

CHAPTER 43A

**MANUAL OF STANDARDS FOR LICENSING
OF AMBULATORY CARE FACILITIES**

Authority

N.J.S.A. 26:2H-5 and 26:2H-8

Source and Effective Date

R.2002 d.142, effective May 20, 2002.
See: 33 N.J.R. 2619(a), 34 N.J.R. 1831(b).

Chapter Expiration Date

Chapter 43A, Manual Standards for Licensing of Ambulatory Care Facilities, expires on May 20, 2007.

Chapter Historical Note

Chapter 43A, Ambulatory Care Facilities, was adopted as R.1976 d.165, effective May 26, 1976. See: 8 N.J.R. 117(a), 8 N.J.R. 282(b).

The expiration date for Subchapter 14 was extended by R.1979 d.489, effective December 14, 1979. See: 11 N.J.R. 547(a), 12 N.J.R. 16(b).

The expiration date for Subchapter 14 was further extended by R.1980 d.273. See: 12 N.J.R. 407(c).

Pursuant to Executive Order 66(1978), Chapter 43A, Ambulatory Care Facilities, was readopted as R.1983 d.427, effective October 3, 1983. See: 15 N.J.R. 994(a), 15 N.J.R. 1662(a).

Pursuant to Executive Order No. 66(1978), Chapter 43A, Ambulatory Care Facilities, was readopted as R.1984 d.497, filed October 18, 1984. See: 16 N.J.R. 2208(a), 16 N.J.R. 3031(a).

Chapter 43A, Ambulatory Care Facilities, was repealed and Chapter 43A, Manual of Standards for Ambulatory Care Facilities, was adopted as new rules by R.1985 d.438, effective September 3, 1985. See: 16 N.J.R. 3254(a), 17 N.J.R. 2110(b).

Petition for Rulemaking. See: 19 N.J.R. 306(d), 19 N.J.R. 570(b).

Pursuant to Executive Order No. 66 (1978), Chapter 43A, Manual of Standards for Ambulatory Care Facilities, was readopted as R.1990 d.416, effective July 27, 1990. See: 22 N.J.R. 1496(a), 22 N.J.R. 2507(a).

Pursuant to Executive Order No. 66 (1978), Chapter 43A, Manual of Standards for Licensure of Ambulatory Care Facilities, was readopted as R.1993 d.443, effective August 16, 1993, and Subchapters 1 through 11 and 13 through 19 were repealed and new Subchapters 1 through 11 and 13 through 29 were adopted by R.1993 d.443, effective September 7, 1993. See: 25 N.J.R. 757(b), 25 N.J.R. 4140(a).

Pursuant to Executive Order No. 66(1978), Chapter 43A, Manual of Standards for Licensure of Ambulatory Care Facilities, expired on August 16, 1998.

Chapter 43A, Manual of Standards for Ambulatory Care Facilities, was adopted as new rules by R.1998 d.535, effective November 16, 1998. See: 30 N.J.R. 2558(a), 30 N.J.R. 4070(c).

Administrative correction. See: 31 N.J.R. 54(a).

Subchapter 30, Radiation Oncology, was adopted as new rules by R.2000 d.376, effective September 18, 2000. See: 31 N.J.R. 2729(a), 32 N.J.R. 3459(b).

Chapter 43A, Manual of Standards for Licensure of Ambulatory Care Facilities, expired on November 16, 2001.

Chapter 43A, Manual of Standards for Licensing of Ambulatory Care Facilities, was adopted as new rules by R.2002 d.142, effective May 20, 2002. See: Source and Effective Date.

Administrative correction. See: 34 N.J.R. 3022(a).

CHAPTER TABLE OF CONTENTS

**SUBCHAPTER 1. DEFINITIONS AND
QUALIFICATIONS**

- 8:43A-1.1 Scope
- 8:43A-1.2 Purpose
- 8:43A-1.3 Definitions
- 8:43A-1.4 Qualifications of the administrator of the ambulatory care facility
- 8:43A-1.5 Qualifications of anesthesiologists
- 8:43A-1.6 Qualifications of certified nurse midwife
- 8:43A-1.7 Qualifications of certified registered nurse anesthetists (CRNA)
- 8:43A-1.8 Qualifications of dentists
- 8:43A-1.9 Qualifications of dietitians
- 8:43A-1.10 Qualifications of the director of nursing services
- 8:43A-1.11 Qualifications of drug counselors
- 8:43A-1.12 Qualifications of family practice physicians
- 8:43A-1.13 Qualifications of licensed practical nurses
- 8:43A-1.14 Qualifications of the medical director
- 8:43A-1.15 Qualifications of nephrologists
- 8:43A-1.16 Qualifications of nurse practitioners
- 8:43A-1.17 Qualifications of obstetrician-gynecologists
- 8:43A-1.18 Qualifications of pediatricians
- 8:43A-1.19 Qualifications of pharmacists
- 8:43A-1.20 Qualifications of physician assistants
- 8:43A-1.21 Qualifications of physicians
- 8:43A-1.22 Qualifications of podiatrists
- 8:43A-1.23 Qualifications of radiation physicists/health physicists
- 8:43A-1.24 Qualifications of radiologic technologists
- 8:43A-1.25 Qualifications of radiologists
- 8:43A-1.26 Qualifications of registered professional nurses
- 8:43A-1.27 Qualifications of social workers
- 8:43A-1.28 Qualifications of urologists

SUBCHAPTER 2. LICENSURE PROCEDURES

- 8:43A-2.1 Certificate of need
- 8:43A-2.2 Application for licensure
- 8:43A-2.3 Types of services requiring a license
- 8:43A-2.4 Newly constructed or expanded facilities
- 8:43A-2.5 Surveys and temporary license
- 8:43A-2.6 Full license
- 8:43A-2.7 Conditional license
- 8:43A-2.8 Surrender of license
- 8:43A-2.9 Waiver
- 8:43A-2.10 Action against a license
- 8:43A-2.11 Hearings

SUBCHAPTER 3. GENERAL REQUIREMENTS

- 8:43A-3.1 Provision of services
- 8:43A-3.2 Compliance with laws and rules
- 8:43A-3.3 Ownership
- 8:43A-3.4 Submission of documents and data
- 8:43A-3.5 Personnel
- 8:43A-3.6 Policy and procedure manual
- 8:43A-3.7 Employee health
- 8:43A-3.8 Reportable events
- 8:43A-3.9 Notices
- 8:43A-3.10 Information reportable to State Board of Medical Examiners
- 8:43A-3.11 Reporting to professional licensing boards
- 8:43A-3.12 Reporting requirements for ambulatory surgery facilities

SUBCHAPTER 4. GOVERNING AUTHORITY

- 8:43A-4.1 Responsibility of the governing authority

SUBCHAPTER 5. ADMINISTRATION

- 8:43A-5.1 Appointment of administrator
8:43A-5.2 Administrator's responsibilities

SUBCHAPTER 6. PATIENT CARE POLICIES AND SERVICES

- 8:43A-6.1 Establishment and implementation of policies and procedures
8:43A-6.2 Patient care policy committee
8:43A-6.3 Policies and procedures
8:43A-6.4 Medical history and physical examination
8:43A-6.5 Instructions and information for patients
8:43A-6.6 Communication assistance
8:43A-6.7 Suitability of equipment and supplies
8:43A-6.8 Financial arrangements
8:43A-6.9 Smoking in facility
8:43A-6.10 Calibration of instruments
8:43A-6.11 Acupuncture services

SUBCHAPTER 7. MEDICAL SERVICES

- 8:43A-7.1 Provision of medical services
8:43A-7.2 Designation of medical director
8:43A-7.3 Medical director's responsibilities
8:43A-7.4 Medical policies and medical staff bylaws

SUBCHAPTER 8. NURSING SERVICES

- 8:43A-8.1 Provision of nursing services
8:43A-8.2 Designation of director of nursing services
8:43A-8.3 Responsibilities of director of nursing services
8:43A-8.4 Responsibilities of licensed nursing personnel
8:43A-8.5 Nursing portion of the medical record

SUBCHAPTER 9. PHARMACEUTICAL SERVICES

- 8:43A-9.1 Provision of pharmaceutical services through an institutional pharmacy
8:43A-9.2 Scope
8:43A-9.3 Policies and procedures
8:43A-9.4 Administration of medications
8:43A-9.5 Storage of drugs

SUBCHAPTER 10. COUNSELING SERVICES

- 8:43A-10.1 Provision of counseling services
8:43A-10.2 Provision of social work services
8:43A-10.3 Provision of dietary counseling

SUBCHAPTER 11. LABORATORY AND RADIOLOGICAL SERVICES

- 8:43A-11.1 Provision of laboratory and radiological services

SUBCHAPTER 12. SURGICAL AND ANESTHESIA SERVICES

- 8:43A-12.1 Services
8:43A-12.2 Definitions
8:43A-12.3 Surgical staff; qualifications
8:43A-12.4 Anesthesia staff; qualifications
8:43A-12.5 Anesthesia staff; qualifications for supervising, administering, and monitoring anesthesia
8:43A-12.6 Surgical policies and procedures
8:43A-12.7 Anesthesia continuous quality improvement
8:43A-12.8 Records
8:43A-12.9 Surgical service emergency equipment
8:43A-12.10 Anesthesia supplies and equipment; safety systems
8:43A-12.11 Anesthesia supplies and equipment; maintenance and inspections
8:43A-12.12 Anesthesia supplies and equipment; patient monitoring

- 8:43A-12.13 Anesthesia staff education and training
8:43A-12.14 Postanesthesia care policies and procedures
8:43A-12.15 Postanesthesia care staff qualifications
8:43A-12.16 Postanesthesia care staff time and availability
8:43A-12.17 Postanesthesia care patient services
8:43A-12.18 Postanesthesia care units and equipment
8:43A-12.19 Designation of consultant pharmacist
8:43A-12.20 Physical plant
8:43A-12.21 Exceptions for local anesthesia

