- 10:47-3.4 Personnel services
- 10:47-3.5 Records and reports

**SUBCHAPTER 4. RESIDENT LIVING**

- 10:47-4.1 Living unit
- 10:47-4.2 Hygiene
- 10:47-4.3 Meals and food service
- 10:47-4.4 Clothing

**SUBCHAPTER 5. HEALTH SERVICES**

- 10:47-5.1 General medical and health care

**SUBCHAPTER 6. HABILITATION SERVICES**

- 10:47-6.1 Education, training and therapy services

## 10:47-6.2 Individual Habilitation Plan

**SUBCHAPTER 7. SUPPORT SERVICES**

- 10:47-7.1 Physical plant
- 10:47-7.2 Sanitation and safety
- 10:47-7.3 Transportation
- 10:47-7.4 Fire safety

**SUBCHAPTER 1. GENERAL PROVISIONS****Authority**

N.J.S.A. 30:1-12, 30:1-15, 30:1-15.1, 30:6D-23 et seq.

**Source and Effective Date**

R.1985 d.540, effective November 4, 1985.  
See: 16 N.J.R. 2902(a), 17 N.J.R. 2648(b).

**Executive Order 66(1978) Expiration Date**

Pursuant to the requirements and criteria of Executive Order 66(1978), this subchapter expires on November 4, 1990.

**10:47-1.1 Scope**

The Health Care Facilities Planning Act, N.J.S.A. 26:2H-1 et seq., vests the responsibilities for licensing and regulation of health care facilities with the State Department of Health. N.J.S.A. 30:1-15 and Title 30:1-15.1, however, vests the New Jersey Department of Human Services with the responsibility for inspection of private residential facilities for the mentally retarded as necessary but at least once a year. These statutes also authorize the Commissioner of the Department of Human Services to set appropriate operating standards for these facilities. The standards set forth in this chapter are minimum operating standards for private facilities serving the mentally retarded in the State of New Jersey.

**10:47-1.2 Definitions**

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

"Administrator" shall mean the chief executive officer of a non-proprietary institution or the manager of a proprietary institution.

"Classification of institutions" shall mean the identification of facilities according to the type of developmentally disabled persons treated. Such classification shall be by mental level, age, sex, and secondary handicap. Institutions may be licensed for more than one classification group only if specific treatment is provided for each group. Details of the classification shall be specified in the letter from the Commissioner, Department of Health, which accompanies the license.

1. Mental level: Classification of residents by mental level shall be made only through professional diagnosis.

i. There are two generally accepted scales for categorizing mental level—educational capabilities and measured intelligence. Although the scales are not interchangeable, there is correlation between them. Both are outlined here. Either may be used to identify the mental levels served by the institution.

(1) Educational capabilities (Division of Mental Retardation, Standards for Public Institutions): For residents, chronological age range 3–21 inclusive:

(A) "Educable:" Persons whose potential mental capabilities, although of inferior order, are capable of further development through education (minimum overall IQ of 50).

(B) "Trainable:" Persons whose mental capabilities are significantly retarded but who, through training, may be capable of some degree of self-help, personal independence, and social and economic usefulness within a sheltered environment (maximum overall IQ of 49 to minimum IQ of 24).

(C) "Sub-trainable:" Persons who are markedly mentally retarded so as to be neither educable nor trainable and who are dependent on the institution for continuous personal care and supervision (maximum overall IQ of 24). This definition does not relieve the administrator of the institution from responsibility to provide education and training opportunities defined under N.J.A.C. 10:47-6.1(a).

(2) Measured intelligence: Four levels of deviation in measured intelligence are identified adjectively by the American Association of Mental Deficiency. (AAMD)<sup>1</sup> They correspond to ranges in IQ values on intelligence tests and have become the standard descriptive terms used to identify mental levels. The four levels are listed here with the corresponding IQ ranges of Stanford-Binet and Cattrell Tests of Intelligence:

(A) "Mild Mental Retardation," IQ 67–52.

(B) "Moderate Mental Retardation," IQ 51–36.

(C) "Severe Mental Retardation," IQ 35–20.

(D) "Profound Mental Retardation," IQ 19 and below.

ii. Although there is no absolute correlation, in general, children in the Mild ranges are considered Educable; children in the Moderate range and some in the Severe range are considered Trainable; others in the Severe range and those in the Profound range are considered neither educable nor trainable. It is important to remember that measured intelligence categories reflect current intellectual functioning as indicated by performance on an intelligence test. They are not meant to reflect potential or absolute level of intelligence. The categories of educational capabilities reflect current functioning with some consideration of potential.

2. Age: The minimum and maximum ages of residents accepted for treatment shall be specified in the license.

3. Sex: The license shall specify whether the institution shall admit males only, females only, or both males and females.

4. Secondary handicap: The license shall specify whether the institution may serve developmentally disabled persons who have additional handicaps of blindness, deafness, crippling or emotional disturbance.

"Client" shall refer to the developmentally disabled person admitted to or seeking admission to a residential facility.

"Developmentally disabled" is a severe, chronic disability of a person which:

1. Is attributable to a mental or physical impairment or combination of mental or physical impairments;

2. Is manifest before age 22;

3. Is likely to continue indefinitely;

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

5. Reflects the need for a combination and sequence of special inter-disciplinary or generic care, treatment or other services which are of life-long or extended developmental disabilities includes but is not limited to severe disabilities attributable to mental retardation, autism, cerebral palsy, epilepsy, spina bifida and other neurological impairments where the above criteria are met.

"Division" shall mean the Division of Developmental Disabilities.

"Individual Habilitation Plan" (IHP) is a plan written in terms of measureable goals and behaviorally stated objectives presenting an integrated program of individually suited activities, experiences or therapies necessary to achieve the optimal physical, intellectual, social or vocational functioning of which the individual is capable and shall conform to the requirements of N.J.S.A. 30:6D-10 et seq.

"Institution" shall mean a private residential facility for the mentally retarded whether operated for profit or not, which is not maintained, supervised or controlled by any agency of the government, of the State, or any county or municipality and which maintains and operates facilities and collects fees for the residential care and habilitative training of 16 or more non-related developmentally disabled individuals for periods exceeding 24 hours. The term "institution" as used in these standards, includes residential schools, homes or other specialized facilities.

"License" is the authorization issued by the New Jersey State Department of Health, for a period of one year, to the proprietor of the facility providing residential services to developmentally disabled persons. Upon issuance or renewal, a fee of not less than \$100.00 and not more than \$500.00 shall be collected by the New Jersey Department of Health. A license may be denied, revoked, suspended or may be placed on provisional status for violation of the governing law or minimum standards promulgated thereunder (Chapter 136, Law of 1971, N.J.A.C. 26:2H-12).

"Mental deficiency" shall mean that state of mental retardation in which the reduction of social competence is so marked that persistent social dependency requiring guardianship of the person shall have been demonstrated or be anticipated. (N.J.S.A. 30:4-23). Basic criteria for the determination of mental deficiency are:

1. Mental retardation, substantiated by measured intelligence with IQ scores;
2. Reduced level of adaptive behavior with behavioral description;
3. Clinical and social factors.

