CHAPTER 39

STANDARDS FOR LICENSURE OF LONG-TERM CARE FACILITIES

Authority

N.J.S.A. 26:2H-1 et seq., specifically 26:2H-5.

Source and Effective Date

R.2007 d.83, effective February 15, 2007.
See: 38 N.J.R. 4141(a), 39 N.J.R. 924(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 39, Standards for Licensure of Long-Term Care Facilities, expires on February 15, 2014. See: 43 N.J.R. 1203(a).

Chapter Historical Note

Chapter 39, Standards for Licensure of Long-Term Care Facilities, was adopted as R.1977 d.222, effective January 1, 1978. See: 9 N.J.R. 171(c), 9 N.J.R. 322(c).

Chapter 39, Standards for Licensure of Long-Term Care Facilities, was repealed and Chapter 39, Long-Term Care Facilities, was adopted as new rules by R.1983 d.236, effective June 20, 1983. See: 15 N.J.R. 279(a), 15 N.J.R. 1022(b).

Chapter 39, Long-Term Care Facilities, was repealed and Chapter 39, Manual of Standards for Long-Term Care, was adopted as new rules by R.1988 d.280, effective June 20, 1988. See: 20 N.J.R. 469(a), 20 N.J.R. 1432(a).

Pursuant to Executive Order No. 66(1978), Chapter 39, Manual of Standards for Long-Term Care, was readopted as R.1993 d.341, effective June 14, 1993. See: 25 N.J.R. 1474(a), 25 N.J.R. 2878(a).

Chapter 39, Manual of Standards for Long-Term Care, was repealed and Chapter 39, Standards for Licensure of Long-Term Care Facilities, was adopted as new rules by R.1994 d.582, effective November 21, 1994, operative January 1, 1995, except Subchapter 43, operative November 21, 1994. See: 26 N.J.R. 1772(c), 26 N.J.R. 4641(a). Pursuant to Executive Order No. 66(1978), Chapter 39 expired on November 21, 1999.

Chapter 39, Standards for Licensure of Long-Term Care Facilities, was adopted as new rules by R.2001 d.297, effective August 20, 2001. See: 32 N.J.R. 3003(a), 33 N.J.R. 2851(a).

Chapter 39, Standards for Licensure of Long-Term Care Facilities, was readopted as R.2007 d.83, effective February 15, 2007. See: Source and Effective Date. See, also, section annotations.

Subchapter 41, Mandatory Staff Posting and Reporting Standards, and Appendix G were adopted as new rules by R.2010 d.019, effective January 19, 2010. See: 41 N.J.R. 42(a), 42 N.J.R. 468(b).

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS

8:39-1.1 Scope and purpose
8:39-1.2 Definitions

SUBCHAPTER 2. LICENSURE PROCEDURE

8:39-2.1 Certificate of need
8:39-2.2 Application for licensure
8:39-2.3 Newly constructed, expanded, or renovated facilities
8:39-2.4 Surveys and license
8:39-2.5 Surrender of license
8:39-2.6 Waiver
8:39-2.7 Action against licensee
8:39-2.8 Special long-term care services
8:39-2.9 Chronic hemodialysis services
8:39-2.10 Peritoneal dialysis
8:39-2.11 Add-a-bed
8:39-2.12 Transfer of ownership

SUBCHAPTER 3. COMPLIANCE WITH MANDATORY RULES AND ADVISORY STANDARDS

8:39-3.1 Mandatory rules
8:39-3.2 Advisory standards
8:39-3.3 Reporting compliance with advisory standards

SUBCHAPTER 4. MANDATORY RESIDENT RIGHTS

8:39-4.1 Resident rights

SUBCHAPTER 5. MANDATORY ACCESS TO CARE

8:39-5.1 Mandatory policies and procedures for access to care
8:39-5.2 Admissions
8:39-5.3 Transfers
8:39-5.4 Discharges

SUBCHAPTER 6. ADVISORY ACCESS TO CARE

8:39-6.1 Advisory admission policies and procedures

SUBCHAPTER 7. MANDATORY RESIDENT ACTIVITIES

8:39-7.1 Mandatory administrative organization for resident activities
8:39-7.2 Mandatory staffing amounts and availability for activities
8:39-7.3 Mandatory resident activity services
8:39-7.4 Mandatory space and environment for resident activities

SUBCHAPTER 8. ADVISORY RESIDENT ACTIVITIES

8:39-8.1 Advisory policies and procedures for resident activities
8:39-8.2 Advisory staff qualifications for resident activities
8:39-8.3 Advisory staffing amounts and availability for resident activities
8:39-8.4 Advisory resident services for resident activities

SUBCHAPTER 9. MANDATORY ADMINISTRATION

8:39-9.1 Ownership
8:39-9.2 Administrator
8:39-9.3 Mandatory policies and procedures for staff
8:39-9.4 Mandatory notification
8:39-9.5 Mandatory policies and procedures for residents' accounts
8:39-9.6 Mandatory policies and procedures for advance directives

SUBCHAPTER 10. ADVISORY ADMINISTRATION

8:39-10.1 Advisory policies and procedures for administration
8:39-10.2 Advisory staff qualifications
8:39-10.3 Advisory staff education and training

SUBCHAPTER 11. MANDATORY RESIDENT ASSESSMENT AND CARE PLANS

8:39-11.1 Mandatory completion of resident assessment and coordination of care plans
8:39-11.2 Mandatory policies and procedures for resident assessment and care plans

SUBCHAPTER 12. ADVISORY RESIDENT ASSESSMENT AND CARE PLANS

8:39-12.1 Advisory policies and procedures for resident assessment and care plan
8:39-12.2 Advisory resident services for off-site services

New Jersey State Library

SUBCHAPTER 13. MANDATORY COMMUNICATION

8:39-13.1 Mandatory communication policies and procedures
8:39-13.2 Mandatory resident communication services
8:39-13.3 Mandatory staff communication qualifications
8:39-13.4 Mandatory staff education and training for communication

SUBCHAPTER 14. ADVISORY COMMUNICATION

8:39-14.1 Advisory resident services
8:39-14.2 Advisory staff education and training for communication

SUBCHAPTER 15. MANDATORY DENTAL SERVICES

8:39-15.1 Mandatory resident dental services

SUBCHAPTER 16. ADVISORY DENTAL SERVICES

8:39-16.1 Advisory resident dental services

SUBCHAPTER 17. MANDATORY DIETARY SERVICES

8:39-17.1 Mandatory structural organization for dietary services
8:39-17.2 Mandatory policies and procedures for dietary services
8:39-17.3 Mandatory staffing amounts and availability for dietary services
8:39-17.4 Mandatory resident dietary services

SUBCHAPTER 18. ADVISORY DIETARY SERVICES

8:39-18.1 Advisory structural organization for dietary services
8:39-18.2 Advisory staff qualifications for dietary services
8:39-18.3 Advisory staffing amounts and availability for dietary services
8:39-18.4 Advisory resident dietary services
8:39-18.5 Supplies and equipment

SUBCHAPTER 19. MANDATORY INFECTION CONTROL AND SANITATION

8:39-19.1 Mandatory organization for infection control and sanitation
8:39-19.2 Mandatory employee health policies and procedures for infection control and sanitation
8:39-19.3 Mandatory waste removal policies and procedures
8:39-19.4 Mandatory general policies and procedures for infection control and sanitation
8:39-19.5 Mandatory staff qualifications; health history and examinations
8:39-19.6 Mandatory space and environment for water supply
8:39-19.7 Mandatory space and environment for sanitation and waste management
8:39-19.8 Mandatory supplies and equipment for infection control and sanitation