SUBCHAPTER 13. MEDICAL RECORDS

- 8:43A-13.1 Maintenance of medical records
8:43A-13.2 Assignment of responsibility
8:43A-13.3 Contents of medical records
8:43A-13.4 Requirements for entries
8:43A-13.5 Medical records policies and procedures
8:43A-13.6 Preservation, storage, and retrieval of medical records

SUBCHAPTER 14. INFECTION PREVENTION AND CONTROL SERVICES

- 8:43A-14.1 Administrator's responsibilities
8:43A-14.2 Infection control policies and procedures
8:43A-14.3 Infection prevention measures
8:43A-14.4 Sterilization of patient care items
8:43A-14.5 Care and use of sterilizers, ethylene oxide, peracetic acid, low temperature gas, plasma, and steam
8:43A-14.6 Maintenance of sterile processing environment
8:43A-14.7 Infection control quality improvement methods

SUBCHAPTER 15. EMERGENCY SERVICES AND DISASTER PLANS

- 8:43A-15.1 Disaster planning
8:43A-15.2 Drills, tests, and inspections
8:43A-15.3 Emergency medical services

SUBCHAPTER 16. PATIENT RIGHTS

- 8:43A-16.1 Policies and procedures
8:43A-16.2 Rights of each patient
8:43A-16.3 Notice

SUBCHAPTER 17. HOUSEKEEPING, SANITATION AND SAFETY

- 8:43A-17.1 Housekeeping policies and procedures
8:43A-17.2 Housekeeping staff
8:43A-17.3 Housekeeping patient services
8:43A-17.4 Environmental patient care services
8:43A-17.5 Regulated medical waste and solid waste management
8:43A-17.6 (Reserved)

SUBCHAPTER 18. QUALITY ASSURANCE PROGRAM

- 8:43A-18.1 Quality assurance plan
8:43A-18.2 Quality assurance activities

SUBCHAPTER 19. PHYSICAL PLANT AND FUNCTIONAL REQUIREMENTS

- 8:43A-19.1 Physical plant general compliance for new construction or alteration
8:43A-19.2 Physical plant general compliance for construction or alteration completed prior to the effective date of this chapter
8:43A-19.3 Plan review fees
8:43A-19.4 Alterations and repairs
8:43A-19.5 Provision for the handicapped
8:43A-19.6 Common elements for ambulatory health care facilities
8:43A-19.7 Small ambulatory care facilities
8:43A-19.8 Construction and renovation

SUBCHAPTER 20. FAMILY PRACTICE SERVICES

- 8:43A-20.1 Additional requirements
- 8:43A-20.2 Medical staff to be provided

SUBCHAPTER 21. FAMILY PLANNING, PRENATAL, POSTPARTUM, AND GYNECOLOGICAL SERVICES

- 8:43A-21.1 Additional requirements and exceptions
- 8:43A-21.2 Medical staff to be provided
- 8:43A-21.3 Medical history
- 8:43A-21.4 Medical records
- 8:43A-21.5 (Reserved)

SUBCHAPTER 22. PEDIATRIC SERVICES

- 8:43A-22.1 Additional requirements
- 8:43A-22.2 Medical staff to be provided
- 8:43A-22.3 Medical records

SUBCHAPTER 23. PRIMARY CARE

- 8:43A-23.1 Additional requirements
- 8:43A-23.2 Infection prevention and control
- 8:43A-23.3 Mobile vans
- 8:43A-23.4 Freestanding primary care outpatient facilities
- 8:43A-23.5 Small primary care outpatient facilities

SUBCHAPTER 24. CHRONIC DIALYSIS SERVICES

- 8:43A-24.1 Additional requirements
- 8:43A-24.2 Minimum program size and transfer agreements
- 8:43A-24.3 Patient services
- 8:43A-24.4 Qualifications of the medical director and medical records coordinator
- 8:43A-24.5 Nurse staffing
- 8:43A-24.6 Infection prevention and control
- 8:43A-24.7 Home care dialysis services
- 8:43A-24.8 Quality assurance
- 8:43A-24.9 Patient rights
- 8:43A-24.10 Physical plant requirements for all chronic dialysis facilities

SUBCHAPTER 25. COMPUTERIZED TOMOGRAPHY (CT), MAGNETIC RESONANCE IMAGING (MRI), AND RADIOLOGICAL SERVICES

- 8:43A-25.1 Additional requirements and exceptions
- 8:43A-25.2 Additional staffing
- 8:43A-25.3 Safety
- 8:43A-25.4 Physical plant; computerized tomography and magnetic resonance imaging services
- 8:43A-25.5 Physical plant; radiological services

SUBCHAPTER 26. DRUG ABUSE TREATMENT SERVICES

- 8:43A-26.1 Additional requirements and exceptions
- 8:43A-26.2 Smoking in facility
- 8:43A-26.3 Additional services
- 8:43A-26.4 Nurse staffing
- 8:43A-26.5 Drug abuse counseling services
- 8:43A-26.6 Designation of consultant pharmacist
- 8:43A-26.7 Medical records
- 8:43A-26.8 Notices
- 8:43A-26.9 Employee health

SUBCHAPTER 27. SATELLITES OF LICENSED AMBULATORY CARE FACILITIES

- 8:43A-27.1 Additional requirements and exceptions
- 8:43A-27.2 On-site inspection
- 8:43A-27.3 Appointment of administrator
- 8:43A-27.4 Patient care policies
- 8:43A-27.5 Medical records

SUBCHAPTER 28. BIRTH CENTERS

- 8:43A-28.1 Additional requirements
- 8:43A-28.2 Service restrictions
- 8:43A-28.3 Structural organization
- 8:43A-28.4 Designation of the clinical director
- 8:43A-28.5 Clinical director's responsibilities
- 8:43A-28.6 Physician consultation
- 8:43A-28.7 Additional policies and procedures
- 8:43A-28.8 Additional patient care services
- 8:43A-28.9 Labor and delivery patient services
- 8:43A-28.10 Newborn medical records
- 8:43A-28.11 Maternal-fetal transport and neonatal transport
- 8:43A-28.12 Supplies and equipment
- 8:43A-28.13 Additional quality assurance

SUBCHAPTER 29. EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY SERVICES

- 8:43A-29.1 Scope
- 8:43A-29.2 Purpose
- 8:43A-29.3 Definitions
- 8:43A-29.4 Qualifications of the director of nursing services
- 8:43A-29.5 Qualifications of radiologic technologists
- 8:43A-29.6 Qualifications of urologists
- 8:43A-29.7 Qualifications of anesthesiologists
- 8:43A-29.8 Provision of anesthesia services
- 8:43A-29.9 Policies and procedures
- 8:43A-29.10 Education of patients and family
- 8:43A-29.11 Equipment and supplies
- 8:43A-29.12 Financial arrangements
- 8:43A-29.13 Data collection and reporting for performance improvement
- 8:43A-29.14 Provision of mobile or transportable services by licensed facility
- 8:43A-29.15 Physical plant; lithotripsy services

SUBCHAPTER 30. RADIATION ONCOLOGY

- 8:43A-30.1 Radiation oncology policies and procedures
- 8:43A-30.2 Radiation oncology continuous quality improvement methods
- 8:43A-30.3 Radiation therapy oncology services staff qualifications
- 8:43A-30.4 Radiation oncology services staff time and availability
- 8:43A-30.5 Radiation oncology patient services
- 8:43A-30.6 Radiation oncology services supplies and equipment
- 8:43A-30.7 Radiation oncology services quality improvement methods
- 8:43A-30.8 Megavoltage radiation oncology program utilization
- 8:43A-30.9 Independent verification of radiation oncology equipment calibration
- 8:43A-30.10 Data to be maintained and reported

SUBCHAPTER 31. WATER SUPPLY AND LAUNDRY

- 8:43A-31.1 Water supply
- 8:43A-31.2 Laundry policies and procedures
- 8:43A-31.3 Laundry patient services
- 8:43A-31.4 Laundry space and environment
- 8:43A-31.5 Laundry supplies and equipment
- 8:43A-31.6 Laundry staff education and training
- 8:43A-31.7 Laundry quality improvement methods

APPENDIX A. DRUG AND ALCOHOL ADMISSION RECORD; DISCHARGE RECORD**SUBCHAPTER 1. DEFINITIONS AND QUALIFICATIONS****8:43A-1.1 Scope**

The rules in this chapter pertain to all health care facilities which provide ambulatory care services including, but

not limited to, primary care, hospital outpatient, ambulatory surgery, family practice, family planning, outpatient drug abuse treatment, chronic dialysis, computerized tomography, magnetic resonance imaging, extracorporeal shock wave lithotripsy, and radiological services. These rules also pertain to abortion facilities, comprehensive outpatient rehabilitation facilities, and birth centers. Ambulatory care facilities provide preventive, diagnostic, and treatment services to persons who come to the facility to receive services and depart from the facility on the same day. The rules in this chapter constitute the basis for the licensure of ambulatory care facilities by the New Jersey State Department of Health.

8:43A-1.2 Purpose

The goal of this chapter is to protect the health and safety of patients who receive ambulatory care services by establishing minimum rules and standards of care with which an ambulatory care facility must comply in order to be licensed to operate in New Jersey.

8:43A-1.3 Definitions

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

“Abortion facility” means a facility which performs termination of pregnancy, in accordance with N.J.A.C. 13:35-4.2, as a single modality. Facilities which offer multiple or comprehensive surgical services, inclusive of termination of pregnancy, are designated as ambulatory surgery facilities. Whereas all of the rules at N.J.A.C. 8:43A-12 apply to ambulatory surgery facilities, only those rules at N.J.A.C. 8:43A-12 which are relevant to the levels of anesthesia used in a particular abortion facility shall apply to that facility.

“Advance directive” means a written statement of the patient’s instructions and directions for health care in the event of future decision making incapacity. An advance directive may include a proxy directive or an instruction directive, or both.