"Mental retardation" shall mean a state of significant sub-average intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period. (AAMD—Manual on Terminology and Classification in Mental Retardation, N.J.S.A. 30:4-23.)

"Sponsor" shall mean the responsible adult (usually a parent or legal guardian) or agency who authorizes placement of the developmentally disabled person in the institution and who retains continuing responsibility for the resident.

<sup>1</sup> Manual on Terminology and Classification in Mental Retardation 1977, revision, page 19.

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## SUBCHAPTER 2. LICENSURE

### 10:47-2.1 Licensure requirements

(a) All facilities shall provide documentation of a license to operate a long-term care facility pursuant to the provisions of N.J.A.C. 8:39.

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## SUBCHAPTER 3. ADMINISTRATIVE POLICIES

### 10:47-3.1 Management and organization standards

(a) The facility shall have available a copy of the Manual of Standards for Private Facilities for the Mentally Retarded

(N.J.A.C. 10:47) and other regulations relevant to the function of the facility.

(b) A facility shall allow the licensing authority to inspect all aspects of a program's functioning and to interview any staff member of the facility or client in the care of the facility.

1. A facility shall make any information reasonably related to assessment of compliance with these requirements available to the licensing authority.

(c) A facility shall comply with all Administrative Orders to the Department of Human Services and Circulars of the Division of Developmental Disabilities unless a waiver for specific requirement(s) has been granted through a prior written agreement with the licensing agency. This agreement shall specify the particular requirement(s) to be waived, the duration of the waiver, and the terms under which the waiver is granted.

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

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

1. The statement of philosophy and goals shall be re-evaluated periodically.

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

(f) In a non-proprietary facility, there shall be a Board of Directors, Board of Trustees, or other similar governing body responsible for the facility's management, control, and operation, the welfare of the clients and the formulation of administrative policy.

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

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

ii. The professional background of each member shall be provided; and

iii. Changes in membership shall be reported as they occur.

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

i. It shall conduct regular meetings and such special meetings as are required;

ii. Minutes shall be recorded and readily available to representatives of the licensing agency and inspecting agency;

3. The governing body of a facility shall designate a person to act as Chief Executive Officer of the facility and shall delegate sufficient authority to such person as to manage the affairs of the facility effectively.

i. The Chief Executive Officer, in conjunction with the governing body, shall be responsible for the general direction and establishment of policies concerning the operation of the facility and welfare of its clients.

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

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

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

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

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

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

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

(g) A proprietary facility operated by any owner, partnership, or corporation shall certify to the licensing agency and inspecting agency the names, addresses, occupations or professions of all the owners and the extent of financial interest to each.

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

(i) Any change in the ownership or the identity of the person or persons owning and operating such a facility shall be reported to the licensing agency and inspecting agency within 15 days of the date on which such change occurs.

(j) In instances where the owner of the facility assigns the responsibility for management to another individual, the preceding requirements of this section relative to the governing body of the residential facility shall apply to the administrator.

#### 10:47-3.2 Administrative standards

(a) A facility shall assemble and maintain an administrative procedures manual which incorporates all of the written procedures and policies designed to implement the facility's objectives.

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

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

(b) A procedure shall be available that specifies one individual responsible for the overall operation of the facility at any specific time. The procedure shall provide a schedule of continuous coverage, identify responsibility, and assure that a log of unusual incidents is maintained.

(c) A written procedure providing round-the-clock accountability of clients shall be implemented.

(d) A written procedure shall be available to provide rapid, effective action in cases where a client is discovered to be missing.

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

1. The facility shall ensure that each client admitted is fully informed of his rights and responsibilities as a client and of all rules and regulations governing client conduct and responsibilities.

i. Such information must be provided prior to or at the time of admission or, in the case of client already in the facility, upon the facility's adoption or amendment of client right policies, and its receipt must be acknowledged by the client in writing.

- ii. In the case of a deficient or incompetent client, receipt of such information must be acknowledged by the client's guardian.
2. The rights mentioned in (e)1 above shall include, but not necessarily be limited to, the right of the client to:
- i. Register and vote at elections;
  - ii. Free exercise of religion;
  - iii. Receive and send unopened correspondence and, upon request, to obtain assistance in the writing and reading of such correspondence;
  - iv. Private visitations and private telephone conversations without prior notice to the facility during such reasonable hours as may be established by the facility with interested parties;
  - v. Reasonable opportunities for interaction with members of the opposite sex;
  - vi. Confidential handling of personal and medical problems.
- (f) A reward and restriction program shall be developed, written and implemented providing procedures for effective reinforcement in the continual process of developing the highest degree of self-reliance in the client.
1. Provision for treatment of clients manifesting behavior problems shall be included in this procedure and shall comply with Division Circular 34. This Circular can be obtained from the Administrative Practice Officer, Division of Developmental Disabilities, Capitol Place 1, 222 S. Warren St., Trenton, N.J. 08625.
- (g) Chemotherapy shall not be used for the convenience of staff, as a substitute for programs, as punishment, or in quantities that interfere with an individual's habilitation program.
- (h) Corporal punishment, physical and verbal abuse, neglect and exploitation shall be prohibited.
- (i) Clients shall not discipline other clients except as part of an organized self-government program, for which written policies are formulated.
- (j) Seclusion and isolation (that is, the placement of a client alone in a locked room) shall be prohibited.
- (k) The facility shall have a written policy that defines the use of mechanical restraints that is in compliance with Division Circular 20, Emergency Use of Mechanical Restraints. Such policies must be approved by the Director, Division of Developmental Disabilities, prior to implementation. Circular 20 can be obtained from the Administrative Practice Officer, Division of Developmental Disabilities, Capitol Place 1, 222 S. Warren St., Trenton, N.J. 08625.
- (l) Restraints shall not be employed as punishment, for the convenience of staff, or as a substitute for programs.
1. Totally enclosed cribs and time-out rooms shall be considered mechanical restraints.
- (m) Mechanical supports used in normative situations to achieve proper body position and balance shall be designed and applied under supervision of a professional staff member designated by the administrative officer. Such use shall be documented in the client's file.
- (n) Each client must be free from chemical and/or mechanical restraints unless the restraints are:
1. Authorized by a physician in writing, except in an emergency, for a specified period of time but not to exceed 12 hours.
    - i. An emergency situation requiring immediate application of mechanical restraints, in the absence of written authorization by a physician, shall be considered an unusual incident and an investigation must be filed in accordance with (t) and (x) below.
- (o) Mechanical restraints shall only be applied by properly trained staff.
1. Clients in mechanical restraints will be checked by trained staff every 15 minutes. Provisions shall be made for clients in restraints to be released and afforded the opportunity for motion and exercise for a period of not less than 10 minutes during each hour in which the restraints are employed, except during usual sleeping hours.
  2. A record of the physical checks conducted at least every 15 minutes shall be maintained, complete with the name or initial of the staff person checking the device and the times applied and terminated.
- (p) The physician shall make a qualifying note when restraints are ordered specifying: the type of restraint ordered, justification, duration and any precautions of which staff need to be aware.
- (q) A facility which uses chemical restraint shall ensure that such restraint is administered by means of intramuscular injection by properly licensed personnel.
1. There shall not be standing orders related to the use of chemical restraint.
  2. The facility shall ensure that each administration of chemical restraint is specifically ordered by a physician who has personally examined the client.
  3. The client shall be monitored continuously by a person trained and qualified to observe potential adverse side effects.
  4. The physician ordering the chemical restraint shall examine the client within a 48 hour time period.