SUBCHAPTER 20. ADVISORY INFECTION CONTROL AND SANITATION

8:39-20.1 Advisory policies and procedures for infection control
8:39-20.2 Advisory staff qualifications
8:39-20.3 Advisory staff education and training for infection control

SUBCHAPTER 21. MANDATORY LAUNDRY SERVICES

8:39-21.1 Mandatory laundry policies and procedures
8:39-21.2 Mandatory space and environment for laundry facilities
8:39-21.3 Mandatory supplies and equipment for laundry
8:39-21.4 Mandatory quality assurance for laundry

SUBCHAPTER 22. ADVISORY LAUNDRY SERVICES (RESERVED)

SUBCHAPTER 23. MANDATORY MEDICAL SERVICES

8:39-23.1 Mandatory structural organization for medical services
8:39-23.2 Mandatory medical services
8:39-23.3 Defibrillator

SUBCHAPTER 24. ADVISORY MEDICAL SERVICES

8:39-24.1 Advisory medical staff qualifications
8:39-24.2 Advisory resident medical services

SUBCHAPTER 25. MANDATORY NURSE STAFFING

8:39-25.1 Mandatory policies and procedures for nurse staffing
8:39-25.2 Mandatory nurse staffing amounts and availability

SUBCHAPTER 26. ADVISORY NURSE STAFFING

8:39-26.1 Advisory structural organization for nurse staffing
8:39-26.2 Advisory policies and procedures for nurse staffing
8:39-26.3 Advisory nurse staffing amounts and availability
8:39-26.4 Advisory qualifications for nurse staffing

SUBCHAPTER 27. MANDATORY QUALITY OF CARE

8:39-27.1 Mandatory policies, procedures and practices for quality of care
8:39-27.2 Mandatory resident services for personal care
8:39-27.3 Mandatory general resident services
8:39-27.4 Mandatory post-mortem policies and procedures
8:39-27.5 Mandatory supplies and equipment for resident care

SUBCHAPTER 28. ADVISORY QUALITY OF CARE

8:39-28.1 Advisory policies and procedures for resident care
8:39-28.2 Advisory resident care services

SUBCHAPTER 29. MANDATORY PHARMACY

8:39-29.1 Mandatory pharmacy organization
8:39-29.2 Mandatory drug administration policies and procedures
8:39-29.3 Mandatory pharmacy reporting policies and procedures
8:39-29.4 Mandatory pharmacy control policies and procedures
8:39-29.5 Mandatory pharmacy staff qualifications
8:39-29.6 Mandatory resident pharmacy services
8:39-29.7 Mandatory pharmacy supplies and equipment
8:39-29.8 Mandatory pharmacy quality assurance

SUBCHAPTER 30. ADVISORY PHARMACY

8:39-30.1 Advisory pharmacy staffing amounts and availability
8:39-30.2 Advisory pharmacy resident services
8:39-30.3 Advisory provider formulary criteria
8:39-30.4 Advisory consultant pharmacist certification

SUBCHAPTER 31. MANDATORY PHYSICAL ENVIRONMENT

8:39-31.1 Mandatory construction standards
8:39-31.2 Mandatory general maintenance
8:39-31.3 Mandatory quality assurance for housekeeping
8:39-31.4 Mandatory housekeeping policies and procedures
8:39-31.5 Pest control
8:39-31.6 Mandatory fire and emergency preparedness
8:39-31.7 Mandatory safety requirements
8:39-31.8 Mandatory space and environment; all facilities

SUBCHAPTER 32. ADVISORY PHYSICAL ENVIRONMENT

8:39-32.1 Advisory general maintenance
8:39-32.2 Advisory fire and emergency preparedness
8:39-32.3 Advisory safety

SUBCHAPTER 33. MANDATORY QUALITY ASSESSMENT AND/OR QUALITY IMPROVEMENT

8:39-33.1 Mandatory quality assessment and/or quality improvement structural organization
8:39-33.2 Mandatory quality assessment and/or quality improvement policies and procedures
8:39-33.3 Mandatory quality assessment and/or quality improvement of resident services
8:39-33.4 Mandatory quality assessment and/or quality improvement of staff education and training

SUBCHAPTER 34. ADVISORY QUALITY ASSESSMENT AND/OR QUALITY IMPROVEMENT

8:39-34.1 Advisory quality assessment and/or quality improvement policies and procedures

SUBCHAPTER 35. MANDATORY MEDICAL RECORDS

8:39-35.1 Mandatory organization for medical records
8:39-35.2 Mandatory policies and procedures for medical records

SUBCHAPTER 36. ADVISORY MEDICAL RECORDS

8:39-36.1 Advisory policies and procedures for medical records
8:39-36.2 Advisory staff education and training for medical records
8:39-36.3 Advisory staff qualifications for medical records

SUBCHAPTER 37. MANDATORY REHABILITATION

8:39-37.1 Mandatory policies and procedures for rehabilitation
8:39-37.2 Mandatory rehabilitation staff qualifications
8:39-37.3 Mandatory rehabilitation staffing amounts and availability
8:39-37.4 Mandatory rehabilitation supplies and equipment

SUBCHAPTER 38. ADVISORY REHABILITATION

8:39-38.1 Advisory rehabilitation staff qualifications
8:39-38.2 Advisory rehabilitation space and environment
8:39-38.3 Advisory rehabilitation supplies and equipment

SUBCHAPTER 39. MANDATORY SOCIAL WORK

8:39-39.1 Mandatory social work policies and procedures
8:39-39.2 Mandatory social work staff qualifications
8:39-39.3 Mandatory social work amounts and availability
8:39-39.4 Mandatory resident social work services
8:39-39.5 Mandatory space and environment for social work

SUBCHAPTER 40. ADVISORY SOCIAL WORK

8:39-40.1 Advisory staff qualifications for social work
8:39-40.2 Advisory staff amounts and availability for social work
8:39-40.3 Advisory resident social work services
8:39-40.4 Advisory space and environment for social work
8:39-40.5 Advisory social work staff education and training

SUBCHAPTER 41. MANDATORY STAFF POSTING AND REPORTING STANDARDS

8:39-41.1 Authority and purpose
8:39-41.2 Information required to be posted; retention
8:39-41.3 Reporting requirements
8:39-41.4 Penalty

SUBCHAPTER 42. (RESERVED)

SUBCHAPTER 43. CERTIFICATION OF NURSE AIDES IN LONG-TERM CARE FACILITIES

8:39-43.1 Nurse aide competency
8:39-43.2 Requirements for nurse aide certification
8:39-43.3 Exceptions
8:39-43.4 Certificates
8:39-43.5 Revocation and suspension of certificates
8:39-43.6 Recertification
8:39-43.7 Nurse aide registries
8:39-43.8 Hearings for resident abuse, resident neglect, or misappropriation of resident property
8:39-43.9 Equivalency for nurse aides registered in other states
8:39-43.10 Approval of a nurse aide in long-term care facilities training program
8:39-43.11 Evaluation of training programs
8:39-43.12 Student records
8:39-43.13 Denial or termination of a nurse aide in long-term care facilities training program
8:39-43.14 Responsibilities of administrator
8:39-43.15 Employment of a nurse aide
8:39-43.16 Nurse aide functions
8:39-43.17 Mandatory nurse aide education and training
8:39-43.18 Fees