“Affiliated community perinatal center” means a licensed hospital designated within a maternal and child health service region with which the birth center has a formal agreement for transfer and back-up services. This hospital must be designated as either a community perinatal center—intermediate or intensive or a regional perinatal center, in accordance with N.J.A.C. 8:33C.

“Ambulatory care facility” means a health care facility or a distinct part of a health care facility in which preventive, diagnostic, and treatment services are provided to persons who come to the facility to receive services and depart from the facility on the same day.

“Ambulatory surgery facility” means a surgical facility in which ambulatory surgical cases are performed and which is licensed as an ambulatory surgery facility, separate and apart from any other facility license. (The ambulatory surgery facility may be physically connected to another licensed facility, such as a hospital, but is corporately and administratively distinct.)

“Ambulatory surgical case” and “same day surgical case” are synonymous terms for a surgical procedure performed on a patient in a surgical facility generally requiring anesthesia, with a facility-based post surgery period of at least one hour, and generally without the requirement of an overnight stay.

“Available” means ready for immediate use (pertaining to equipment) or capable of being reached (pertaining to personnel), unless otherwise defined.

“Birth center” means a health care facility or a distinct part of a health care facility which provides routine prenatal and intrapartum care to low-risk maternity patients who are expected to deliver neonates of a weight greater than 2,499 grams and of 36 weeks gestational age and who require a stay of less than 24 hours after birth. “Routine intrapartum care” means labor and delivery services not requiring surgical intervention.

“Bylaws” means a set of rules adopted by the facility for governing its operation. A charter, articles of incorporation, or a statement of policies and objectives is an acceptable equivalent.

“Cardiac rehabilitation program” means a health care service in which an individualized program of physical exercise is prescribed for each cardiac patient.

“Chronic dialysis” means dialysis rendered to a patient with end stage renal disease in whom recovery of renal function is not expected.

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

“Clinical note” means a written, signed, and dated notation made by a health care professional who renders a service to the patient. Clinical notes are written into the patient’s medical record the day service is rendered.

“Clinical practitioner” means a physician, dentist, podiatrist, certified nurse midwife, physician assistant, or nurse practitioner.

“Commissioner” means the New Jersey State Commissioner of Health.

“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.

“Community perinatal center-birthing center” means a licensed birth center designated within a maternal and child health service region, in accordance with N.J.A.C. 8:33C.

“Comprehensive outpatient rehabilitation facility” means an ambulatory care facility which provides at least medical, physical therapy, and social or psychological services in a coordinated manner. The term applies to facilities which are certified or eligible for certification as comprehensive outpatient rehabilitation facilities in accordance with 42 CFR Part 485, Subpart B.

“Comprehensive rehabilitation agency” means an ambulatory care facility which provides at least medical, physical therapy, and social or psychological services in a coordinated manner.

“Conspicuously posted” means placed at a location within the facility accessible to and seen by patients 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 1970, N.J.S.A. 24:21-1 et seq.

“Counseling” means provision of information intended to direct the behavior of a patient. Counseling services include, but are not limited to, dietary counseling, social work, and/or drug counseling services.

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

“Department” means the New Jersey State Department of Health.

“Disinfection” means the killing of infectious agents outside the body, or organisms transmitting such agents, by chemical and physical means, directly applied.

“Documented” means written, signed, and dated.

“Drug” means a substance as defined in the New Jersey State Board of Pharmacy Rules, N.J.A.C. 13:39. The word “medication” is used interchangeably with the word “drug” in this chapter.

“Drug abuse treatment services” means methadone detoxification, methadone maintenance, and/or drug-free counseling programs.

“Drug administration” means a procedure in which a prescribed drug is given to a patient by an authorized person in accordance with all laws and rules governing such procedures. The complete procedure of administration includes removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the prescriber’s orders, giving the individual dose to the patient, seeing that the patient takes it (if oral), and recording the required information, including the method of administration.

“Epidemic” means the occurrence in a facility of one or more cases of an illness in excess of normal expectancy for that illness, derived from a common or propagated source.

“Family planning services” means comprehensive reproductive health care services including contraception, pregnancy detection, options counseling, diagnosis and/or treatment of sexually transmitted diseases, routine gynecological and cancer screening services, health promotion activities, and Level I infertility services. Family planning services may also include prenatal and postpartum care, other gynecological services including colposcopy and cryotherapy, menopausal services, and/or Level II and III infertility care. Family planning services do not include termination of pregnancy.

“Full-time” means relating to a time period established by the facility as a full working week, as defined and specified in the facility’s policies and procedures.

“Governing authority” means the organization, person, or persons designated to assume legal responsibility for the management, operation, and financial viability of the facility.

“Health care facility” means a facility so defined in N.J.S.A. 26:2H-1 et seq.

“Hospital” means a health care facility as defined in the Licensing Standards for Hospitals, N.J.A.C. 8:43G.

“Job description” means written specifications developed for each position in the facility, containing the qualifications, duties and responsibilities, and accountability required of employees in that position.

“Licensed nursing personnel” (licensed nurse) means registered professional nurses or practical nurses licensed by the New Jersey State Board of Nursing.

“Maternal and Child Health Consortium (MCHC)” means a voluntarily formed non-profit organization, consisting of all inpatient or ambulatory perinatal and pediatric care providers and related community organizations in a maternal and child health service region, as described at N.J.A.C. 8:35A.

“Maternal and child health service region” means the perinatal and pediatric service delivery area described at N.J.A.C. 8:33C.

“Medical record” means all records in the facility which pertain to the patient’s health care.

“Medically indigent” means those individuals lacking third-party health or medical insurance coverage whose income is less than or equal to 200 percent of the value determined by the United States Department of Health and Human Services Income Poverty Guidelines, 42 U.S.C. § 9902(2).

“Medication” means a substance as defined by the New Jersey State Board of Pharmacy Rules, N.J.A.C. 13:39. The word “drug” is used interchangeably with the word “medication” in this chapter.

"Monitor" means to observe, watch, or check.

"Operating room" means a room specifically dedicated to the performance of surgical cases which meets the State Uniform Construction Code at N.J.A.C. 5:23-3 and the Department's licensing requirements. For the purposes of this definition, rooms specifically dedicated to endoscopic and cystoscopic procedures are not considered operating rooms.

"Plan of care" means a written plan which is based upon the patient assessments performed by all services participating in the patient's care and which includes care and treatment to be provided. Each professional discipline which provides care to the patient develops its own portion of the plan of care.

"Prescriber" means a person who is authorized to write prescriptions in accordance with Federal and State laws.

"Primary care" means the provision by a health care facility of preventive, diagnostic, treatment, management, and reassessment services to individuals with acute or chronic illness. The term is used in reference to facilities providing family practice, general internal medicine, general pediatrics, obstetrics, gynecology, and/or clinical preventive services, including community health centers providing comprehensive primary care. Comprehensive primary care may include the provision of sick and well care to all age groups, from perinatal and pediatric care to geriatric care. Primary care is further characterized by the fact that it represents the initial point of contact between an individual and the health care system, by the assumption of responsibility for the person regardless of the presence or absence of disease, by the ongoing responsibility for coordination of medical care for the person, by its family-centeredness, and by its community orientation.

"Satellite" means an affiliate of a separately licensed ambulatory care facility. A satellite is located at a site distinct from, and within 30 miles of, that of the separately licensed ambulatory care facility, but shares the same governing authority and provides the same principal service as the separately licensed ambulatory care facility.

"Secondary care" means care delivered by a specialist or subspecialist following referral by the primary care source. This may include ambulatory or inpatient care.

"Signature" means at least the first initial and full surname and title (for example, R.N., L.P.N., D.D.S., M.D., D.O.) of a person, legibly written with his or her own hand. If electronic signatures are used, they shall be used in accordance with N.J.A.C. 8:43A-13.4.

"Staff education plan" means a written plan which describes a coordinated program for staff education for each service, including inservice programs and on-the-job training.

"Staff orientation plan" means a written plan for the orientation of each new employee to the duties and responsibilities of the service to which the employee has been assigned, as well as to the personnel policies of the facility.

"Sterilization" means a process of destroying all microorganisms, including those bearing spores, in, on, and around an object.

"Surgical facility" means a structure or suite of rooms which has the following characteristics:

1. One or more rooms dedicated for use as operating rooms, which are specifically equipped for the performance of surgery, designed and constructed to accommodate invasive diagnostic and surgical procedures;
2. One or more postanesthesia care units or a dedicated recovery area where the patient may be closely monitored and observed until discharged; and
3. Is not a surgical practice.

"Surgical practice" means a structure or suite of rooms which has the following characteristics:

1. No more than one room dedicated for use as an operating room which is specifically equipped to perform surgery, designed and constructed to accommodate invasive diagnostic and surgical procedures;
2. One or more postanesthesia care units or a dedicated recovery area where the patient may be closely monitored and observed until discharged; and
3. Established by a physician or physician professional association surgical practice solely for his/her/their private medical practice.

"Tertiary care" means specialized inpatient or outpatient care.

8:43A-1.4 Qualifications of the administrator of the ambulatory care facility

The administrator shall have a baccalaureate degree and two years of full-time, or full-time equivalent, administrative or supervisory experience in a health care facility. Each additional year of full-time, or full-time equivalent, administrative or supervisory experience and/or training in a health care facility may be substituted for each year of the four-year degree requirement. Four years of such experience and/or training may be used to satisfy the degree requirement.

8:43A-1.5 Qualifications of anesthesiologists

An anesthesiologist shall be a physician who has successfully completed a residency program in anesthesiology accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association, or who is a diplomate of either the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or who was made a Fellow of the American College of Anesthesiology before 1982.

8:43A-1.6 Qualifications of certified nurse midwife

Each certified nurse midwife shall meet the requirements of the New Jersey State Board of Medical Examiners at N.J.A.C. 13:35-2A.

8:43A-1.7 Qualifications of certified registered nurse anesthetists (CRNA)

Each certified nurse anesthetist shall meet the requirements of the New Jersey State Board of Nursing at N.J.A.C. 13:37-13.