(r) When a client requires mechanical or chemical restraint on more than four occasions during any 30 day period, the facility shall hold an immediate meeting of the members of the team that developed the client's Individual Habilitation Plan to discuss the appropriateness of the client's program at the facility.

1. Such meeting shall be held with 24 hours of the fourth incident requiring restraint.

(s) Behavior modification programs involving the use of time-out devices or the use of aversive stimuli shall be reviewed in accordance with Division Circular 34.

1. Prior to the implementation of any individual program utilizing aversive techniques, a policy and procedures manual shall be submitted to and approved by the director, Division of Developmental Disabilities, in accordance with the provisions of Division Circular 34.

(t) There shall be a written procedure to ensure the investigation of each alleged mistreatment of a client or an unusual incident/accident. The procedure shall contain, but not be limited to, the following information:

1. The name of the client(s), date, and time of the incident;
2. Name of the persons involved, including participants and witnesses;
3. A description of the incident to include any medical treatment;
4. Appropriate sanctions to be invoked if the allegation is substantiated;
5. Any corrective actions taken to prohibit a recurrence;

(u) In the case of minors, allegations of abuse shall be reported to the local district office of the Division of Youth and Family Services or the Office of Child Abuse Control, 800-792-8610.

(v) In the case of clients sixty years of age and over, allegations of abuse shall be reported to the Office of the Ombudsman, 800-792-8820.

(w) Special reports to the licensing agency and inspecting agency shall include but not be limited to:

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

(x) The incident shall be reported to the licensing agency and inspecting agency within 24 hours, and a copy of the written report, unless otherwise indicated, forwarded to the inspecting agency within 72 hours.

(y) The facility shall have a Human Rights Committee.

### 10:47-3.3 Admission and release

(a) The facility shall have a written description of admission policies and criteria for admission which shall include chronological age, level of mental development, physical condition, and fees for care.

(b) The written description of admission policies, criteria and fees shall be provided to all placing agencies and shall be available to the parent(s) or guardian of any client referred for placement.

(c) The facility may not admit an individual as a client unless his needs can be met by the facility's established programs.

(d) The facility shall establish and make available written procedures concerning admission, readmission, and release of a client.

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

(f) The following written reports shall be available for new admissions:

1. Complete psychological examination conducted not more than three years prior to application of a school age person or five years prior to application of a person over twenty-one years of age.
2. Complete medical examination conducted within the past 48 hours;
3. Evaluation for an initial living unit and program assignment.

(g) Within a period of 30 days after admission, the facility's interdisciplinary evaluation team shall engage in a systematic and comprehensive evaluation of the client. Within 30 days an IHP must be developed.

1. The evaluation shall include consideration of the advisability of continued residence in the facility and/or alternate programs.

(h) Each client shall have an annual interdisciplinary review of his status by all relevant personnel, including both professional and direct care staff, to include recommendations for programs to be implemented. From this review, the Individual Habilitation Plan must be developed.

(i) Prior to discharge, and whenever feasible, the interdisciplinary team shall meet with representatives of the agency designated as being responsible for the clients programming after discharge.

(j) The facility shall ensure that an Individual Habilitation Review is prepared for each client scheduled for transfer or discharge at least 30 days prior to the time the actual transfer or discharge takes place.

(k) A facility shall have a written policy concerning emergency discharge of a client and/or all other discharges not in accordance with a client's habilitation plan.

1. For clients receiving services from the Division of Developmental Disabilities, the policy shall comply with the requirements of N.J.S.A. 30:4-107.I.

#### 10:47-3.4 Personnel services

(a) The administrator shall comply with Federal, State, and local laws, ordinances, rules and regulations pertaining to employment, including civil rights, social security, wages and hours, workman's compensation, employment of women and minors, and withholding taxes.

(b) A facility shall not hire, or continue to employ, any person whose health, educational achievement, emotional or psychological makeup impairs his ability to properly protect the health, safety or psychological well-being of the residents.

(c) All employees shall be medically determined to be free of communicable and infectious diseases at the time of employment and as necessary thereafter.

(d) A facility shall have written personnel policies and procedures; these shall be provided to all staff members and available to all persons seeking employment.

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

1. The application for employment and/or resume;
2. Reference letters from former employee(s) and personal references or notation of telephone contacts with such references;
3. Medical examinations, to include a recognized TB screening;
4. Professional credentials/certifications;
5. Annual performance evaluations and/or personnel actions or other appropriate materials, reports, and notes relating to the individual's employment with the facility;
6. Employee's hiring and termination dates;
7. Documentation of training provided by the facility including restraint application if applicable and, for those

staff having routine, daily client contacts, current CPR and standard first-aid certifications.

(f) A facility shall maintain the personnel file of an employee for that employee's tenure and for a period of five years after termination.

(g) A facility shall have a comprehensive written plan for staff orientation, on-going training, development, supervision, and evaluation of all employees.

(h) A facility shall have complete written job descriptions for each job title within the facility. Each employee shall be given his job description.

(i) Inexperienced direct service staff shall be accompanied by experienced workers on initial tours of duty for at least a period of two weeks or such time as these staff person(s) are able to effectively safeguard the health and safety of residents in care.

(j) A facility shall have adequate staff coverage at all times.

1. The on-duty ratio of direct care personnel for the day shift shall be at least one to 10.

- i. Facilities sending residents out of the dormitory building most of the day for ongoing active treatment programs need not provide living unit staff for the residents during that period of time.

2. The on-duty ratio of direct-care personnel for the evening shift shall be at least one to 10.

3. Direct care staff shall be available on the premises at all times during the night shift.

- i. When the population exceeds 20, the direct care staff ratio shall be at least one to 20.

4. Direct care staff coverage shall be increased accordingly in special situations including, but not limited to, residences housing multiple handicapped clients and clients who exhibit behavior problems which present a danger to self or others.

(k) A facility shall be responsible to obtain professional services required for the implementation of the Individualized Habilitation Plan of a client when these services are not provided by employees of the facility.

(l) A facility shall have documentary evidence that all professionals providing services to the facility, by direct employment or on a fee for service basis, whether working directly with clients in care or providing consultation to employees of the facility, are appropriately qualified, certified, and/or licensed to provide the service(s) rendered.

(m) A facility which has volunteers working directly with clients shall have a written statement on the facility's utilization of volunteers.

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

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

- i. Medical examinations as required for employee staff;
- ii. Direct supervision by an experienced staff member;
- iii. Orientation and training in the philosophy and goals of the facility;
- iv. Awareness of the needs of the client and the methods of meeting those needs.

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

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

#### 10:47-3.5 Records and reports

(a) A facility shall maintain a written record for each client which shall include administrative, treatment, and educational data from the time of admission until the time the client leaves the facility.