SUBCHAPTER 44. MANDATORY STANDARDS FOR RESPITE CARE SERVICES

8:39-44.1 Scope and purpose
8:39-44.2 Mandatory policies and procedures

SUBCHAPTER 44A. ADVISORY STANDARDS FOR RESPITE CARE SERVICES

8:39-44A.1 Advisory staffing

SUBCHAPTER 45. ALZHEIMER'S/DEMENTIA PROGRAMS

8:39-45.1 Scope and purpose
8:39-45.2 Mandatory data reporting requirements

SUBCHAPTER 46. ALZHEIMER'S/DEMENTIA PROGRAMS—ADVISORY STANDARDS

8:39-46.1 Advisory Alzheimer's/dementia program policies and procedures
8:39-46.2 Advisory staffing
8:39-46.3 Advisory environmental modification
8:39-46.4 Advisory activity programming
8:39-46.5 Advisory nutrition
8:39-46.6 Advisory social services

SUBCHAPTER 47. SUBACUTE CARE UNIT IN AN ACUTE CARE GENERAL HOSPITAL

8:39-47.1 Scope
8:39-47.2 Definitions
8:39-47.3 Licensure of hospital-based subacute care units
8:39-47.4 Licensure requirements
8:39-47.5 Licensure renewal

APPENDIX A. GUIDELINES AND CONSIDERATIONS FOR PET FACILITATED THERAPY IN NEW JERSEY INSTITUTIONS

APPENDIX B. GUIDELINES FOR THE MANAGEMENT OF INAPPROPRIATE BEHAVIOR AND RESIDENT TO RESIDENT ABUSE

APPENDIX C. PATIENT INFORMATION TRANSFER FORM

APPENDIX D. GUIDELINES FOR THE USE OF RESTRAINTS

APPENDIX E. APPLICATION FOR A HEALTH CARE FACILITY LICENSE

APPENDIX F. APPLICATION FOR A HEALTH CARE FACILITY LICENSE RENEWAL

APPENDIX G. INSTRUCTIONS FOR COMPLETING THE FORM HFEL-6, RESIDENT CARE STAFFING REPORT FORM

SUBCHAPTER 1. GENERAL PROVISIONS

8:39-1.1 Scope and purpose

(a) This chapter contains rules and standards intended to assure the high quality of care delivered in long-term care facilities, commonly known as nursing homes, throughout New Jersey. Components of quality of care addressed by these rules and standards include access to care, continuity of care, comprehensiveness of care, coordination of services, humaneness of treatment, conservatism in intervention, safety of the environment, professionalism of caregivers, and participation in useful studies.

(b) These rules and standards apply to each licensed long-term care facility. They are intended for use in State surveys of the facilities and any ensuing enforcement actions. They are also designed to be useful to consumers and providers as a mechanism for privately assessing the quality of care provided in any long-term care facility.

8:39-1.2 Definitions

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

"Actual hours worked" means the hours that a staff member is scheduled to work on the particular shift for which information is being reported.

"Advance directive" means a written statement of a resident's instructions and directions for health care in the event of future decision making incapacity, in accordance with the New Jersey Advance Directives for Health Care Act, N.J.S.A. 26:2H-53 et seq., P.L. 1991, c.201. An advance directive may include a proxy directive, an instruction directive, or both.

"Advanced practice nurse" means a person certified by the New Jersey Board of Nursing in accordance with Section 8 or 9 of P.L. 1991, c.377; amended by P.L. 1999, c.85, § 6.

"Adverse drug reaction" means any unexpected, unintended, undesired or excessive response to a drug such that it:

1. Requires discontinuing the drug (therapeutic or diagnostic);

2. Requires changing the drug therapy;

3. Requires modifying the dose;

4. Negatively affects prognosis; or

5. Results in temporary or permanent harm or disability, or death.

"Available" means ready for immediate use (pertaining to equipment) or capable of being reached (pertaining to personnel), unless otherwise defined in these rules.

"Bed" or "licensed bed" means one of the total number of beds for which each licensed long-term care facility is approved for resident care by the Commissioner of the New Jersey State Department of Health and Senior Services.

"Certified nurse aide" means an individual who has satisfied the requirements of N.J.A.C. 8:39-43.1(a).

"Cleaning" means the removal by scrubbing and washing, as with hot water, soap or detergent, or vacuuming, of infectious agents and of organic matter from surfaces on which and in which infectious agents may find conditions for surviving or multiplying.

"Commissioner" means the Commissioner of the New Jersey Department of Health and Senior Services, or his or her designee.

"Communicable disease" means an illness due to a specific infectious agent or its toxic products which occurs through transmission of that agent or its products from a reservoir to a susceptible host.

"Conspicuously posted" means placed at a location within the facility accessible to and seen by residents and the public.

"Contamination" means the presence of an infectious or toxic agent in the air, on a body surface, or on or in clothes, bedding, instruments, dressings, or other inanimate articles or substances, including water, milk, and food.

"Controlled Dangerous Substances Acts" means the Controlled Substances Act of 1970 (Title II, Public Law 91-513) and the New Jersey Controlled Dangerous Substances Act of 1971, N.J.S.A. 24:21-1 et seq.

"Current" means up-to-date, extending to the present time.

"Defibrillator" means a medical device heart monitor and defibrillator that has received approval of its pre-market notification filed pursuant to 21 U.S.C. §360(k) from the United States Food and Drug Administration, is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia, is capable of determining, without intervention by an operator, whether defibrillation should be performed, and upon determining that defibrillation should be performed, automatically charges and requests delivery of an electrical impulse to an individual's heart.

"Department" means the New Jersey Department of Health and Senior Services.

"Dietitian" means a person who possesses a bachelor's degree from an accredited college or university with a major area of concentration in a nutrition-related field of study, and one year of full-time professional experience or graduate-level training in nutrition.

"Direct resident care" means clinical care services provided directly to residents by a registered professional nurse, licensed practical nurse and/or a certified nurse aide and the supervision of those providing clinical care services to residents.

(b) Each resident, resident's next of kin, and resident's guardian shall be informed of the resident rights enumerated in this subchapter, and each shall be explained to him or her. None of these rights shall be abridged or violated by the facility or any of its staff.

SUBCHAPTER 5. MANDATORY ACCESS TO CARE

8:39-5.1 Mandatory policies and procedures for access to care

(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.

(b) There shall be no discrimination against any resident or group of residents based on method of payment.

(c) The facility shall meet all currently applicable conditions attached to any certificate of need that has been granted to it.

(d) If a facility has reason to believe, based on a resident's behavior, that the resident poses a danger to himself or herself or others, and that the facility is not capable of providing proper care to the resident, then an evaluation should be performed and documented in accordance with the Guidelines for Inappropriate Behavior and Resident to Resident Abuse in Appendix B, incorporated herein by reference.

(e) The facility shall make available to indigent individuals at least five percent of its beds or, if the facility is licensed for 100 or more beds, at least 10 percent of its beds. For purposes of this section, an individual is "indigent" if he or she is an applicant for admission or a current resident of the facility, and if he or she would otherwise meet the eligibility requirements of Medicaid reimbursement or county or municipal financial assistance for nursing home care.