8:43A-1.8 Qualifications of dentists

Each dentist shall be so licensed by the New Jersey State Board of Dentistry.

8:43A-1.9 Qualifications of dietitians

Each dietitian shall be registered or eligible for registration by the Commission on Dietetic Registration (Office on Dietetic Credentialing, 216 W. Jackson Boulevard—7th Floor, Chicago, Illinois 60606-6995).

8:43A-1.10 Qualifications of the director of nursing services

The director of nursing services shall be a registered professional nurse and shall have at least one year of full-time, or full-time equivalent, experience in nursing supervision and/or nursing administration in a licensed health care facility.

8:43A-1.11 Qualifications of drug counselors

(a) Each drug counselor shall:

1. Be certified by the Alcohol and Other Drugs of Abuse Counselor Certification Board of New Jersey, Inc. (90 Monmouth Street, Suite One, Red Bank, NJ 07701);
2. Be certified by the American Academy of Health Care Providers in the Addictive Disorders (260 Beacon Street, Somerville, MA 02143);
3. Be a social worker, in accordance with N.J.A.C. 8:43A-1.27;
4. Have a baccalaureate degree in a social science and one year of full-time equivalent experience in drug abuse counseling; or
5. Be currently enrolled in a program leading to one of the credentials required by (a)1 through 4 above and under the supervision of a person who has one of the credentials required by (a)1 through 4 above and at least three years of experience in drug counseling.

8:43A-1.12 Qualifications of family practice physicians

A family practice physician shall be a physician who has successfully completed a residency program in family practice accredited by the Accreditation Council for Graduate Medical Education or a residency program in general prac-

tice approved by the American Osteopathic Association, or who is a diplomate of either the American Board of Family Practice or the American Osteopathic Board of General Practice.

8:43A-1.13 Qualifications of licensed practical nurses

Each licensed practical nurse shall be so licensed by the New Jersey State Board of Nursing.

8:43A-1.14 Qualifications of the medical director

The medical director shall be a physician who has successfully completed a residency program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association in a medical specialty related to services provided by the facility, or who is a diplomate of one of the certifying boards approved by the American Board of Medical Specialties or one of the certifying boards of the American Osteopathic Association in a medical specialty related to services provided by the facility. If the facility provides chronic dialysis services, the medical director shall be a nephrologist, in accordance with N.J.A.C. 8:43A-24.4(a).

8:43A-1.15 Qualifications of nephrologists

A nephrologist shall be a physician who has successfully completed a residency program in nephrology accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association, or who is a diplomate of either the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine in the subspecialty of nephrology.

8:43A-1.16 Qualifications of nurse practitioners

Each nurse practitioner shall be so certified by the New Jersey State Board of Nursing.

8:43A-1.17 Qualifications of obstetrician-gynecologists

An obstetrician-gynecologist shall be a physician who has successfully completed a residency program in obstetrics/gynecology accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association, or who is a diplomate of either the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology.

8:43A-1.18 Qualifications of pediatricians

A pediatrician shall be a physician who has successfully completed a residency program in pediatrics accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association, or who is a diplomate of either the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.

8:43A-1.19 Qualifications of pharmacists

Each pharmacist shall be so registered by the New Jersey State Board of Pharmacy.

8:43A-1.20 Qualifications of physician assistants

Each physician assistant shall be so licensed by the New Jersey State Board of Medical Examiners.

8:43A-1.21 Qualifications of physicians

(a) Each physician shall be licensed or authorized by the New Jersey State Board of Medical Examiners to practice medicine in the State of New Jersey.

(b) For any of the rules in this chapter requiring a physician to be Board-certified within his or her medical speciality, it shall be deemed acceptable to possess Board-certification from a foreign Board within the specified medical specialty where the American Board offers reciprocity with or officially recognizes the foreign board-certification credential.

8:43A-1.22 Qualifications of podiatrists

Each podiatrist shall be so licensed by the New Jersey State Board of Medical Examiners.

8:43A-1.23 Qualifications of radiation physicists/health physicists

Each radiation physicist/health physicist shall meet the requirements for certification as a specialist in radiation safety by the American Board of Radiology or the American Association of Physicists in Medicine, or shall have a master's degree with a major in medical radiation physics, health physics or radiologic health.

8:43A-1.24 Qualifications of radiologic technologists

Each radiologic technologist shall be so licensed by the New Jersey State Department of Environmental Protection.

8:43A-1.25 Qualifications of radiologists

A radiologist shall be a physician who has successfully completed a residency program in radiology accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association, or who is a diplomate of either the American Board of Radiology or the American Osteopathic Board of Radiology.

8:43A-1.26 Qualifications of registered professional nurses

Each registered professional nurse shall be so licensed by the New Jersey State Board of Nursing.

8:43A-1.27 Qualifications of social workers

Each social worker shall be certified or licensed by the New Jersey State Board of Social Work Examiners and shall comply with the Social Workers' Licensing Act of 1991 (N.J.S.A. 45:15BB-1 et seq.) and amendments thereto and with all rules of the New Jersey State Board of Social Work Examiners. Prior to the implementation by the Board of procedures for applying for certification or licensure, each social worker shall have a master's degree in social work from a graduate school of social work accredited by the Council on Social Work Education (1744 R Street NW, Washington, D.C. 20036).

8:43A-1.28 Qualifications of urologists

A urologist shall be a physician who has successfully completed a residency program in urology accredited by the Accreditation Council for Graduate Medical Education or a residency program in urological surgery approved by the American Osteopathic Association, or who is a diplomate of either the American Board of Urology or the American Osteopathic Board of Surgery in the subspecialty of urological surgery.

SUBCHAPTER 2. LICENSURE PROCEDURES**8:43A-2.1 Certificate of need**

(a) According to N.J.S.A. 26:2H-1 et seq., and amendments thereto, a health care facility shall not be instituted, constructed, expanded, or licensed to operate except upon application for, and receipt of, a certificate of need issued by the Commissioner.

(b) Application forms for a certificate of need and instructions for completion may be obtained from:

Certificate of Need Program
Division of Health Planning and Resources Development
New Jersey State Department of Health
PO Box 360
Trenton, New Jersey 08625-0360

1. Application forms for a certificate of need in the case of transfer of ownership may be obtained from:

Division of Health Facilities Evaluation and Licensing
New Jersey State Department of Health
PO Box 367
Trenton, New Jersey 08625-0367

(c) The facility shall implement all conditions imposed by the Commissioner as specified in the certificate of need approval letter. Failure to implement the conditions may result in the imposition of sanctions in accordance with N.J.S.A. 26:2H-1 et seq., and amendments thereto.

Case Notes

Certificate of need requirement for ambulatory care facilities compared to certificate requirement for drug rehabilitation centers; zoning ordinance liberally construed. *L & L Clinics, Inc. v. Irvington*, 189 N.J.Super. 332, 460 A.2d 152 (App.Div.1983), certification denied 94 N.J. 540, 468 A.2d 191 (1983).

8:43A-2.2 Application for licensure

(a) Following receipt of a certificate of need or a determination that a certificate of need is not required, any person, organization, or corporation desiring to operate an

| Service | Application | Renewal |
|---|-------------|---------|
| 1. Chronic dialysis | \$4,000 | \$4,000 |
| 2. Ambulatory surgery | \$4,000 | \$4,000 |
| 3. Magnetic resonance imaging | \$4,000 | \$4,000 |
| 4. Computerized axial tomography | \$4,000 | \$4,000 |
| 5. Family planning (principal) | \$1,200 | \$ 200 |
| 6. Family planning (satellite) | \$ 600 | \$ 100 |
| 7. Abortion | \$1,750 | \$ 750 |
| 8. Birth center | \$1,750 | \$ 750 |
| 9. Extracorporeal shock wave lithotripsy | \$4,000 | \$4,000 |
| 10. Comprehensive outpatient rehabilitation | \$1,750 | \$ 750 |
| 11. Drug abuse treatment | \$1,750 | \$ 750 |
| 12. Primary care (principal) | \$1,750 | \$ 750 |
| 13. Primary care (satellite) | \$ 875 | \$ 375 |
| 14. Megavoltage radiation oncology | \$4,000 | \$4,000 |
| 15. Orthotripsy | \$4,000 | \$4,000 |
| 16. Positron emission tomography | \$4,000 | \$4,000 |
| 17. Sleep center | \$4,000 | \$4,000 |

(c) The total application fee shall be calculated by adding together the individual fees, as set forth in (b) above, for each service sought to be included on the facility's license. The total application fee shall not exceed the maximum cap set forth at N.J.S.A. 26:2H-12, as may be amended from time to time.

(d) The total annual renewal fee shall be calculated by adding together the individual fees, as set forth in (b) above, for each service included on the facility's license. The total annual renewal fee shall not exceed the maximum cap set forth at N.J.S.A. 26:2H-12, as may be amended from time to time.

(e) In the event that an ambulatory care facility is at any time approved by the Commissioner to provide a service other than those specifically listed in this section, the application and license renewal fees for such service shall be \$3,500 and \$2,500, respectively, unless the Commissioner, by regulation, specifically designates some other fee(s).

(f) Only those ambulatory care facilities which provide family planning or primary care services shall be eligible to file an application for licensure of a satellite facility.

ambulatory care facility shall make application to the Commissioner for a license on forms prescribed by the Department. Such forms may be obtained from:

Director
 Licensing, Certification and Standards
 Division of Health Facilities Evaluation and Licensing
 New Jersey State Department of Health
 PO Box 367
 Trenton, New Jersey 08625-0367

(b) The Department shall charge separate nonrefundable fees for the filing of an application for licensure and for each annual licensure renewal of an ambulatory care facility in accordance with the following schedule:

| Application | Renewal |
|-------------|---------|
| \$4,000 | \$4,000 |
| \$4,000 | \$4,000 |
| \$4,000 | \$4,000 |
| \$4,000 | \$4,000 |
| \$1,200 | \$ 200 |
| \$ 600 | \$ 100 |
| \$1,750 | \$ 750 |
| \$1,750 | \$ 750 |
| \$4,000 | \$4,000 |
| \$1,750 | \$ 750 |
| \$1,750 | \$ 750 |
| \$1,750 | \$ 750 |
| \$ 875 | \$ 375 |
| \$4,000 | \$4,000 |
| \$4,000 | \$4,000 |
| \$4,000 | \$4,000 |
| \$4,000 | \$4,000 |

- 1. Each satellite facility shall be separately licensed.
- 2. A satellite facility shall be licensed to provide only family planning and/or primary care services.