1. These records shall be retained for a minimum of 10 years after discharge.
2. All active records shall be maintained on the premises.
3. Individual records shall be conspicuously and appropriately identified and maintained in a central records file.
4. All entries on the complete record shall be current, legible, dated, and authenticated by the signature and identification of the individual making the entry.

(b) The facility shall maintain the confidentiality of all client's case records. Employees of the facility shall not disclose or knowingly permit the disclosure of any information concerning his family, directly or indirectly, to any unauthorized client.

1. Without the voluntary, written consent of the parent(s) or guardian, the facility shall not release any information concerning a client except to the client, his parent(s) or guardian, their respective legal counsel, the Court, or an authorized public official in the performance of statutorily mandated duties.

(c) Individual records shall include the following pre-admission data:

1. The name, sex, race, religion, birthdate, and birthplace of the client;

2. The name, address, telephone number of the parent(s) or guardian of the client to include verification of the guardian for an adult.

3. Previous placement history;

4. Documentation of the current custody and legal guardianship;

5. The client's court status, if applicable;

6. A copy of the client's birth certificate or a written statement of the client's birthdate including the source of this information;

7. Consent forms signed by the parent(s) of a minor or court appointed guardian allowing the facility to authorize all necessary medical care, routine tests, immunization, and emergency medical or surgical treatment;

8. Allergies to medication;

9. Immunization history;

10. History of serious illness, serious injury, or major surgery;

11. Developmental history;

12. Current use of prescribed medication;

13. Medication history;

14. Contagion-free certificate.

(d) Individual records shall include the following admission data:

1. Date of admission;

2. Report of general medical examination by a physician within a week after admission;

3. An examination of the client for physical injury and disease;

4. Vision and hearing tests;

5. A current assessment of the client's general health;

6. Whenever indicated, referrals to an appropriate medical specialist for further assessment and/or treatment;

7. Report of a general dental examination;

8. Previous Individual Habilitation Plans;

9. Reports of initial psychological examination and all follow-up psychological examination;

10. Education records and reports;

11. Indication of previous need for restraint;

12. Reports of unusual or special incidents and/or accidents;

13. Reports of physical examinations, established diagnosis, and medical care plan;
14. Physician's orders prescribing medication treatment and/or therapy;
15. Physician's periodic progress notes on the physical, emotional and behavioral status of the client and course and results of treatment;
16. Pertinent nurse's or clinical notes;
17. Reports of clinical laboratory, X-ray, operation, and other diagnostic services;
18. Reports of accidents and illnesses;
19. Progress notes of ancillary services including podiatry, physical therapy, optical, speech and hearing, etc.;
20. Height and weight records, where indicated;
21. Medication administration record including name and strength of drug, date and time of administration, dosage administered, route of administration and signature of the person administering the drug. (Initials may be used after the individual's full name signature appears at least once on each page of the document).

(e) Individual record shall include the following discharge records;

1. Date of discharge, reason for discharge, and the name, telephone number, and address of the person or agency to whom the client was discharged;
2. A summary of services and progress provided during care.

#### SUBCHAPTER 4. RESIDENT LIVING

##### 10:47-4.1 Living unit

(a) The resident living unit environment shall be appropriate to the client's mental level, chronological age, physical handicap and behavior of the client ranging from open and permissive to maximum protection or custody.

1. A residential living unit shall be structurally designed to accommodate the physical and programmatic needs of the clients.
2. Clients of grossly different ages, developmental levels, and social needs shall not be housed in close physical proximity, unless such assignment is planned to promote the growth and development of all those assigned.

(b) Clients shall be assigned responsibilities in the living units commensurate with their interests, abilities, and habilitation plans, in order to enhance feelings of self-respect and to develop skills necessary for independent living.

1. Chore assignments shall not be used as an unpaid substitution for staff.
2. Chore assignments shall not be in conflict with other scheduled habilitative activities.
3. Clients who are capable shall be allowed free use of all living areas within the living unit.
4. There shall be a daily activity schedule in each separate living unit which indicates both programmatic and leisure time activities.
  - i. The schedule shall reflect periods of free time. Periods of free time shall not exceed three continuous hours.
5. Residents shall be provided a range of indoor and outdoor opportunities daily, on a year-round basis.
  - i. Such opportunities shall be in accordance with the interests, needs, and abilities of the client, and reflected in the client's Individual Habilitation Plan.
6. A facility shall utilize the recreational resources of the community whenever appropriate. The facility shall arrange the transportation and supervision required for maximum usage of community resources.
7. Provisions shall be made for socially acceptable co-educational activities appropriate to the client's ages and developmental levels.

(c) Clients who are determined capable shall be instructed in the free and unsupervised use of communication processes.

1. The facility shall permit a client to receive and send mail. Staff shall not read clients' mail unless the client requests the assistance of the staff.
2. The facility shall be equipped with a sufficient number of telephones (either pay or free) for the clients' use and shall have written procedures for the clients' use of these telephones for either incoming or outgoing calls.
3. The facility shall provide opportunities for a client to visit with parent(s), guardian, family, or significant others, with due regard for personal privacy.

i. A facility shall permit visits in accordance with the client's Individual Habilitation Plan and the facility's published visitation policy.

4. A client's use of communication processes may be restricted only when such restriction forms a necessary component of the client's Individual Habilitation Plan. Such a restriction must be reviewed at least quarterly.

(d) Procedures shall permit and encourage the possession and use of money by clients who are determined capable.

1. Consultation shall be provided on the use of funds in performing cash and check transactions.

2. Money earned, received as a gift, or received as allowance by a client shall be deemed to be that client's personal property.

3. Limitations may be placed on the amount of money a client may possess when such limitations are duly recorded in the client's Individual Habilitation Plan.

4. The facility shall maintain a separate accounting system for clients' money.

(e) The facility shall allow a client to have his or her own personal belongings.

1. Provisions shall be made for the protection of clients' personal property.

2. An inventory of each client's personal property shall be conducted annually and kept at the facility.

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

1. Spend a major portion of their waking day out of bed;

2. Spend a portion of their waking day out of their bedroom areas;

3. Have planned indoor and outdoor activity and exercise periods;

4. Be rendered mobile by various methods and devices (training, surgery, wheelchair, etc.).

(g) The facility shall have set routines for waking clients and putting them to bed in accordance with their age and developmental level.

(h) The facility shall ensure that each client has ready access to a responsible, awake staff member throughout the night.

(i) The facility shall provide each client with his or her own dresser or other adequate storage space for private use, and a designated space for hanging clothing in proximity to the bedroom occupied by the client.

(j) The clients shall be allowed to decorate their living areas.

#### 10:47-4.2 Hygiene

(a) Clients shall be trained to exercise maximum independence in hygiene and grooming practices, according to their ability.

1. Baths or showers shall be provided daily.

2. Clients confined to their beds shall be cleansed a minimum of once a day, and as often thereafter as is necessary.

3. Natural and artificial teeth shall be cleaned at least twice daily.

4. There shall be opportunity for shampooing and cutting of toenails and fingernails as necessary.

5. Male clients shall have the opportunity for daily shaving.

(b) Individual toilet articles such as hairbrush, comb, toothbrush, razor, soap, wash cloth and towel, shall be supplied to each client and kept in a separate receptacle.