Case Notes

Former N.J.A.C. 8:30-14.4(a), which required nursing homes to make available "a reasonable number of their beds to indigent persons" as a condition of licensure under N.J.S.A. 26:2H-5, 26:2H-8, and 26:2H-12, did not exceed the power given to the State under N.J.S.A. 26:2H-1 et seq.; the argument that the State was attempting to regulate the quantity of health care services, rather than the quality of health care services was rejected because the acute shortage of nursing home beds for indigent persons was a public health concern, and the regulations were not arbitrary or unreasonable. In re Health Care Admin. Board, 83 N.J. 67, 415 A.2d 1147, 1980 N.J. LEXIS 1365 (1980), writ of certiorari denied by 449 U.S. 944, 101 S. Ct. 342, 66 L. Ed. 2d 208, 1980 U.S. LEXIS 3668, 49 U.S.L.W. 3331 (1980).

Former N.J.A.C. 8:30-14.4(a), which required nursing homes to make available "a reasonable number of their beds to indigent persons" as a condition of licensure under N.J.S.A. 26:2H-5, did not constitute a taking without just compensation under N.J. Const. art. I, para. 20 because the regulation served a valid public purpose and the nursing home was given a right to administrative and judicial review of any allotment of beds. In re Health Care Admin. Board, 83 N.J. 67, 415 A.2d 1147, 1980 N.J. LEXIS 1365 (1980), writ of certiorari denied by 449 U.S. 944, 101 S. Ct. 342, 66 L. Ed. 2d 208, 1980 U.S. LEXIS 3668, 49 U.S.L.W. 3331 (1980).

Former N.J.A.C. 8:30-14.4(a), which required nursing homes to make available "a reasonable number of their beds to indigent persons" as a condition of licensure under N.J.S.A. 26:2H-5, did not violate the equal protection rights of private facilities because the private facilities were involved in a quasi-public activity and were therefore subject to extensive regulation in the public interest; the classification was not suspect and did not implicate a fundamental right and the nursing home's obligation to serve the public interest was rationally related to the regulations. In re Health Care Admin. Board, 83 N.J. 67, 415 A.2d 1147, 1980 N.J. LEXIS 1365 (1980), writ of certiorari denied by 449 U.S. 944, 101 S. Ct. 342, 66 L. Ed. 2d 208, 1980 U.S. LEXIS 3668, 49 U.S.L.W. 3331 (1980).

Former N.J.A.C. 8:30-14.4(a), which required nursing homes to make available "a reasonable number of their beds to indigent persons" as a condition of licensure under N.J.S.A. 26:2H-5, did not conflict with the federal Medicaid statute, 42 U.S.C. § 1396 et seq.; there was no factual evidence presented to support the claim that the reimbursement rates set in the program violated the federal rates or that compelled participation in the state program violated the voluntary nature of the federal program, constituting an unjust taking, because there was no requirement in the regulations that a facility seek reimbursement from Medicaid. In re Health Care Admin. Board, 83 N.J. 67, 415 A.2d 1147, 1980 N.J. LEXIS 1365 (1980), writ of certiorari denied by 449 U.S. 944, 101 S. Ct. 342, 66 L. Ed. 2d 208, 1980 U.S. LEXIS 3668, 49 U.S.L.W. 3331 (1980).

8:39-5.2 Admissions

(a) The facility shall establish a single waiting list in chronological order. The order of names shall be predicated upon the order in which a completed written application is received. Hospitalized individuals ready for readmission to the facility are to be added to the top of the list as soon as the hospital notifies the facility of the contemplated discharge. As soon as a bed becomes available, it shall be filled from this waiting list. Provisions can be made for emergency, life-threatening situations or life-care community admissions.

1. The facility shall meet the following requirements:

i. The facility shall maintain only one waiting list; this list shall reflect a roster updated on a regular basis, of all individuals who have applied for admission to the facility;

ii. The waiting list shall reflect in chronological order the full name and address of the individual applying by the date the written application for admission is made;

iii. Facilities that participate in the Medicaid program shall utilize the waiting list to admit individuals on a first-come, first-serve basis in the order in which they apply until the provider's Medicaid occupancy level equals the Statewide occupancy level, or the Medicaid occupancy level set forth in the provider's Certificate of Need, whichever is higher; and

iv. A file shall be maintained containing full documentation to support any valid reason why the individual whose name appears first on the waiting list is not admitted to the facility.

2. Any Medicaid participating facility whose Medicaid occupancy level is less than the Statewide occupancy level

shall not deny admission to a Medicaid eligible individual who has been authorized for nursing facility services by the Long-Term Care Field Office when a bed becomes available in accord with the waiting list.

i. Under the provisions of N.J.S.A 10:5-12.2, a facility with a residential unit or a life-care community may give its own residents priority when a bed becomes available.

(b) The facility shall not deny admission to any applicant for admission ("applicant for admission" means an individual who has made a formal application) based on diagnosis or health care needs if the applicant's health care needs can be reasonably accommodated without reducing the quality of care provided to other residents, and are commensurate with the services provided by the facility.

(c) Whenever the facility denies admission to an applicant for admission, the facility, within 14 days of the denial, shall provide written notice of the denial and the reasons therefore, to the applicant or person applying on the applicant's behalf. A record of each completed application, including the disposition and stated reason if admission is denied, shall be kept for one year.

8:39-5.3 Transfers

(a) Policies for transfer shall include method of transportation, procedures for security of the resident and all personal belongings or other items that accompany or immediately follow a transferred resident, a transfer form that is consistent with "Patient Information Transfer Form" in Appendix C, incorporated herein by reference, copies of relevant medical records, including assessments (MDS; PASRR) and advance directives if applicable.

(b) The facility shall arrange for transfer of residents to other health care facilities, and to health care services provided outside the nursing home, and in accordance with the physician's or advanced practice nurse's orders.

(c) All transfers shall be in accordance with N.J.A.C. 8:39-4.1.

8:39-5.4 Discharges

(a) No resident shall be discharged between 5:00 P.M. and 8:00 A.M., except in an emergency or with the consent of the resident and family or responsible person.

(b) Discharge plans, for those residents considered to be likely candidates for discharge into the community or a less intensive care setting, shall be developed by the interdisciplinary team prior to discharge and shall reflect communication with the resident and/or the resident's family.

(c) All discharges shall be in accordance with N.J.A.C. 8:39-4.1 and 39.

SUBCHAPTER 6. ADVISORY ACCESS TO CARE

8:39-6.1 Advisory admission policies and procedures

(a) The waiting list of the facility incorporates a system to contact applicants or families at least quarterly, or according to an alternate schedule approved by the Department, to advise them concerning the status of the application and to inquire of the applicant's interest in remaining on the waiting list.

(b) Before admission, the resident's physician, the facility's social worker, the facility's admissions officer (if different from the social worker), and a registered professional nurse discuss the appropriateness of the placement.

(c) The facility makes available to indigent individuals at least 10 percent of its beds or, if the facility is licensed for 100 or more beds, at least 15 percent of its beds. For purposes of this subsection, an individual is "indigent" if he or she is an applicant for admission or a current resident of the facility, and if he or she would otherwise meet the eligibility requirements of Medicaid reimbursement or county or municipal financial assistance for nursing home care.

(d) The facility provides a copy of admissions policies and criteria to all applicants for admission.

SUBCHAPTER 7. MANDATORY RESIDENT ACTIVITIES

8:39-7.1 Mandatory administrative organization for resident activities

(a) The director of resident activities shall supervise all resident activity staff and coordinate all resident activity programs.