(g) The Department shall charge a nonrefundable fee for the filing of an application to add services to an existing ambulatory care or satellite facility. The application fee for each service to be added shall correspond with the fee for that service as set forth in (b) above. The total application fee for the addition of services shall not exceed the maximum cap set forth at N.J.S.A. 26:2H-12, as may be amended from time to time.

(h) The Department shall charge a nonrefundable fee of \$375.00 for the filing of an application to reduce services at an existing ambulatory care or satellite facility.

(i) The Department shall charge a nonrefundable fee of \$1,500 for the filing of an application for the transfer of ownership of an ambulatory care or satellite facility.

(j) The Department shall charge a nonrefundable fee of \$375.00 for the filing of an application for the relocation of an ambulatory care or satellite facility.

(k) Each applicant for a license to operate a facility shall complete all information requested on the licensure application. An appointment for a preliminary conference shall be requested with the Licensing, Certification and Standards Program to review the conditions for licensure and operation.

(l) In accordance with N.J.A.C. 8:33-4.10(d)1 through 11, all applicants must demonstrate that they have the capacity to operate an ambulatory care facility in accordance with the rules in this chapter. An application for a license may be denied if the applicant cannot demonstrate that the premises, equipment, personnel, including principals and management, finances, rules and bylaws, and standards of health care are fit and adequate and that there is reasonable assurance that the health care facility will be operated in accordance with the standards required by these rules. The Department may consider an applicant's prior history in operating a health care facility either in New Jersey or in other states in making this determination. Any evidence of licensure violations representing a serious risk of harm to patients may be considered by the Department, as well as any record of criminal convictions representing a risk of harm to the safety or welfare of patients.

(m) Each ambulatory care facility shall be assessed a biennial inspection fee in accordance with the schedule set forth below. This fee shall be assessed in the year the facility will be inspected, along with the annual licensure fee for that year. The fee shall be added to the initial licensure fee for new facilities. Failure to pay the inspection fee shall result in nonrenewal of the license for existing facilities and the refusal to issue an initial license for new facilities. This fee shall be imposed only every other year even if inspections occur more frequently and only for the inspection required to either issue an initial license or to renew an existing license. This fee shall not be imposed for any other type of inspection.

| <u>Service</u> | <u>Inspection Fee</u> |
|---|-----------------------|
| 1. Chronic dialysis | \$2,000 |
| 2. Ambulatory surgery | \$2,000 |
| 3. Magnetic resonance imaging | \$2,000 |
| 4. Computerized axial tomography | \$2,000 |
| 5. Family planning (principal) | \$200 |
| 6. Family planning (satellite) | \$200 |
| 7. Abortion | \$1,000 |
| 8. Birth center | \$200.00 |
| 9. Extracorporeal shock wave lithotripsy | \$2,000 |
| 10. Comprehensive outpatient rehabilitation | \$1,000 |
| 11. Drug abuse treatment (outpatient) | \$300 |
| 12. Primary care (principal) | \$200 |
| 13. Primary care (satellite) | \$200 |
| 14. Megavoltage radiation oncology | \$2,000 |
| 15. Orthotripsy | \$2,000 |
| 16. Positron emission tomography | \$2,000 |
| 17. Sleep center | \$1,000 |
| 18. Other | \$1,000 |

Amended by R.2004 d.160, effective April 19, 2004.
See: 35 N.J.R. 4838(a), 36 N.J.R. 1962(a).

In (b), rewrote the table; in (e), (h), (i) and (j), increased fees; in (l), substituted "In accordance with N.J.A.C. 8:33-4.10(d)1 through 11, all" for "All"; in (m), rewrote the table.

Cross Reference

Health care facilities, hospitals assessed a per adjusted admission charge, ambulatory care services, see NJSA § 26:2H-18.57.

8:43A-2.3 Types of services requiring a license

(a) None of the following services or centers shall be provided by an ambulatory care facility unless the facility license indicates that the service is provided by the facility:

1. Ambulatory surgery facility;
2. Family planning services;
3. Birth center;
4. Chronic dialysis services;
5. Diagnostic radiological center and/or magnetic resonance imaging services;
6. Extracorporeal shock wave lithotripsy services;
7. Drug abuse treatment services;
8. Primary care services, including family practice, pediatric, and/or prenatal, postpartum, or gynecological services;
9. Comprehensive outpatient rehabilitation facility; and
10. Abortion facility.

(b) The license issued by the Department shall specify the services which the facility is licensed to provide. The facility shall obtain a determination of the applicability of Certificate of Need rules prior to requesting that any service be added to the license. The facility shall provide only those services for which it is licensed or authorized to provide by the Department.

(c) Any person, organization, or corporation applying for a license to operate an ambulatory care facility shall specify on the application the services to be provided.

(d) As of the effective date of this chapter, each facility shall specify, upon annual renewal of its license, the types of services to be provided, if the facility wishes to change the specification of services on the facility license.

(e) If a facility wishes to add any health care service during the annual licensure period, including any health care service not listed in (a) above, the facility shall obtain the authorization of the Licensing, Certification, and Standards Program of the Department prior to providing the additional service. Such authorization shall be based upon compliance with this chapter, and may be contingent upon an on-site inspection by representatives of the Department. This rule applies regardless of whether or not it is determined that a Certificate of Need is required.

8:43A-2.4 Newly constructed or expanded facilities

(a) Any ambulatory care facility which intends to undertake any alteration, renovation, or new construction of the physical plant, whether a Certificate of Need is required or not, shall submit plans to the Health Facilities Construction Services of the Department for review and approval prior to the initiation of any work, in accordance with N.J.A.C. 8:43A-19.

(b) The licensure application for a newly constructed or expanded facility shall include written approval of final construction of the physical plant by:

Health Facilities Construction Services
Division of Health Facilities Evaluation and Licensing
New Jersey State Department of Health
PO Box 367
Trenton, New Jersey 08625-0367

(c) An on-site inspection of the construction of the physical plant shall be made by representatives of Health Facilities Construction Services to verify that the building has been constructed in accordance with the architectural plans approved by the Department.

8:43A-2.5 Surveys and temporary license

(a) When the written application for licensure is approved and the building is ready for occupancy, a survey of the facility by representatives of the Health Facilities Inspection Program of the Department shall be conducted to determine if the facility complies with the rules in this chapter.

1. The facility shall be notified in writing of the findings of the survey, including any deficiencies found.

2. The facility shall notify the Health Facilities Inspection Program of the Department when the deficiencies, if any, have been corrected, and the Health Facilities Inspection Program will schedule one or more resurveys of the facility prior to occupancy.

(b) A temporary license may be issued to a facility when the following conditions are met:

1. A preliminary conference (see N.J.A.C. 8:43A-2.2(c)) for review of the conditions for licensure and operation, unless determined by the Department to be unnecessary, has taken place between the Licensing, Certification and Standards Program and representatives of the facility, who will be advised that the purpose of the temporary license is to allow the Department to determine the facility's compliance with N.J.S.A. 26:2H-1 et seq. and the rules pursuant thereto;

2. Written approvals are on file with the Department from the local zoning, fire, health and building authorities;

3. Written approvals of the water supply and sewage disposal system from local officials are on file with the Department for any water supply or sewage disposal system not connected to an approved municipal system; and

4. Survey(s) by representatives of the Department indicate that the facility complies with the rules in this chapter.

(c) No facility shall admit patients to the facility until the facility has the written approval and/or license issued by the Licensing, Certification and Standards Program of the Department.

(d) Survey visits may be made to a facility at any time by authorized staff of the Department. Such visits may include, but not be limited to, the review of all facility documents and patient records and conferences with patients.

(e) A temporary license may be issued to a facility for a period of six months and may be renewed as determined by the Department.

(f) The temporary license shall be conspicuously posted in the facility.

(g) The temporary license is not assignable or transferable, and it shall be immediately void if the facility ceases to operate, if the facility's ownership changes, or if the facility is relocated to a different site.

8:43A-2.6 Full license

(a) A full license shall be issued on expiration of the temporary license, if surveys by the Department have deter-

mined that the facility is operated as required by N.J.S.A. 26:2H-1 et seq. and by the rules pursuant thereto.

(b) A license shall be granted for a period of one year or less, as determined by the Department.

(c) The license shall be conspicuously posted in the facility.

(d) The license is not assignable or transferable, and it shall be immediately void if the facility ceases to operate, if the facility's ownership changes, or if the facility is relocated to a different site.

(e) The license, unless suspended or revoked, shall be renewed annually on the original licensure date, or within 30 days thereafter but dated as of the original licensure date. The facility will receive a request for renewal fee 30 days prior to the expiration of the license. A renewal license shall not be issued unless the licensure fee is received by the Department.

(f) The license may not be renewed if local rules, regulations, and/or requirements are not met, in accordance with the provisions of N.J.A.C. 8:43A-2.10(a).

8:43A-2.7 Conditional license

A conditional license may be issued to a health care facility providing a type or category of health care service neither listed in N.J.A.C. 8:43A-2.3(a) nor otherwise addressed by this chapter. The facility shall comply with the standards set forth as a condition of the license.

8:43A-2.8 Surrender of license

The facility shall notify each patient, each patient's physician, and any guarantors of payment at least 30 days prior to the voluntary surrender of a license, or as directed under an order of revocation, refusal to renew, or suspension of license. In such cases, the license shall be returned to the Licensing, Certification and Standards Program of the Department within seven working days after the voluntary surrender, revocation, non-renewal, or suspension of license.