1. Wash cloths and towels shall be replaced at least three times a week or on an as-needed basis to assure cleanliness and freedom from odors.

2. The use of common wash cloths, towels, and other toilet articles for the clients is prohibited.

3. Individual toilet articles shall be stored in a sanitary manner.

(c) Female clients shall be helped to attain maximum independence in caring for menstrual needs.

(d) Every client who does not eliminate appropriately and independent shall be engaged in a toilet training program, unless medically contraindicated.

1. Dietary adaptations shall be made to promote normal evacuation and urination.

(e) A procedure shall be established for observation and treatment for the medical referral of clients who do not maintain normal weights.

#### 10:47-4.3 Meals and food service

(a) A pleasant and home-like environment shall be promoted in the dining room. Dining room accommodations within living units shall be a separate of that unit.

(b) Each client shall be provided with at least three meals daily:

1. Food shall be wholesome, prepared in the form that meets the medical and dietary needs of each client, and attractively served;

2. Meals shall be served at appropriate times; morning, noon, and evening;

3. Snacks shall be provided for clients who desire them, unless medically contraindicated;

4. There shall not be more than a 14 hour span between the evening meal and breakfast the following day;

5. Clients shall not be routinely served meals in their bedrooms;

6. There shall be a reasonable variety of foods;

7. Foods return from the clients' plates should be discarded.

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

1. This person shall have a knowledge of food values and food needs for all types of clients cared for in the facility and shall be familiar with accepted food handling procedures and techniques in procuring, storing, preparing, and serving food in food service operations.

(d) Menus shall be prepared at least one week in advance and copies retained on file for a period of two months.

1. Daily or weekly menus shall be posted in view of employees, clients and visitors.

2. Any substitution of food from the menu must be of equal nutritional value and must also be indicated on the menu.

(e) The daily diet for each clients shall meet the Recommended Dietary Allowances of the National Academy of Sciences. The following are general guidelines.

1. Milk: One pint or its equivalent daily, which may be fresh fluid, whole or skim, evaporated, dry, or butter-milk, and may be used as a beverage or in cooking. A satisfactory substitute in proper quantities is acceptable.

2. Meat, poultry, fish, and eggs: Five ounces or its equivalent daily at two or more servings.

i. Two to three ounces of a lean, edible portion of meat, poultry, or fish served at least once daily;

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

3. Vegetables and fruits: Four or more servings daily:

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

ii. Three or more servings in proper quantities of other vegetables and fruits, including potatoes.

iii. 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.

4. Breads and cereals: Four or more servings daily: Only whole grain, enriched, fortified, or restored bread and cereal shall be used.

5. 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.

6. Clients unable to swallow solid food shall have nourishing supplementary feedings between meals and at bedtime or more often to meet their nutritional requirements.

(f) No client shall be denied a meal or snack for any reason except according to a doctor's order or his Individualized Habilitation Plan.

(g) Personnel shall be available to assist, encourage, and train clients in good eating habits.

#### 10:47-4.4 Clothing

(a) Client's clothing shall be age appropriate and seasonal.

(b) A client's clothing must be individual and not shared in common.

(c) An annual inventory of each client's clothing shall be maintained and recorded.

(d) Each client shall have an adequate supply of properly fitted clothing to allow for laundering.

(e) Clients shall be trained and encouraged according to their capabilities to:

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

2. Select their daily clothing;

3. Dress themselves;

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

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

(f) The facility shall ensure that discharge plans make provisions for clothing needs at the time of discharge. All personal clothing shall accompany a client upon discharge.

## SUBCHAPTER 5. HEALTH SERVICES

### 10:47-5.1 General medical and health care

(a) Arrangements shall be made with at least one physician, licensed to practice in New Jersey, to assume the overall responsibility for the direction and provision of quality medical care.

(b) To insure the best possible care and treatment program, the physician shall, in addition to meeting the requirements of N.J.A.C. 10:47-5.1 for facilities with 16 beds or over.

1. Visit the facility at least every four months and whenever necessary;

2. Perform such examinations and administer and/or prescribe treatment as needed for preventive, routine, and emergency care;

3. Assume the responsibility for the maintenance of complete medical records as needed for routine and emergency care;
4. Each client's prescribed medical program shall be reviewed and evaluated at least every four months and amended as prescribed by the physician;
5. Medical orders for medication and medical treatment shall be updated as necessary.
- (c) There shall be provision for specialists' services in all pertinent fields of medicine.
- (d) An accurate and complete individual medical record shall be maintained for each client.
- (e) Arrangements shall be made with a community hospital for the acceptance, as an in or out-patient, of any client requiring hospital services. Services may be defined as emergency, diagnostic, and/or treatment services.
1. Written approval for such treatment in emergency situations shall be obtained from the facility or guardian at the time of admission.
  2. Written approval for other hospital treatment shall be obtained before treatment is rendered.
- (f) There shall be an annual physical examination. The Mantoux Skin Test for tuberculosis shall be given every three years, with subsequent follow-up chest X-rays for positive reactors.
- (g) Dental examinations shall be made upon admission and at least annually or as necessary.
- (h) Primary immunizations shall be given, as required, on admission and reimmunizations as pre-scheduled on a regular basis for diphtheria, tetanus, pertussis, polio, measles, and other diseases as identified consonant with acceptable medical practices and New Jersey Department of Health Regulations.
- (i) Provision shall be made for the isolation of communicable disease and the prevention of its spread.
1. All such diseases shall be reported to State and local health authorities and the inspecting agency.
  2. Single room accommodations, which will not be included in capacity, shall be provided for observation purposes and for temporary isolation until transfer is made.
- (j) There shall be written procedures readily available for staff members to follow in the event of a medical emergency.
- (k) First aid material shall be readily available to provide proper first aid treatment.
- (l) Other than first aid, no medication or treatment shall be administered by employees of the facility except on written orders of a licensed physician.
- (m) The facility shall provide pharmaceutical services, both dispensing and consultant, either directly or through written contractual agreements.
- (n) The facility shall have in writing and review annually the policies (including stop order policies), procedures, and methods for obtaining, dispensing, storing, administering, and usage of medications.
1. Complete compliance with Federal and State regulations governing the order, storage, dispensing, administration, recording and disposition of medication shall be maintained.
  2. A unit dose or an individual prescription system of drug distribution shall be used for all medication.
  3. All medication shall have the label affixed by the pharmacy.
  4. All medications shall be ordered in writing and all orders shall be promptly sent to the dispensing pharmacy. In emergencies, the physician may order medication by directly telephoning the dispensing pharmacy.
  5. Medications prescribed for one resident shall not be administered to anyone else.
  6. Preparation of medication for administration shall be done in a well-lighted area away from traffic.
  7. All medications shall be kept in a locked cabinet, closet or medication cart. The storage area shall be locked at all times except when medications are being prepared for administration or being placed into storage.
  8. Poisons and external preparations (including eye and ear medications) shall be stored separately from internal medications.
  9. Refrigeration shall be provided for storage of medications requiring cold storage. The refrigerator shall be maintained at a temperature between 36 degree Fahrenheit—45 degree Fahrenheit.
  10. Medications requiring refrigeration which are stored in a common refrigerator shall be kept in a locked box and properly labeled.
  11. Discontinued and outdated medications and containers with worn, illegible, or missing labels shall be returned to the dispensing pharmacy promptly for proper disposition.
  12. Each dose of medication administered shall be recorded in the client's record.
- (o) The application of modern antiseptic techniques shall be maintained in the handling of instruments, surgical supplies, syringes and needles, etc.