(b) The director of resident activities shall hold at least one of the following four qualifications:

1. A baccalaureate degree from an accredited college or university with a major area of concentration in recreation, creative arts therapy, therapeutic recreation, art, art education, psychology, sociology, or occupational therapy;

2. A high school diploma and three years of experience in resident activities in a health care facility and satisfactory completion of an activities education program approved by the Department, after a review of the specific curriculum, consisting of 90 hours of training, and incorporating the following elements:

   i. Overview of the activity profession;

   ii. Human development: the late adult years;

   iii. Standards of practice: practitioner behavior;

APPENDIX C

PATIENT INFORMATION TRANSFER FORM

Patient Name ____________________
Transferred From Facility/Unit ____________________
Facility Transferred to ____________________
Transfer Date ____________________
ADM and Discharge Diagnosis ____________________
Allergies ____________________

SSN ____________________
DOB ____________ Sex ________
Religion ____________________
Pt Address ____________________
Next of Kin ____________________
Phone ____________________

❐ Yes ❐ No DNR

IV ACCESS

- ❐ Yes ❐ No IV
- ❐ Yes ❐ No Hep. Lock
- ❐ Yes ❐ No Subcutaneous Access Device
- ❐ Yes ❐ No PICC Line

COMMUNICATION ABILITY

- ❐ Yes ❐ No Can Speak
- ❐ Yes ❐ No Can Write
- ❐ Yes ❐ No Understands Speaking
- ❐ Yes ❐ No Understands Writing
- ❐ Yes ❐ No Communicates by Writing
- ❐ Yes ❐ No Understands Gestures
- ❐ Yes ❐ No Communicate by Gestures
- ❐ Yes ❐ No Understands English

If no, language spoken ____________

GI/GU/NUTRITION

- ❐ Yes ❐ No TPN
- ❐ Yes ❐ No Tube Type ________
- ❐ Yes ❐ No Foley Inserted ________
- ❐ Yes ❐ No Ostomy
- ❐ Yes ❐ No Diarrhea
- ❐ Yes ❐ No Recent Weight Loss
- ❐ Yes ❐ No Diet Supplement
- ❐ Yes ❐ No Bowel Movement Date ________

Weight ____________
Diet ____________

IMMUNIZATIONS PROVIDED

- ❐ Flu Date ________
- ❐ Pneumoccous Date ________
- ❐ Mantoux Date ________
  Results ________
- ❐ Tetanus Date ________

INFECTION PROCESS

- ❐ Yes ❐ No Precautions Type ________
- ❐ Yes ❐ No C Diff.
- ❐ Yes ❐ No VRE
- ❐ Yes ❐ No MRSA
- ❐ Yes ❐ No Drainage
- ❐ Yes ❐ No Shingles
- ❐ Yes ❐ No R/O TB

Other ____________

RESPIRATORY STATUS

- ❐ Yes ❐ No Labored
- ❐ Yes ❐ No Unlabored
- ❐ Yes ❐ No Oxygen ______(rate)
- ❐ Yes ❐ No Pulse Oximetry _____%
- ❐ Yes ❐ No Trach
- ❐ Yes ❐ No Chest Tube
- ❐ Yes ❐ No Suctioning

PROSTHETIC DEVICES

- ❐ Yes ❐ No Eyeglasses
- ❐ Yes ❐ No Dentures
- ❐ Yes ❐ No Hearing Aid

Other ____________

Therapy Orders ____________

MENTAL

- ❐ Yes ❐ No Alert
- ❐ Yes ❐ No Oriented
- ❐ Yes ❐ No Confused
- ❐ Yes ❐ No Noisy
- ❐ Yes ❐ No Combative
- ❐ Yes ❐ No Substance Abuse History
- ❐ Yes ❐ No Psych History

Dx ____________

COMPLEX

- ❐ Yes ❐ No Dialysis
- ❐ Yes ❐ No Ventilator/Respirator

SKIN

- ❐ Yes ❐ No Rash
- ❐ Yes ❐ No Cellulitis
- ❐ Yes ❐ No Surgical Wound
- ❐ Yes ❐ No Drainage
- ❐ Yes ❐ No Pressure Ulcer
- ❐ Yes ❐ No Wound

NEURO/MUSCULAR

- ❐ Yes ❐ No Weightbearing
- ❐ Yes ❐ No Contracted ________(degree)
- ❐ Yes ❐ No Quadriplegic
- ❐ Yes ❐ No Paraplegic
- ❐ Yes ❐ No Left Side Weakness
- ❐ Yes ❐ No Right Side Weakness
- ❐ Yes ❐ No Seizure Precautions
- ❐ Yes ❐ No Amputee ________

Social Information (adjustment to disability, emotional support from family, motivation for self care, financial plan) PAS Status

ADL's

Hearing	❐ Normal	❐ Impaired	❐ Deaf	
Sight	❐ Normal	❐ Impaired	❐ Blind	
Feeding	❐ Independent	❐ Help w/ Feeding	❐ Cannot Feed Self	
Dressing	❐ Independent	❐ Help w/ Dressing	❐ Cannot Dress Self	
Elimination	❐ Independent	❐ Help to Bathroom	❐ Bedpan/Urinal Reqd	❐ Incontinent
Bathing	❐ Independent	❐ Bathing w/ Help	❐ Bed Bath w/ Help	❐ Bed Bath
Ambulation	❐ Independent	❐ Walk w/ Assistance	❐ Help To/From Chair	❐ Bed Bound

Assistive Devices ____________
Advance Directives ❐ Yes ❐ No
If Yes, Sent With Patient ❐ Yes ❐ No
COMMENTS: ____________

MEDICATION AT TIME OF DISCHARGE	
Name of Medication & Dose	Time Last Given
Does Patient Need Narcotics? ❐ Yes ❐ No	

WOUND CARE		
Location	Stage	Treatment

Attending Physician ____________ Phone ________
Consulting Physician ____________ Phone ________
Will this physician continue to care for patient after transfer? ❐ Yes ❐ No

RN Completing Form ____________
Signature ____________
Phone # ____________

Please attach: face sheet, latest therapy notes, all lab work, H&P, consults, progress notes, medical record, nutrition and SS evaluation and diagnostic tests

APPENDIX D

GUIDELINES FOR THE USE OF RESTRAINTS

A. Written policies and procedures for use of restraints should address at least the following:
   1. Protocol for the use of alternatives to restraints, such as staff or environmental interventions, structured activities, or behavior management. Alternatives should be utilized whenever possible to avoid the use of restraints;
   2. Protocol for the use and documentation of a progressive range of restraining procedures from the least restrictive to the most restrictive;
   3. A delineation of indications for use, which should be limited to:
      i. Prevention of imminent harm to the resident or other persons when other means of control are not effective or appropriate; or
      ii. Prevention of serious disruption of treatment or significant damage to the physical environment;
   4. Contraindications for use, which should include, at least, clinical contraindications, convenience of staff, or discipline of the resident;
   5. Identification of restraints which may be used in the facility, which should be limited to methods and mechanical devices that are specifically manufactured for the purpose of physical restraint. Locked restraints, double restraints on the same body part, four-point restraints, and confinement in a locked or barricaded room should not be permitted;
   6. Protocol for informing the resident and obtaining consent when clinically feasible, and documenting the consent in the resident's record;
   7. Protocol for notifying the family or guardian, obtaining consent if the resident is unable to give consent, and documenting the consent in the resident's record; and
   8. Protocol for removal of restraints when goals have been accomplished.