8:43A-2.9 Waiver

(a) The Commissioner or his or her designee may, in accordance with the general purposes and intent of N.J.S.A. 26:2H-1 et seq. and the rules in this chapter, waive sections of these rules if, in his or her opinion, such waiver would not endanger the life, safety, or health of patients or the public.

(b) A facility seeking a waiver of these rules shall apply in writing to the Director of the Licensing, Certification and Standards Program of the Department.

(c) A written request for waiver shall include the following:

1. The specific rule(s) or part(s) of the rule(s) for which waiver is requested;

2. Reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the facility upon compliance;

3. An alternative proposal which would ensure patient safety; and

4. Documentation to support the request for waiver.

(d) The Department reserves the right to request additional information before processing a request for waiver.

8:43A-2.10 Action against a license

(a) If the Department determines that operational or safety deficiencies exist, it may require that all admissions to the facility or to services provided within the facility cease. This may be done simultaneously with, or in lieu of, action to revoke licensure and/or impose a fine. The Commissioner or his or her designee shall notify the facility in writing of such determination.

(b) The Commissioner may order the immediate removal of patients from a facility whenever he or she determines that there exists imminent danger to any person's health or safety.

(c) The provisions of this section shall apply to facilities with a temporary license and to facilities with a full license.

(d) The Commissioner may issue a penalty on a facility for violation of licensure requirements of this chapter pursuant to N.J.S.A. 26:2H-13 and 14.

(e) The Commissioner may suspend or revoke the license of a facility for failure to correct any violation of this chapter posing an imminent harm to patients pursuant to N.J.S.A. 26:2H-14.

8:43A-2.11 Hearings

(a) If the Department proposes to suspend, revoke, deny, or refuse to renew a license or authorization, the licensee or applicant may request a hearing which shall be conducted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

(b) Prior to transmittal of any hearing request to the Office of Administrative Law, the Department may schedule a conference to attempt to settle the matter.

SUBCHAPTER 3. GENERAL REQUIREMENTS

8:43A-3.1 Provision of services

(a) The facility shall provide preventive, diagnostic, and/or treatment services to patients. Medical services and nursing services, as required by this chapter, shall be provided in the facility. Medical services, nursing services, counseling services, pharmaceutical services, and laboratory and radiological services shall be provided directly by the facility or through written agreement.

(b) The facility shall have a written agreement for services not provided directly by the facility. The written agreement shall specify each party's responsibilities. If the service is provided in the facility, the written agreement shall require that services be provided in accordance with the rules in this chapter. If the service is provided outside of the facility, the written agreement shall require the provision of written documentation to the facility, including, but not limited to, documentation of services rendered and recommendations made by the party providing the service.

8:43A-3.2 Compliance with laws and rules

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

(b) If a health care facility licensed by the Department provides ambulatory care services in addition to other health care services, the facility shall comply with the rules in this chapter and with the rules for licensure of facilities which provide the other health care services.

8:43A-3.3 Ownership

(a) The ownership of the facility and the property on which it is located shall be disclosed to the Department. Proof of this ownership shall be available in the facility or at a designated location. Any proposed change in ownership shall be reported to the Director of the Licensing, Certification and Standards Program of the Department in writing at least 30 days prior to the change and in conformance with requirements for Certificate of Need applications.

(b) No facility shall be owned, managed, or operated by any person convicted of a crime relating adversely to the person's capability of owning, managing, or operating the facility.

8:43A-3.4 Submission of documents and data

(a) The facility shall, upon request, submit in writing any documents which are required by the rules in this chapter to the Director of the Licensing, Certification and Standards Program of the Department.

(b) The facility shall collect and submit to the Department, upon request, at least the following statistical data:

1. Number of patient visits, by payment source;
2. Number of distinct patients served, by payment source;
3. Number of new patients accepted; and
4. Number of practitioners, by type and level, providing services in the facility.

(c) Emergency medical services not provided at the facility shall be provided by a hospital or hospitals by written agreement. The facility shall have a written plan for emergency transportation of patients.

(d) The facility shall have written policies and procedures regarding emergency kits and, if required, emergency carts which are appropriate to the patient population served by the facility and approved by the medical director. The policies and procedures shall be reviewed annually, revised as needed, and implemented, and shall:

1. Specify the locations, contents, frequency of checking contents (including expiration dates), and assignments of responsibility for checking contents; and
2. Ensure that emergency kits are secure but are not kept under lock and key.

(e) At least one person who is trained in the use of emergency equipment shall be available whenever there is a patient in the facility.

SUBCHAPTER 16. PATIENT RIGHTS

8:43A-16.1 Policies and procedures

(a) The facility shall establish and implement written policies and procedures regarding the rights of patients. These policies and procedures shall be available to patients, staff, and the public and shall be conspicuously posted in the facility.

(b) The staff of the facility shall receive in-service education concerning the implementation of policies and procedures regarding patient rights annually and as part of new employee orientation.

(c) The facility shall comply with all applicable State and Federal statutes and rules concerning patient rights.

8:43A-16.2 Rights of each patient

(a) Each patient receiving services in an ambulatory care facility shall have the following rights:

1. To be informed of these rights, as evidenced by the patient's written acknowledgement, or by documentation by staff in the medical record, that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms the patient could understand. The facility shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the facility;
2. To be informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the patient's care, and of fees and related charges, including the payment, fee,

deposit, and refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facility's basic rate;

3. To be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment;

4. To receive from the patient's physician(s) or clinical practitioner(s), in terms that the patient understands, an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk(s) of treatment, and expected result(s). If this information would be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to the patient's next of kin or guardian. This release of information to the next of kin or guardian, along with the reason for not informing the patient directly, shall be documented in the patient's medical record;

5. To participate in the planning of the patient's care and treatment, and to refuse medication and treatment. Such refusal shall be documented in the patient's medical record;

6. To be included in experimental research only when the patient gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with law, rule and regulation. The patient may refuse to participate in experimental research, including the investigation of new drugs and medical devices;

7. To voice grievances or recommend changes in policies and services to facility personnel, the governing authority, and/or outside representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal;

8. To be free from mental and physical abuse, free from exploitation, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel;

9. To confidential treatment of information about the patient. Information in the patient's medical record shall not be released to anyone outside the facility without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, or a peer review, or unless the information is needed by the New Jersey State Department of Health for statutorily authorized purposes. The facility may release data about

the patient for studies containing aggregated statistics when the patient's identity is masked;

10. To be treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when facility personnel are discussing the patient;

11. To not be required to perform work for the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with local, State, and Federal laws and rules;

12. To exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient; and

13. To not be discriminated against because of age, race, religion, sex, nationality, or ability to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility.

8:43A-16.3 Notice

(a) The administrator shall provide all patients and/or their families upon request with the name, addresses, and telephone numbers of the following offices where complaints may be lodged:

Division of Health Facilities Evaluation and Licensing
New Jersey State Department of Health
PO Box 367
Trenton, New Jersey 08625-0367
Telephone: (609) 792-9770

and

State of New Jersey
Office of the Ombudsman for the Institutionalized Elderly
PO Box 808
Trenton, New Jersey 08625-0808
Telephone: (609) 624-4262

(b) The administrator shall also provide all patients and/or their families upon request with the names, addresses, and telephone numbers of offices where information concerning Medicare and Medicaid coverage may be obtained.

(c) Addresses and telephone numbers contained in (a) and (b) above shall be conspicuously posted throughout the facility, including, but not limited to, the admissions waiting area or room, the patient service area of the business office, and other public areas.

SUBCHAPTER 17. HOUSEKEEPING, SANITATION AND SAFETY

8:43A-17.1 Housekeeping policies and procedures

(a) The housekeeping service shall have written policies and procedures that are reviewed every three years or as needed, revised as needed, and implemented. They shall include, at least, scope of responsibility, assignment by designated unit, and responsibility for all cleaning tasks.

(b) The housekeeping service shall have a written schedule that determines the frequency of cleaning and maintaining cleanliness for all equipment, structures, areas, and systems within its scope of responsibility.

(c) There shall be a list available at all times of all cleaning and disinfecting agents used in the facility together with their Materials Safety Data Sheets (MSDS).

(d) Records of all pesticides and herbicides used at the facility shall be maintained on-site, together with their Materials Safety Data Sheets (MSDS).

(e) All cleaning and disinfecting agents shall be correctly labeled with the name of the product and its use, as specified by the manufacturer, including agents that have been repackaged from a bulk source.

(f) All pesticides shall be applied in accordance with State Pesticide Control Code, N.J.A.C. 7:30.

Repeal and New Rule, R.2004 d.299, effective August 2, 2004.
See: 35 N.J.R. 2838(a), 36 N.J.R. 3529(a).
Section was "Provision of services".

8:43A-17.2 Housekeeping staff

(a) There shall be an individual responsible for the housekeeping or environmental services. This individual may be a contracted provider.

(b) Housekeeping personnel shall be trained upon hire and on an annual basis or more frequently as necessary. Training should focus on cleaning procedures, including the selection and use of appropriate chemicals in the cleaning and care of equipment and surfaces.

Repeal and New Rule, R.2004 d.299, effective August 2, 2004.
See: 35 N.J.R. 2838(a), 36 N.J.R. 3529(a).
Section was "Housekeeping".

8:43A-17.3 Housekeeping patient services

(a) All areas, including areas with limited access such as cabinet drawers, locked medication rooms, and storage areas, shall be kept clean to sight and touch and free of condensation, mold growth and noxious odors.

(b) All equipment and materials necessary for cleaning, disinfecting, and sterilizing (if applicable) shall be provided.

(b) The facility shall establish and implement written policies and procedures regarding the transfer of patient information when the patient is transferred to another health care facility, or if the patient has been an inpatient and becomes an outpatient at the same facility, to ensure continuity of care. In the case of a prenatal patient, a copy or summary of the patient's prenatal medical record shall be transferred, no later than 34 weeks gestation, from the facility to the inpatient facility where delivery is to take place. The facility shall also request a copy or summary of the patient's labor, delivery and postpartum record from the inpatient facility prior to any scheduled postpartum visits.