1. The supply of syringes and needles used to administer medication, immunizations, diagnostic tuberculin skin testing, laboratory and/or X-ray procedures etc., shall be retained in a locked area, closet, or drawer.

2. To avoid potential reuse, the syringes and needles shall be effectively destroyed after use in compliance with Chapter 113—Public Laws of 1973 (N.J.S.A. 2A-170-25.17).

i. For purposes of this Act the needle shall be broken from the hub or completely mangled and, in the case of the syringe, the nipple of the barrel shall be broken from the barrel or the plunger.

(p) A residential facility which uses psychotropic medication shall have a written policy governing the use of psychotropic drugs at the facility.

1. A facility which uses psychotropic shall ensure that a client is personally examined by the prescribing physician prior to commencing administration of a psychotropic drug.

2. Psychotropic medication shall not be used unless less restrictive alternatives have failed.

3. A facility which uses psychotropic medication shall ensure the use is in accordance with the guidelines of the Department of Human Services.

(q) Physical therapy services as prescribed by the physician shall be made available to all clients who can benefit therefrom.

1. The provision of braces, walkers, crutches, special chairs and any other physical therapy equipment shall be made available when prescribed.

(r) Optical services shall be made available for clients requiring glasses or repair of glasses.

(s) Hearing and speech services shall be provided to include therapy and hearing aids as prescribed.

(c) The facility shall ensure that vocational services are available to a client. Such training and services shall be appropriate to the age and abilities of the client.

(d) Whenever a client is capable of being trained for a vocational placement in the community, the appropriate staff of the facility shall plan with the employer for such a goal and shall provide job training on a level suited to the ability of the individual.

(e) The facility shall ensure that every client between the age of three and 21 attends an appropriate educational program.

1. A facility providing an organized education program shall be evaluated annually by the County Superintendent of Schools.

2. The size of classes shall be as follows:

- i. Educable child: Not to exceed 15;
- ii. Trainable child: Not to exceed 10;
- iii. Day training eligible: Not to exceed nine.

(f) Psychological services shall be provided either by employees of the facility or through formal affiliation.

1. All new admissions shall be given a Psychological Evaluation within 30 days to determine intellectual development and mental and emotional characteristics.

2. Clients identified as needing psychotherapy shall be provided such treatment, utilizing the most appropriate up-to-date techniques available.

#### 10:47-6.2 Individual Habilitation Plan

(a) Within 30 days of admitting a client in care, the facility is required to develop an Individual Habilitation Plan (IHP) as required by Chapter 82 N.J.S.A. 30:6D-10.

1. The Individual Habilitation Plan is a written statement setting forth clearly defined and measurable goals and behaviorally stated objectives describing an individualized program of care, training, treatment, education, and therapies designed to attain or maintain the optimal physical, social, educational, and/or vocational functioning of which the individual is presently or potentially capable.

2. The Individual Habilitation Plan shall include each client's development and acquisition of:

- i. Perceptual skills;
- ii. Sensorimotor skills;
- iii. Self-help skills;
- iv. Communication skills;
- v. Social skills;
- vi. Self-direction;
- vii. Emotional stability; and

## SUBCHAPTER 6. HABILITATION SERVICES

### 10:47-6.1 Education, training and therapy services

(a) Education and training opportunities shall be provided to permit the clients regardless of mental and physical handicap, to develop to the fullest extent of his potential.

(b) A facility shall have a written description of its total curriculum outlining the education program. This information shall be provided to the client and his parent(s) or guardian prior to the client's admission.

- viii. Effective use of time (including leisure time).
3. The Individual Habilitation Plan should include the following elements:
- i. Standard cover page;
  - ii. Statement of present level of functioning;
  - iii. Identification of clients' needs;
  - iv. Long term goals;
  - v. Short term goals (obtainable in a year or less);
  - vi. Behaviorally stated objectives;
  - vii. Method of achieving goals;
  - viii. Personnel responsible for providing services described in plans;
  - ix. Specific service with dates of initiation and anticipated duration;
  - x. Barriers to achieving goals.
- (b) Each facility must have a written Evaluation Procedure and an Annual Review Procedure.
- (c) A qualified staff member must be identified as the Habilitation Plan Coordinator.
- (d) Each plan shall be developed by an interdisciplinary team consisting of professional and non-professional staff servicing the client. Documentation of participation shall be provided on the standard cover page of the IHP.
- (e) The client shall participate in decisions regarding his or her IHP, if appropriate.
1. The client's parent(s) and/or guardian or Guardianship Worker will also participate. Attempts to solicit their input should also be documented, should they fail to be active in their role.
- (f) Current IHP's should be available for review by parents/guardian or Guardianship Worker upon request.
- (g) The Discharge Plan, which details the future placement goal, should be attached to the IHP.
- (h) The Individual Habilitation Plan must be reviewed and revised as necessary but no less than annually.
- (i) Each client's IHP, including evaluation reports, shall be completely rewritten at least every three years.
- (j) The current IHP shall be filed in the central record of the client.
1. A copy of the current IHP shall be accessible to the direct care personnel working with the client. This copy should contain progress notes by each discipline providing service to the client.

2. The Habilitation Plan Coordinator shall review monthly and comment on progress notes and verify implementation of the program.

(k) An active social recreational program shall be established for the development and training of the client.

(l) A residential facility which has recreation staff shall ensure that such staff are apprised of and, when appropriate, involved in the development and review of IHP's.

1. There shall be cooperative recreation activities held with other schools, community programs, and community organizations for all clients who can benefit from them.

2. Recreational activities shall be provided for each client whether in living or hospital units, consistent with his interests, abilities and capabilities.

(m) Periodic surveys of recreational needs and interests should be conducted by interviewing clients and unit staff with changes implemented according to the results of these surveys.

(n) Religious services and instruction shall be arranged consistent with the client's interests.

(o) The facility shall have available qualified social work staff for clients and families who require services.

(p) The facility shall have available speech therapy for clients who require such services.

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## SUBCHAPTER 7. SUPPORT SERVICES

### 10:47-7.1 Physical plant

(a) The facility shall maintain the grounds of the facility in an acceptable manner free from any hazard to health or safety.

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

1. All structures within the facility shall meet the requirements of the New Jersey Uniform Construction Code.

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

3. Walls, ceilings, and floors of all areas accessible to clients suitably decorated and satisfactorily furnished or covered for their intended use.

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

5. Structures shall not have walls or ceilings surfaced with materials containing asbestos.

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

(c) Clients personal preference shall be considered in choosing decorations and furnishings in living areas.

(d) All furniture and furnishings shall be maintained in good repair.