B. Procedures for the application of restraints in an emergency should include at least the following:
   1. Licensed nursing staff only should initiate the use of emergency restraints;
   2. The application of restraints should begin with the least restrictive alternative that is clinically feasible;
   3. Emergency restraints should be used only when the safety of the resident or others is endangered, or there is imminent risk that the resident will cause substantial damage to the physical environment;
   4. The facility should notify the attending physician or advanced practice nurse or another designated physician and request an order within two hours;
   5. The facility should obtain a physician's or advanced practice nurse's order within eight hours;
   6. Licensed nursing personnel should evaluate and document the physical and mental condition of the resident in emergency restraints at least every two hours;
   7. There should be an assessment of the resident by a registered professional nurse within 24 hours; and
   8. Continuation of emergency restraints should occur only upon physician or advanced practice nurse orders, which should be renewed every 24 hours to a maximum of seven days.

C. The facility should continuously attempt to remediate the resident's condition to eliminate or lessen the need for restraints. If the use of restraints is needed beyond one week, at least the following should be done:
   1. The need for the continued use of restraints should be implemented only as part of the physician's medical care plan;
   2. Every resident in restraints should be assessed by a registered professional nurse at least every 48 hours for the continued use of restraints; and
   3. After remediation attempts, there should be an interdisciplinary review of the record of any resident whose assessment indicates the need for continued use of restraints. This review should occur within thirty days of the initiation of the use of restraints.

D. Continuation of the use of restraints beyond 30 days should occur only upon written approval of the committee or its equivalent, and should include at least the following actions:
   1. The registered professional nurse should assess the need for continued restraints at least weekly; and
   2. An interdisciplinary review should be conducted at least every 30 days to approve the continued use of restraints.

E. The facility should have written policies and procedures to ensure that interventions while a resident is restrained, except as indicated in F below, are performed by nursing personnel in accordance with nursing scope of practice as set forth by the New Jersey Board of Nursing. The policies and procedures should include at least the following:
   1. Periodic visual observation, which should be performed with the following frequency:
      i. Continuously, if clinically indicated by the resident's condition; or
      ii. At least every 15 minutes while the resident's condition is unstable; and thereafter at least every one to two hours, based upon an assessment of the resident's condition.
   2. Release of restraints at least once every two hours in order to:
      i. Assess circulation;
      ii. Perform skin care;
      iii. Provide an opportunity for exercise or perform range of motion procedures for a minimum of five minutes per restrained limb and repositioning; and
      iv. Assess the need for toileting and assist with toileting or incontinence care.
   3. Ensuring adequate fluid intake;
   4. Ensuring adequate nutrition through meals at regular intervals, snacks, and assistance with feeding if needed;
   5. Assistance with bathing as required at least daily; and
   6. Ambulation at least once every two hours, if clinically feasible.

F. The facility should have written policies and procedures for interventions by nursing personnel for residents in restraints for overnight sleeping. These policies and procedures should include at least the following and should be implemented in accordance with nursing scope of practice, as set forth by the New Jersey Board of Nursing;
   1. Visual observation based on resident's condition, occurring at least every one to two hours;
   2. Administration of fluids as required;
   3. Toileting as required;
   4. Release of restraints at least once every two hours for repositioning and skin care, if clinically indicated; and
   5. Prohibition of any method of restraint which places the resident at clinical risk for circulatory obstruction.

APPENDIX E

New Jersey Department of Health and Senior Services
Division of Health Facilities Evaluation and Licensing
PO Box 358
Trenton, NJ 08625-0358

APPLICATION FOR A HEALTH CARE FACILITY LICENSE

Type of Application: [ ] New – CN#:________ [ ] New – No CN Required, ID#:________ [ ] Transfer of Ownership #:________ [ ] Other:________	***Date of Application:*** ***Check/Money Order #:*** No:______	***Date of Check/Money Order:*** ***Amount of Check/Money Order:*** $ ______

Official Name of Facility (Provider Name):				***EIN Number:***
Site Address:				
City:		*State:*	*Zip:*	*County:*
Telephone Number:	*Fax Number:*			*Email Address:*
Name of Administrator:				*License Number (LNHA/CALA if applicable):*
Emergency Contact:				
Emergency Telephone:	*Emergency Fax Number:*			*Emergency Email Address:*
Mailing Address (if different from above):				
City:		*State:*	*Zip:*	*County:*

Owner / Corporate Name (Licensed Operator):				***EIN Number:***
Doing Business As (if applicable):				
Address:				
City:	*State:*	*Zip:*	*County:*	
Telephone Number:	*Fax Number:*			*Email Address:*

Management Company (if applicable):				
Address:				
City:	*State:*	*Zip:*	*County:*	
Telephone Number:	*Fax Number:*			*Email Address:*
Contact:		*Title:*		

New License Application
July 2006
Rev E

Page 1 of 4

New Jersey Department of Health and Senior Services
Division of Health Facilities Evaluation and Licensing
PO Box 358
Trenton, NJ 08625-0358

APPLICATION FOR A HEALTH CARE FACILITY LICENSE

Primary Type of Facility (check one)

[ ] Adult Day Health Services
[ ] Alternate Family Care
[ ] Assisted Living Program
[ ] Assisted Living Residence
[ ] Comprehensive Personal Care Home
[ ] Hospital Based Subacute
[ ] Pediatric Day Health Services
[ ] Residential Health Care Facility
[ ] Other:________________________
[ ] Long-Term Care T18 only
[ ] Long-Term Care T19 only
[ ] Long-Term Care T18/19
[ ] Long-Term Care Private

Enter the Quantity of all Beds / Slots at this Location

Adult Day Health Service Slots ...._______
Assisted Living Beds ...._______
Comprehensive Personal Care Beds ...._______
Hospital Based Subacute............................_______
Long-Term Care Beds .... _______
Pediatric Day Health Slots .... _______
Residential Health Care Beds .... _______
Other / Type ________________________.... _______

Type of Ownership (check one)

For-Profit ____ (Y/N) Non-Profit ___ (Y/N) Facility is Hospital Based____ (Y/N) Government Owned _____(Y/N)

[ ]*Corporation [ ] Proprietorship [ ] Limited Liability Corp. [ ] Federal [ ] City
[ ] Partnership [ ] Limited Partnership [ ] Religious Affiliation [ ] State [ ] City/County
[ ] Other(specify) ____ [ ] County [ ] Hospital District

**If the corporate entity is a wholly-owned subsidiary, identify the parent corporation below:*

Name: ____

Address: ____

City/ST/Zip: ____

Building Ownership (check one)

____ Wholly owned by licensed operator identified on page one
____ Leased (Identify owner of physical assets and submit a copy of the signed lease)

____

Name and Title of Individual or Current Registered Agent Upon Whom Orders May Be Served (Must be NJ Resident)

Name: ____

Address: ____

City/ST/Zip: ____

New License Application
July 2006
Rev E

Page 2 of 4

New Jersey Department of Health and Senior Services
Division of Health Facilities Evaluation and Licensing
PO Box 358
Trenton, NJ 08625-0358

APPLICATION FOR A HEALTH CARE FACILITY LICENSE

OWNER, OFFICERS, PARTNERS, STOCKHOLDERS, OR CORPORATE OFFICERS

- *IDENTIFY 100% OF THE OWNERSHIP BELOW* (attach additional sheets if necessary)
- *For a publicly held corporation, identify all stockholders with 10% or more of the outstanding stock*
- ***If an owner, partner or shareholder is an entity, rather than an individual, provide the individual ownership of that entity as well***
- *For Non-Profit entities, list Board Members*