8:43A-21.5 (Reserved)

SUBCHAPTER 22. PEDIATRIC SERVICES

8:43A-22.1 Additional requirements

(a) An ambulatory care facility which provides pediatric services shall comply with N.J.A.C. 8:43A-1 through 11 and 13 through 19, and this subchapter.

1. The facility shall be a formal member of a Maternal and Child Health Consortium, in accordance with N.J.A.C. 8:33C.

8:43A-22.2 Medical staff to be provided

A facility which provides pediatric services shall have a pediatrician or family practice physician on the medical staff and available during the facility's hours of operation. ("Available" means capable of being reached.)

8:43A-22.3 Medical records

The complete medical record for pediatric patients shall include, but not be limited to, documentation of assessment of growth, including at least a record of weight and length or height, documentation of a basic developmental assessment, including sensory screenings, and a record of immunization.

SUBCHAPTER 23. PRIMARY CARE

8:43A-23.1 Additional requirements

(a) An ambulatory care facility which provides primary care services, as defined at N.J.A.C. 8:43A-1.3, shall comply with N.J.A.C. 8:43A-1 through 11 and 13 through 19, and this subchapter. If the facility provides family practice services, then the facility shall also comply with the rules in N.J.A.C. 8:43A-20. If the facility provides primary care to a pediatric population, then the facility shall also comply with the rules in N.J.A.C. 8:43A-22.

1. If a facility provides primary care services only, the requirement at N.J.A.C. 8:43A-8.2 for a registered professional nurse to be on the premises during the hours of operation may be satisfied by a physician, if permitted by the policies and procedures of the facility.

8:43A-23.2 Infection prevention and control

The administrator shall designate a person with training or experience in surveillance, prevention, and control of nosocomial infection who shall be responsible for the direction, provision, and quality of infection prevention and control services.

8:43A-23.3 Mobile vans

(a) If a facility wishes to provide services through use of one or more mobile vans, the facility shall obtain the prior authorization of the Licensing, Certification and Standards Program of the Department. Such authorization may be contingent upon an on-site inspection by representatives of the Department.

(b) Policies and procedures for the use of mobile vans in the provision of primary care services shall address at least patient care, control of drugs, medical records, and infection prevention and control.

8:43A-23.4 Freestanding primary care outpatient facilities

New freestanding facilities which provide primary care services, except small facilities addressed at N.J.A.C. 8:43A-23.5, shall comply with Chapter 9, Sections 9.1, 9.2, and 9.3, of the Guidelines for Construction and Equipment of Hospital and Medical Facilities, 1992-1993 edition, as amended, incorporated herein by reference.

8:43A-23.5 Small primary care outpatient facilities

(a) Small primary care outpatient facilities may be located within existing commercial, residential, licensed child care, educational, or other types of buildings or may be small, freestanding, new or converted structures. "Small primary care outpatient facility" means a facility which provides primary care services and in which the space and equipment are utilized by four or fewer workers at any one time.

(b) New small primary care outpatient facilities shall comply with Chapter 9, Section 9.4, of the Guidelines for Construction and Equipment of Hospital and Medical Facilities, 1992-1993 edition, as amended, incorporated herein by reference.

SUBCHAPTER 24. CHRONIC DIALYSIS SERVICES

8:43A-24.1 Additional requirements

Hospital facilities which provide renal dialysis services within the hospital shall comply with N.J.A.C. 8:43G-30. All

other ambulatory care facilities which provide chronic dialysis services shall comply with N.J.A.C. 8:43A-1 through 11 and 13 through 19, and this subchapter.

8:43A-24.2 Minimum program size and transfer agreements

(a) A facility providing chronic dialysis services shall have at least nine stations. Facilities licensed prior to the effective date of this chapter shall have until January 1, 1994, to establish this minimum number of stations. In the case of new construction or renovation involving at least 25 percent of the physical plant, an open treatment area shall contain no more than 20 stations.

(b) A facility providing chronic dialysis services shall have a written transfer agreement with at least one hospital-based chronic dialysis unit with acute dialysis capacity and with at least one facility having a renal transplantation program.

8:43A-24.3 Patient services

(a) The facility's policy on dialyzer reuse shall be explained to all chronic dialysis patients, and the facility shall document each patient's decision regarding consent to dialyzer reuse. If the patient declines reuse, arrangements shall be made for the patient to receive single-use treatment in the facility.

(b) In addition to complying with N.J.A.C. 8:43A-6.4, the facility shall ensure that a medical history is obtained and a physical examination is performed for each chronic dialysis patient within seven days of initiation of treatment and that these are updated at least every five years.

(c) A written plan of care shall be developed for each chronic dialysis patient by a multidisciplinary team which includes, at least, a nephrologist, a transplant surgeon or designee, a registered professional nurse, a dietitian, and a licensed social worker or a social worker hired prior to 1976 who receives consultation from a licensed social worker. The plan of care shall specify goals and expected outcomes.

(d) The written plan of care for each chronic dialysis patient shall be discussed with the patient and/or family, implemented within four weeks of admission to the facility, reviewed by the multidisciplinary team at least every six months, and revised as needed.

(e) Each member of the multidisciplinary team shall enter clinical notes into the chronic dialysis patient's medical record.

(f) If a chronic dialysis patient is referred by, or transferred from, another health care facility, the facility providing chronic dialysis services shall provide the referring or transferring facility with copies of summaries of the patient's progress, a description of dietary care, and results of laboratory tests upon discharge from the facility providing chronic dialysis services or upon request.

(g) Chronic dialysis patients shall be dialyzed in chairs which can be inclined so that the patient's head is lower than his or her feet, except when the patient is dialyzed in a hospital bed.

8:43A-24.4 Qualifications of the medical director and medical records coordinator

(a) The medical director of a facility which provides chronic dialysis services shall be a nephrologist. A medical director designated prior to July 1, 1993, shall have the qualifications of a nephrologist as specified at N.J.A.C. 8:43A-1.15. A medical director designated on or after July 1, 1993, shall be a diplomate of either the American Board

of Internal Medicine or the American Osteopathic Board of Internal Medicine in the subspecialty of nephrology.

(b) The coordinator of medical records designated in accordance with N.J.A.C. 8:43A-13.2 shall be a medical records practitioner or shall function in consultation with a person so qualified. The medical records practitioner shall:

1. Be certified or eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART) by the American Medical Record Association (875 North Michigan Avenue, Suite 1850, John Hancock Center, Chicago, Illinois 60611); or

2. Be a graduate of a program in medical record science accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association in collaboration with the Council on Education of the American Medical Records Association.

8:43A-24.5 Nurse staffing

(a) A facility providing chronic dialysis services shall have at least one registered professional nurse, licensed practical nurse, or trained technician on duty for every three patients receiving dialysis services on the premises. In all cases, there shall be at least one registered professional nurse on duty for the first nine patients receiving dialysis services on the premises and an additional registered professional nurse if the number of patients exceeds nine, including the registered professional nurse required by N.J.A.C. 8:43A-8.2.

(b) Members of the nursing staff of facilities which provide chronic dialysis services shall receive on-site training in renal dialysis techniques, as determined by the facility, before they are permitted to work without direct supervision.

(c) If home (self) care dialysis training services are provided, a registered professional nurse shall direct the home (self) care dialysis training program. Training of patients may be assigned to licensed practical nurses. In no case shall training be conducted by less than one licensed nurse for every two patients on the premises receiving home (self) care dialysis training.

(d) If self care dialysis services are provided on the premises, there shall be a minimum of one licensed nurse on duty for every six patients on the premises receiving self care dialysis.

(e) If pediatric dialysis services are provided, there shall be a minimum of two registered professional nurses, licensed practical nurses, or trained technicians on duty for every three patients receiving chronic pediatric dialysis services on the premises. There shall be a minimum of one registered professional nurse in the pediatric dialysis service whenever services are being provided. The registered professional nurse may be considered as one of the total number of required nursing service staff members.

(f) If an administrator performs both administrative and other functions, written documentation of the administrator's time spent in each function shall be maintained. The administrator's time spent in administrative functions shall not be included in the computation of staffing levels for nursing services.

8:43A-24.6 Infection prevention and control

(a) The administrator shall designate a person with training or experience in surveillance, prevention, and control of nosocomial infection who shall be responsible for the direction, provision, and quality of infection prevention and control services.

(b) The facility shall have written infection control policies and procedures specific to the chronic dialysis service, which shall include universal precautions.

(c) All staff members of the chronic dialysis service and all chronic dialysis patients shall be screened for hepatitis in accordance with the current edition of the Centers for Disease Control publication "Hepatitis Surveillance," as amended and supplemented, available from the Centers for Disease Control, Atlanta, Georgia 30333, incorporated herein by reference.

(d) Facilities which provide chronic dialysis services shall comply with the Occupational Safety and Health Administration (OSHA) rule 29 CFR Part 1910.1030, incorporated herein by reference, as it pertains to hepatitis B vaccination.

(e) Chronic dialysis patients with communicable or transmittable diseases shall be treated in accordance with Centers for Disease Control guidelines.

(f) If dialyzers are reused, reuse shall conform with guidelines in the Association for the Advancement of Medical Instrumentation (AAMI) publications, "Recommended Practice for Reuse of Hemodialyzers," incorporated herein by reference.

(g) A facility providing chronic dialysis services shall establish and implement policies and procedures regarding cleaning and/or disinfecting of patient reclining chairs, beds (including mattresses) and dialysis machines between each instance of patient use, and daily cleaning and disinfecting of floors and walls in the dialysis area.

(h) Water treatment equipment, water, and dialysate shall satisfy the requirements specified in the Association for the Advancement of Medical Instrumentation (AAMI) publication entitled "American National Standard for Hemodialysis Systems," as amended and supplemented, incorporated herein by reference.