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

1. Doorways shall be placed so that traffic to and from any room shall not be through sleeping rooms, kitchens, bathrooms, or toilet rooms.

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

(f) All rooms used by clients shall be provided with proper ventilation without draft, either by means of outside windows that may be easily opened and closed, or by air conditioning.

(g) The facility shall ensure that there are sufficient and appropriate storage facilities.

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

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

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

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

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

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

4. All stairways leading from the first floor to floors occupied by clients shall be enclosed in accordance with B.O.C.A. National Building Code, Article 8, Section 8/6.92.

(i) The facility shall ensure that each bedroom in the facility has a floor area of at least 70 square feet for each occupant.

1. The facility shall not use any room with a ceiling height of less than seven feet six inches as a client's

bedroom unless the room has a distinct area allowing a usable space with floor areas as required by 10:47-7.1(i).

2. The facility shall not permit more than four clients to occupy a designated bedroom space.

3. The facility shall ensure that no client over the age of five years shares a bedroom with a member of the opposite sex.

4. The facility shall not use any room as a bedroom space unless it has a direct source of natural light.

(j) Each client shall have his/her own bed. This bed shall be solidly constructed, no shorter than the client's height and no less than thirty inches wide. The bed shall have a clean, comfortable, nontoxic fire retardant mattress and a box spring in good repair.

1. Cots or other portable beds are not to be used.

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

(k) The facility shall ensure that sheets, pillows, pillow cases, and blankets are provided for each client in accordance with seasonal needs.

1. Bedding, whenever possible, shall be made of fire-retardant materials.

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

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

1. All rooms used by clients shall open to corridors, lobbies, or dayrooms, except where a utility room, toilet room, bathroom, or storage room opens directly off the room when it serves.

(m) The facility shall provide space for educational programming which is separate from living areas and which is clean, adequately illuminated, appropriately equipped, reasonably free from distractions, appropriately decorated, and properly maintained.

(n) The laundry room shall be separate from the kitchen and other working areas of the facility.

1. Regular laundering of clients' personal clothing shall be provided.

2. Soiled linen shall not be transported through food preparation and storage areas.

3. Soiled linen shall be collected and disposed of in a sanitary manner.

#### 10:47-7.2 Sanitation and safety

(a) A written statement attesting that the buildings and facilities meet local health requirements and the State Sani-

tary Code shall be acquired at least annually and filed for easy reference.

(b) The heating system shall comply with all local and State codes and regulations.

1. The facility shall take all reasonable precautions to ensure that heating, including hot water pipes, are insulated and installed in a manner that ensures the safety of clients.

2. The facility shall heat the spaces used by clients to a minimum of 68 degree Fahrenheit.

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

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

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

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

(d) A facility using water from any source other than a public water supply must ensure that such water is annually tested by the appropriate State or Local authority in accordance with State or Local law.

1. The results of the most recent test report shall be kept on file.

2. Hot water accessible to children in a facility must be regulated to a temperature not in excess of 110 degree Fahrenheit at the tap.

3. There shall be a sufficient supply of hot and cold water in the facility at all times.

(e) Provisions shall be made for the collection, storage, and disposal of garbage, refuse, ashes, and other wastes.

1. Garbage and rubbish which is stored outside shall be stored securely in non-combustible, covered containers and shall be removed on a regular basis, but not less than once every week.

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

i. If a private sewage system is necessary, the type, size, location, construction, and major repairs or alterations shall be approved by the New Jersey Department of Health.

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

1. Bathrooms shall be so placed as to allow access without disturbing other clients during sleeping hours.

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

3. The facility shall provide toilets and baths or showers which allow for individual privacy.

4. A bathroom in a facility shall contain mirrors secured to the walls at convenient heights and other furnishings necessary to meet the clients basic hygienic needs.

5. Toilets, wash basins, and other plumbing or sanitary facilities in a facility shall be maintained in good operating condition, be free of chips or cracks, and shall be kept free of any materials that might clog or otherwise impair their operation.

(g) Toilet and hand washing facilities shall be provided for employees.

(h) Kitchens used for meal preparation in a facility shall be provided with the necessary equipment for the preparation, storage, serving, and cleanup of all meals of the clients and staff regularly served by such kitchen. All equipment shall be maintained in working order.

1. All equipment, countertops, preparation areas, and utensils used for eating, drinking, preparation and serving of food shall be kept clean, in good condition, and free from chips and cracks.

2. All utensils used for eating, drinking, preparation and serving of food or drink shall be washed after each use by any of the following methods:

i. Properly installed and maintained mechanical dishwasher of a type approved by the Department of Health;

ii. A three-compartment sink with a detergent wash, followed by a clean water rinse, and then the prescribed use of a chemical sanitizer;

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

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

(j) All food and drink shall be prepared and served in a sanitary manner.

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

1. Food handlers shall not smoke or chew tobacco in food preparation areas and/or service areas except while seated at dining tables during their mealtimes.

2. Food returned from individual client trays or plates shall be considered contaminated and shall not be served again.

3. Pets shall not be permitted in any area where food or drink is handled, stored, prepared and/or served.

(l) Storage and refrigeration of foods shall be in accordance with guidelines supplied by State, County, and local health regulatory agencies.

1. Prepared food stored in a refrigerator or in dry storage area shall be kept covered.

2. All refrigeration units shall be provided with an interior thermometer, and the temperature should not exceed 45 degree Fahrenheit when the unit is in use.

(m) Since kitchens constitute hazardous areas, they shall be isolated, insofar as possible, from other quarters by one hour fire resistive rated construction.

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

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

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

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

2. Kitchens containing commercial cooking appliances, deep fryers, grills, etc. shall have approved kitchen exhaust system (rangehood) complete with an automatic fire suppression system in accordance with B.O.C.A. National Building Code, Article 17, Section 1702.20 and B.O.C.A. Basic National Mechanical Code.

(o) The facility shall ensure that the grounds and buildings of the facility are kept free from insects, rodents, and vermin.

1. All windows and doors, except those fire exit doors not used for ventilation, opening directly to the outside shall be provided with effective screens or insect repelling devices.

2. Safety precautions shall be observed in all rodent and insect control programs.

i. Any application of controlled pesticides shall be conducted by appropriately licensed persons.

(p) Monthly inspections shall be made of all physical facilities, equipment, and machinery to determine whether hazards exist.

1. A written report of such inspection shall be developed and filed for easy reference.

### 10:47-7.3 Transportation

(a) The facility shall ensure that each client is provided with the transportation necessary for implementing the client's IHP.

(b) The facility shall have means for transporting clients in cases of emergency.

(c) Any vehicle used in transporting clients of a facility, whether such vehicle is operated by a staff member or any other person acting on behalf of the facility, shall be properly licensed, inspected, and insured in accordance with the New Jersey State Motor Vehicle Codes.

(d) Any staff member of a facility or other person acting on behalf of the facility operating a vehicle for the purpose of transporting clients shall be properly licensed to operate that class of vehicle according to State law.

(e) The facility shall not allow the number of persons in any vehicle used to transport clients to exceed the number of passengers for which the vehicle is certified by the manufacturer.

(f) The facility shall ensure that there is adequate supervision in any vehicle used by the facility to transport clients.