Name: ____ *Title:* ____ *Address:* ____ *City:* ____ *ST:* ___ *Zip:* ____ *SSN-TAXID:* ____ *% Ownership:* ____ *Proprietor___ Partner___ Limited Partner___ Gen. Partner___* *LLC-Member ___ Stockholder ___ Corporate Officer ___*	*Name:* ____ *Title:* ____ *Address:* ____ *City:* ____ *ST:* ___ *Zip:* ____ *SSN-TAXID:* ____ *% Ownership:* ____ *Proprietor___ Partner___ Limited Partner___ Gen. Partner___* *LLC-Member ___ Stockholder ___ Corporate Officer ___*
Name: ____ *Title:* ____ *Address:* ____ *City:* ____ *ST:* ___ *Zip:* ____ *SSN-TAXID:* ____ *% Ownership:* ____ *Proprietor___ Partner___ Limited Partner___ Gen. Partner___* *LLC-Member ___ Stockholder ___ Corporate Officer ___*	*Name:* ____ *Title:* ____ *Address:* ____ *City:* ____ *ST:* ___ *Zip:* ____ *SSN-TAXID:* ____ *% Ownership:* ____ *Proprietor___ Partner___ Limited Partner___ Gen. Partner___* *LLC-Member ___ Stockholder ___ Corporate Officer ___*
Name: ____ *Title:* ____ *Address:* ____ *City:* ____ *ST:* ___ *Zip:* ____ *SSN-TAXID:* ____ *% Ownership:* ____ *Proprietor___ Partner___ Limited Partner___ Gen. Partner___* *LLC-Member ___ Stockholder ___ Corporate Officer ___*	*Name:* ____ *Title:* ____ *Address:* ____ *City:* ____ *ST:* ___ *Zip:* ____ *SSN-TAXID:* ____ *% Ownership:* ____ *Proprietor___ Partner___ Limited Partner___ Gen. Partner___* *LLC-Member ___ Stockholder ___ Corporate Officer ___*

New License Application
July 2006
Rev E

Page 3 of 4

New Jersey Department of Health and Senior Services
Division of Health Facilities Evaluation and Licensing
PO Box 358
Trenton, NJ 08625-0358

APPLICATION FOR A HEALTH CARE FACILITY LICENSE

Please indicate whether or not your facility offers the following:

Separate Units for Young Adults (Ages 21 through 64):	______ (Y/N)	# of Beds: ______
Pediatrics:	______ (Y/N)	# of Beds: ______
Ventilator:	______ (Y/N)	# of Beds: ______
Behavioral Management:	______ (Y/N)	# of Beds: ______
Private Long Term Care:	______ (Y/N)	# of Beds: ______
Alzheimer's / Dementia:	______ (Y/N)	# of Beds: ______
IV Therapy:	______ (Y/N)	

Chronic Dialysis:

Performed by In-House Staff:	Peritoneal:	______ (Y/N)
	Hemodialysis:	______ (Y/N)
Performed by Outside Firm:	Peritoneal:	______ (Y/N)
	Hemodialysis:	______ (Y/N)

Assisted Living Programs and Alternate Family Care list counties served from office site listed on page one.

______________________________ ______________________________
______________________________ ______________________________
______________________________ ______________________________

Please answer the following questions (attach additional sheets if necessary).

1. Have you or any person mentioned in this application ever had an interest, directly or indirectly, in any application for health care facility in New Jersey or any other state, which was denied or revoked?

______ (Y/N) If yes, indicate whom and give details ***(attach additional sheets if necessary)***: ______________________________

____

2. Do any of the principals have ownership, management or operational interest in any other licensed health care facility in New Jersey, or any other state?

______ (Y/N) If yes, indicate whom and give details ***(attach additional sheets if necessary)***: ______________________________

____

3. Are you related to any person who now operates or has ever operated a health care facility in New Jersey or elsewhere?

______ (Y/N) If yes, indicate whom and give details***(attach additional sheets if necessary)***: ______________________________

____

4. Have any principals, owners, operators or managers of the facility ever been found guilty of a criminal or administrative charge of resident/patient fraud, abuse and/or neglect? Have any of these ever been indicted for the same charge?

______ (Y/N) If yes, indicate whom and give details ***(attach additional sheets if necessary)***: ______________________________

____

5. Have any principals, owners, operators or managers of the facility ever been indicted for or convicted of a felony crime?

______ (Y/N) If yes, indicate whom and give details***(attach additional sheets if necessary)***: ______________________________

____

CERTIFICATION

The applicant certifies:
1) that all information contained in this application and attachments is true and correct, to the best of his/her knowledge and belief, and that willful misrepresentation of these facts may make the applicant subject to civil penalties;
2) that the application been duly authorized by the governing body of the applicant; and
3) that the facility has been and will be operated in accordance with applicable licensing requirements.

Name of authorized individual completing form (print or type)	*Title*
Signature	*Date*

New License Application
July 2006
Rev E

Page 4 of 4

New Rule, R.2007 d.83, effective March 19, 2007.
See: 38 N.J.R. 4141(a), 39 N.J.R. 924(a).

APPENDIX F

New Jersey Department of Health and Senior Services
Division of Health Facilities Evaluation and Licensing
PO Box 358
Trenton, NJ 08625-0358

APPLICATION FOR A HEALTH CARE FACILITY LICENSE RENEWAL

Facility ID:	License #:	*Expiration Date:*	*Date of Application:*	*Date of Check/Money Order:*
Medicare #:	*Medicaid #:*		*Check / Money Order Number:* No.	*Amount of Check/Money Order:* $

Official Name of Facility (Provider Name):	*Owner / Corporation Name (Licensed operator):*
Site Address:	*Address:*
City: *State:* *Zip:*	*City:* *State:* *Zip:*
County:	*Telephone Number:* *Fax Number:* *Tax EIN::*
Telephone Number: *Fax Number:* *Facility Email Address:*	*Name of Management Company (if applicable):*
Name of Administrator: *License Number (LNHA if applicable):*	*Doing Business As:*
Type of Facility:	*Address:*
Total License Capacity:	*City:* *State:* *Zip:*
Title 18:	*Name of Management Company Contact (First, Last):*
Title 19:	*Title:*
Title 18/19:	*Telephone Number:*
Bed Type(s):	

Type of Ownership: (check one)

1) *Corporation ☐ Limited Liability Company ☐ Limited Partnership ☐ Proprietorship ☐ Partnership ☐

Religion Affiliated ☐ Government: (Federal ☐ State ☐ County ☐ City ☐ City/County ☐ Hospital District ☐)

Other ☐ (specify)______________________________

*If the corporate entity is a wholly – owned subsidiary, please identify the parent corporation:

____

2) Above Ownership type is: For-Profit ☐ Non-Profit ☐

Building Identification: (check one)

____ Wholly owned by licensed operator identified within:

____ Leased – Owner of physical assets: ______________________________

☐ Lease Attached * **IF THE BUILDING IS LEASED, A COPY OF THE LEASE MUST BE ATTACHED FOR RENEWAL OF YOUR FACILITY LICENSE ***

Name and Title of Individual or Current Registered Agent Upon Whom Orders May be Served (Must be NJ Resident):

Name: ______________________________

Address: ______________________________

City, State, Zip: ______________________________

License Renewal - ltc
September 2004 Rev B

Page 1 of 3

New Jersey Department of Health and Senior Services
Division of Health Facilities Evaluation and Licensing
PO Box 358
Trenton, NJ 08625-0358

APPLICATION FOR A HEALTH CARE FACILITY LICENSE RENEWAL

Name of Facility:	*Facility ID:*	*License #::*	*Expiration Date:*

OWNER, OFFICERS, PARTNERS, STOCKHOLDERS, CORPORATE OFFICERS, BOARD MEMBERS

IDENTIFY 100% OF THE OWNERSHIP BELOW (attach additional sheets if necessary)

- IF OWNER IS AN ENTITY, IDENTIFY INDIVIDUAL PERSONS WHO MAKE UP THE ENTITY
- IF APPLICABLE, PLEASE ATTACH LIST OF BOARD MEMBERS

Name:
SSN -TAXID: *Ownership: %*
Title:
Proprietor☐ Partner☐ Limited Partner☐
General Partner ☐ LLC-Member☐ Stockholder☐
Corporate Officer☐ Board Member☐

Name:
SSN - TAXID: *Ownership %*
Title:
Proprietor☐ Partner☐ Limited Partner☐
General Partner ☐ LLC-Member☐ Stockholder☐
Corporate Officer☐ Board Member☐

Name:
SSN -TAXID: *Ownership: %*
Title:
Proprietor☐ Partner☐ Limited Partner☐
General Partner ☐ LLC-Member☐ Stockholder☐
Corporate Officer☐ Board Member☐

Name:
SSN - TAXID: *Ownership %*
Title:
Proprietor☐ Partner☐ Limited Partner☐
General Partner ☐ LLC-Member☐ Stockholder☐
Corporate Officer☐ Board Member☐

Name:
SSN -TAXID: *Ownership: %*
Title:
Proprietor☐ Partner☐ Limited Partner☐
General Partner ☐ LLC-Member☐ Stockholder☐
Corporate Officer☐ Board Member☐

Name:
SSN - TAXID: *Ownership %*
Title:
Proprietor☐ Partner☐ Limited Partner☐
General Partner ☐ LLC-Member☐ Stockholder☐
Corporate Officer☐ Board Member☐

License Renewal - ltc
September 2004 Rev B

Page 2 of 3

New Jersey Department of Health and Senior Services
Division of Health Facilities Evaluation and Licensing
PO Box 358
Trenton, NJ 08625-0358

APPLICATION FOR A HEALTH CARE FACILITY LICENSE RENEWAL

Name of Facility:	*Facility ID:*	*License #::*	*Expiration Date:*

Please answer the following questions (attach additional sheets if necessary).

1: Have you or any person mentioned in this application ever had an interest, directly or indirectly, in any application for health care facility approval in New Jersey, or any other state, which was denied or revoked? _______ (yes/no)

If yes, indicate whom and give details:

....

....

2: Do any of the principals have an ownership, management or operational interest in any other licensed health care facility in New Jersey, or any other state?
_______ (yes/no)

If yes, explain and give name and address of each facility:

....

....

....

3: Are you related to any person who now operates or has ever operated a health care facility in New Jersey or elsewhere? _______ (yes/no)

If yes, give name and address of facility, and full name and relationship of relative:

....

....

....

4: Have any principals, owners, operators or managers of the facility ever been found guilty of a criminal or administrative charge of resident/patient fraud, abuse and/or neglect? Have any of these ever been indicted for the same charge? _______ (yes/no)

If yes, explain in detail:

....

....

....

5: Have any principals, owners, operators or managers of the facility ever been indicted for or convicted of a felony crime? _______ (yes/no)

If yes, explain in details:

....

....

....

CERTIFICATION

The applicant certifies:

1) that all information contained in this application and attachments is true and correct, to the best of his/her knowledge and belief, and that willful misrepresentation of these facts may make the applicant subject to civil penalties;

2) that the application has been duly authorized by the governing body of the applicant; and

3) that the facility has been and will be operated in accordance with applicable licensing requirements.

Name of authorized individual completing form (print or type)	*Title*
Signature	*Date*

License Renewal - ltc
September 2004 Rev B

Page 3 of 3

New Rule, R.2007 d.83, effective March 19, 2007.
See: 38 N.J.R. 4141(a), 39 N.J.R. 924(a).

APPENDIX G

New Jersey Department of Health and Senior Services

INSTRUCTIONS FOR COMPLETING THE FORM HFEL-6, RESIDENT CARE STAFFING REPORT FORM

N.J.S.A. 26:2H-5f through 5h and the rules promulgated under the statute at N.J.A.C. 8:39-41 require all long-term care facilities to post certain information on personnel scheduled to provide direct care to residents. **Information for each shift is required to be posted PRIOR to the start of the shift.**

Terms on the form are defined as follows:

Term	Definition
Name of Nursing Home:	The specific name of the nursing home.
Date:	The date that the Day shift begins and includes the month, date, and year (mm/dd/yyyy).
Shift:	Shifts are standardized for posting and reporting purposes to either three eight (8) hour shifts or two twelve (12) hour shifts.
Current Resident Census:	The number of residents in the facility at the start of the shift for which information is being posted.
Staff Category:	Type of licensed or unlicensed personnel who give direct care to residents; do not include supervisory personnel who do not provide direct resident care.
Actual Hours Worked:	List for EACH employee in EACH staff category type the hours the staff member is scheduled to provide direct care during the shift. For example: One RN works 8 AM to 4 PM. For the RN category, you would type: 8AM-4PM Two LPNs work 8 AM – 4 PM One LPN works 10 AM – 2 PM For the LPN category, you would type: 2 8AM-4PM 10AM-2PM Four CNAs work 8 AM – 4 PM For the CNA category, you would type: 4 8AM-4PM
Number of Staff:	BEFORE the start of the shift, calculate the Number of Staff for EACH staff category separately. Divide the total number of Hours Scheduled by either 8 or 12 hours depending on the shift type selected. For example: 32.0 CNA hours divided by 8 = 4.0 CNAs ENTER this number for Number of CNA Staff Scheduled.
Staff to Resident Ratio:	DIVIDE the NUMBER OF RESIDENTS by the NUMBER OF STAFF for each Staff category. For example: Number of RESIDENTS is 40 Number of CNAs is 4.0 40/4.0 = 10 The **ratio** is 1 CNA : 10 Residents; ENTER this number for CNA to RESIDENT Ratio.

HFEL-6 *(Instructions)*
DEC 08

New Jersey Department of Health and Senior Services

RESIDENT CARE STAFFING REPORT

REPORT FOR ______________________________
(Date)

NOTICE TO CONSUMER

Section 941 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) and N.J.S.A. 26:2H-5f et seq. requires skilled nursing facilities and nursing facilities to post daily for each shift the number of licensed and unlicensed nursing staff directly responsible for resident care in the facility. This information shall be displayed in a place where residents and the general public can easily view it.

Name of Nursing Home

Shift	Current Resident Census	Staff Category	Actual Hours Worked	Number of Staff Scheduled	Staff to Resident Ratio
		Registered Nurses (RN)		_____ RNs	1 RN: ___.___ Residents
		Licensed Practical Nurses (LPN)		_____ LPNs	1 LPN: ___.___ Residents
		Certified Nurse Aides (CNA)		_____ CNAs	1 CNA: ___.___ Residents

HFEL-6
DEC 08