(g) The following additional transportation arrangements are required for facilities serving handicapped, non-ambulatory clients:

1. A ramp device to permit entry and exit of a client from the vehicle must be provided for all vehicles except automobiles used to transport physically handicapped clients. A hydraulic lift may be utilized provided that a ramp is also available in case of emergency.

2. In all vehicles, wheelchairs shall be securely fastened to the floor.

3. In all vehicles except automobiles, the arrangement of the wheelchairs shall provide an adequate aisle space and shall not impede access to the exit doors of the vehicle.

### 10:47-7.4 Fire safety

(a) An annual written statement acquired from the appropriate fire official shall be on file stating that the building(s) are satisfactory for occupancy and meet the minimum requirements of the New Jersey Fire Safety Act or, in his opinion, does not adversely affect the life and safety of the occupants.

1. Deficiencies found during the inspection of the facility by the appropriate fire official shall be corrected within time limits established by the Bureau of Fire Safety.

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

1. Smoke detectors:
  - i. Each Bedroom
  - ii. Living and Dining Rooms
  - iii. All Hallways
  - iv. Recreation areas
  - v. Top of all stairs
2. Thermal detectors:
  - i. Kitchen (135° fixed)
  - ii. Furnace area (190° fixed)
3. Provide a manual pull station within five feet of the exits.
  4. The A.C. power shall be on a dedicated branch circuit. The circuit and connections shall be mechanically protected. The circuit disconnecting means shall be accessible to authorized personnel and shall be clearly marked "fire alarm circuit".
5. Provide signalling devices as needed to be audible in all areas throughout the building.
6. Emergency standby power capable of operating the system for four continuous minutes after 24 hours on emergency power.

(c) Any area used for the storage of combustible supplies and equipment (the contents of which are easily ignited, burn with an intense flame, and result in the production of dense smoke or fumes), shall be separated from other parts of the building by fire resistant construction which is approved by the appropriate fire official.

(d) Carpeting shall meet with the requirements of the B.O.C.A. national building code table 1421.7.

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

(f) Fuel burning space heaters and/or portable electric space heaters shall not be used in any facility. Fire places which are utilized shall be equipped with tempered glass enclosures.

(g) Non-ambulatory clients shall not be housed above the first floor of any facility without approval of the Director, Department of Health, irrespective of certificates of local authorities that local requirements have been met.

1. No client sleeping area shall be above the second floor in any building.

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

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

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

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

ii. Letters shall be no less than six inches in height.

2. Letters of internally illuminated exit signs shall not be less than four and one-half inches in height.

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

(j) Two separate approved stairways leading directly to the exterior of the building of each floor occupied by clients shall be provided.

1. Traffic areas leading to stairway must be kept free of obstacles at all times.

2. Stairways must be kept free of obstructions at all times.

3. Plans for all stairways and their specifications shall be approved by the appropriate fire official prior to any actual construction and must show in detail all buildings adjacent to fire escapes.

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

(k) Basements shall be kept in good order and reasonably clear of excess furniture and equipment, and shall never be used for indiscriminate storage. However, stock in original containers will be permitted in basement storerooms.

1. Doors at the head of basement stairways shall be constructed according to specifications approved by the appropriate fire official.

2. Basement ceilings shall be protected with material approved by the appropriate fire official.

3. Side walls and ceilings enclosing basement stairways shall be protected with material approved by the appropriate fire official.

4. Paint and other highly inflammable material should be stored outside residential buildings, but minimum supplies may be kept in basements if stored in closed metal cabinets or containers.

5. All electrical wiring shall be in accordance with the national electric code.

6. 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.

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

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

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

9. No unnecessary combustible partitions within basements are permitted.

(l) In all new installments of oil furnaces and equipment, tanks should be located outside the building.

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

(m) The licensee shall, on or before January 1 of each year, submit a written statement by a registered electrical inspector that the electrical circuits and wiring are satisfactory.

1. The electrical inspector's 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 heavy duty cord in good condition.

2. There shall be no temporary wiring in the facility except approved appliances equipped with heavy duty cord in good condition.

3. No extension cords or "octopus" outlets may be used.

(n) Proper safeguards shall be taken against fires caused by smoking.

1. Smoking shall not be permitted in clients' sleeping rooms.

2. Ashtrays of non-combustible material and safe design shall be provided in all areas where smoking is permitted.

3. Smoking shall be prohibited in any room or compartment where inflammable liquids, combustible gases, or oxygen are used or stored and in any other hazardous locations.

i. Such areas shall be posted with "NO SMOKING" signs.

(o) There shall be an adequate number of fire extinguishers in the basement and on each floor of every building, as determined by the appropriate fire official.

1. All fire extinguishers shall bear the seal of the Underwriter's Laboratories or Factory Mutual.

2. Adequate numbers of fire extinguishers shall be installed on every floor including the basement in accordance with the recommendation of the National Fire Protection Association Standard number 10.

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

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

ii. Each extinguisher shall be recharged when:

(1) It has been discharged;

(2) The gauge indicates it is not in a fully operable condition.

4. One portable fire extinguisher shall be placed next to the fire alarm box or telephone.

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

ii. Fire extinguishers shall be placed so as not to be obstructed by an open door.

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

i. In kitchen areas where a domestic range is utilized, a fire extinguisher with a 20 BC rating shall be provided.

ii. In kitchen areas where a commercial range is utilized, a hood and duct suppression (extinguishing) system shall be provided with both automatic and manual actuation. This system shall be installed in accordance with article 17 of the 1981 Basic Building Code.

iii. In the basement area a 4A:40 BC fire extinguisher with a 40 BC rating shall be provided.

iv. Throughout the building, two and one-half gallon air pressurized water type extinguishers or a 2A ABC dry chemical extinguisher with a 40 BC rating shall be provided.

(p) All personnel and residents shall be instructed in fire prevention.

1. The use of fire protection equipment and devices (including fire extinguishers) shall be taught to all personnel.

2. Personnel and clients shall be familiar with procedures to be followed in the event of an emergency.

3. Such instruction shall be given to all employees prior to their duty assignment and should be repeated and reviewed at 12 month intervals.

(q) Every facility shall formulate, in writing, a plan for the evacuation of clients to areas of refuge completely away from the building, in the event of fire or any other type of disaster.

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

2. A diagram of each floor indicating corridors, line of travel, exit doors, location of fire extinguishers, and the exit each client is to use shall be posted on each floor in view of all personnel.

3. Provisions shall be made for an emergency lighting system.

(r) Fire alarm systems shall be checked weekly by an employee designated by the licensee.

1. A weekly record shall be maintained showing the date checked, the name of the person checking the system, and that the system is operative.

(s) Every building in which clients are housed or programmed shall have a fire drill at least once a month.

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

2. A record shall be maintained of the date of the drill, time required for evacuation, and the number of personnel and clients participating in the drill.

3. Arrangements shall be made to have a fire drill supervised by the local fire department at least annually and more often, when required.

(t) A formal, monthly fire inspection shall be conducted by an employee who is knowledgeable in the area of fire prevention and safety.

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

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

(u) All facilities shall be inspected annually for fire protection by appropriate fire official.