1. Water and dialysate shall be microbiologically analyzed monthly. Water samples shall be taken immediately beyond the last water treatment device and at other locations in each treatment area so as to ensure that water throughout the distribution lines conforms with AAMI standards. Chemical analysis of the water shall be performed every six months.

2. A DPD test kit or similar method shall be used daily to detect the presence of chloramine and to measure chloramine levels in water used to prepare dialysate. The level of chloramine shall not exceed the AAMI standard of 0.1 ppm.

3. Written records of analysis procedures and results and of equipment maintenance shall be maintained in the facility.

Note: AAMI publications can be obtained from:

Association for the Advancement of Medical Instrumentation
Suite 602
1901 North Fort Meyer Drive
Arlington, VA 22209

(i) All food served to patients in the dialysis service shall be provided in completely disposable food service equipment. The facility shall comply with N.J.A.C. 8:24.

(j) The facility shall have policies and procedures as to whether or not chronic dialysis patients shall be permitted to bring their own food into the dialysis treatment area. If permitted, the facility shall develop a policy regarding the categories of food permitted, food preparation and storage, and utensils to be used.

8:43A-24.7 Home care dialysis services

(a) If home (self) care dialysis services are provided, the facility shall establish, implement, and review, at least annually, written policies and procedures including, but not limited to, policies and procedures for the following:

1. Development of a written outline of the home (self) care training program, including didactic and practical sessions, for the unsupervised performance of dialysis treatments by patients and family;

2. Surveillance of the patient's home adaptation through visitation of the patient's home by a registered professional nurse, including the frequency of home visitation and documentation of the results of surveillance visits in the patient's medical record;

3. Availability of teaching materials for patient use during and after home (self) care dialysis training and at times other than during the dialysis procedure;

4. Provision of consultation to the patient by a social worker and a dietitian;

5. Installation and maintenance of equipment in the home;
6. Testing and treatment of the water in the home; and
7. Ordering of supplies for the home on an ongoing basis.

8:43A-24.8 Quality assurance

If chronic dialysis services are provided, the quality assurance program shall monitor those indicators required by the Trans-Atlantic Renal Council (180 Tices Lane, East Brunswick, NJ 08816) and shall monitor care provided to home dialysis patients.

8:43A-24.9 Patient rights

Each chronic dialysis patient shall be afforded rights in accordance with the principles set out in the Trans-Atlantic Renal Council's Bill of Rights for renal dialysis patients, incorporated herein by reference.

8:43A-24.10 Physical plant requirements for all chronic dialysis facilities

(a) Each station in the chronic dialysis service shall have a cubicle curtain for privacy. One handwashing sink shall be available for every three stations. These handwashing sinks shall be distributed throughout the treatment area so as to ensure immediate accessibility to staff at all times.

(b) The gross floor area allocated for each machine shall be at least 100 square feet with a net usable area of at least 80 square feet. There shall be at least 30 inches clear around each machine and lounge, except that one side of the machine may be installed flush against the wall. There shall be at least a four-foot space between beds and/or lounges.

(c) There shall be a separate clean holding area or room within the chronic dialysis suite for storage of clean supplies. If the facility has a clean utility room, then the clean utility room shall contain a minimum of 120 square feet with handwashing facilities.

(d) There shall be a separate soiled utility room within the chronic dialysis suite. The soiled utility room shall contain a minimum of 120 square feet and shall contain a sink equipped for handwashing. The floor of the soiled utility room shall be monolithic with integral base.

(e) A separate janitors' closet shall be provided exclusively for the chronic dialysis suite. The closet shall contain a floor receptor or service sink and storage space for house-keeping supplies and equipment.

(f) A separate, handicapped accessible toilet room with handwashing facilities shall be provided for patients.

(g) A staff lounge/locker room and toilet facilities with handwashing facilities shall be provided.

(h) The nurses' station shall be designed and located so as to permit visual observation of each patient station.

(i) Door(s) to patients' toilet room(s) shall be equipped with hardware which permits access from the exterior by staff in any emergency.

(j) If home training rooms are provided, each room shall be equipped with a sink for handwashing.

(k) Storage space shall be provided for wheelchairs and stretchers, if stretchers are provided, out of direct line of traffic.

(l) A room shall be provided for the storage of equipment used in patient care.

(m) An examination room shall be provided with a minimum of 80 square feet of clear floor area exclusive of the work counter and lavatory for handwashing.

(n) Water supply systems shall be designed to supply water to the fixtures and equipment at a minimum pressure of 15 pounds per square inch during periods when fixtures and equipment are in use.

(o) Office space shall be provided for administration, nursing services, social work services, and dietary counseling services.

(p) Space for conferences, consultation, and other purposes shall be provided.

(q) A waiting area with access to a telephone, toilet facilities, and a drinking fountain shall be provided.

(r) Each toilet facility for patients shall be served by an emergency call system. Calls shall activate a signal at the nurses' station.

(s) There shall be a drug distribution station for the chronic dialysis service. The drug distribution station shall contain handwashing facilities and a work counter. Provisions shall be made for the controlled storage, preparation, and distribution of medications.

(t) If a nourishment station for the chronic dialysis service is provided, the nourishment station shall contain a sink, a work counter, a refrigerator, storage cabinets, and equipment for serving nourishments as required.

SUBCHAPTER 25. COMPUTERIZED TOMOGRAPHY (CT), MAGNETIC RESONANCE IMAGING (MRI), AND RADIOLOGICAL SERVICES

8:43A-25.1 Additional requirements and exceptions

(a) An ambulatory care facility which provides computerized tomography, magnetic resonance imaging, or radiologi-

cal services shall comply with N.J.A.C. 8:43A-1 through 11 and 13 through 19, and this subchapter. If the facility also provides surgical or anesthesia services, then the facility shall also comply with N.J.A.C. 8:43A-12.

1. An ambulatory care facility which provides only computerized tomography, magnetic resonance imaging, or radiological services need not comply with N.J.A.C. 8:43A-3.6(a)6, 13.3(a)7 and 13.3(a)8 for the purpose of licensure.

2. If the facility provides only computerized tomography, magnetic resonance imaging, or radiological services, a radiologic technologist may satisfy the requirement for an administrator at N.J.A.C. 8:43A-5.1.

3. If the facility provides only computerized tomography, magnetic resonance imaging, or radiological services, the part of N.J.A.C. 8:43A-3.1(a) which requires nursing services to be provided in the facility shall not apply, unless nursing services are ordered by a physician.

4. If the facility provides only computerized tomography, magnetic resonance imaging, or radiological services, the part of N.J.A.C. 8:43A-6.2(a) which requires a representative of the nursing staff to serve on the patient care policy committee shall not apply.

5. If the facility provides only computerized tomography, magnetic resonance imaging, or radiological services, the part of N.J.A.C. 8:43A-18.1(b) which requires a representative of the nursing service to serve on the committee responsible for the quality assurance program shall not apply.

6. An ambulatory care facility which provides only computerized tomography, magnetic resonance imaging, or radiological services may satisfy the requirements of N.J.A.C. 8:43A-14.2 for an infection control committee by requiring the person responsible for the infection prevention and control program to ensure that the medical director and other professional staff participate in the development and implementation of the program, including the development, implementation, and review of the policies and procedures required by N.J.A.C. 8:43A-14.2(b).

7. If the facility provides only computerized tomography, magnetic resonance imaging, or radiological services, the part of N.J.A.C. 8:43A-3.1(a) which requires counseling services to be provided directly by the facility or through written agreement shall not apply.

8:43A-25.2 Additional staffing

(a) In addition to providing other staff as required by the rules in this chapter, a facility providing computerized tomography services shall have at least the following staff:

1. One radiologist available during the facility's hours of operation and on the premises whenever a contrast medium is being used;

2. One radiologic technologist on the premises during the facility's hours of operation; and

3. A radiation physicist/health physicist who shall be available for safety evaluations of equipment and of storage and handling practices, and for staff education.

(b) In addition to providing other staff as required by this chapter, a facility providing magnetic resonance imaging services shall have at least the following staff:

1. A medical director available who is a radiologist and whose primary responsibility during the last three years has been in the interpretation of cross-sectional imaging for all body areas. ("Available" means capable of being reached);

2. One radiologist available during the facility's hours of operation and on the premises whenever a contrast medium is being used;

3. One full-time equivalent technician with documented training and experience in MRI service delivery and one other staff member, both of whom shall be on the premises during the facility's hours of operation; and

4. A radiation physicist/health physicist with documented training and experience in MRI techniques who shall be available.

(c) In addition to providing other staff as required by the rules in this chapter, a facility providing radiological services directly in the facility shall have a radiologist available. ("Available" means capable of being reached.) Radiologists shall supervise and interpret all radiologic procedures, unless performed by clinical practitioners in specialty areas who are trained and experienced in these procedures.

8:43A-25.3 Safety

A facility providing magnetic resonance imaging (MRI), computerized tomography, or other diagnostic services shall develop and implement policies and procedures intended to ensure patient safety during use of all diagnostic equipment.

8:43A-25.4 Physical plant; computerized tomography and magnetic resonance imaging services

A new ambulatory care facility which provides computerized tomography or magnetic resonance imaging services shall comply with Chapter 9, Section 9.1, and Chapter 7, Section 7.10 and 7.11, of the Guidelines for Construction and Equipment of Hospitals and Medical Facilities, 1987 edition, as amended, incorporated herein by reference. Existing facilities shall be in compliance with these standards or the corresponding standards in effect at the time of construction, alteration, or approval.

8:43A-25.5 Physical plant; radiological services

(a) If radiological services are provided in a freestanding facility, the suite shall contain the following:

8:43A-31.6 Laundry staff education and training

(a) If applicable, requirements for the laundry staff education program shall be as provided in N.J.A.C. 8:43G-5.9.

(b) If applicable, orientation for new laundry employees shall include protocols for handling and receiving soiled laundry and clean linen.

8:43A-31.7 Laundry quality improvement methods

(a) There shall be a program of quality improvement for the laundry service that is coordinated with the facility

quality improvement program and includes regularly collecting and analyzing data to help identify problems and their extent, and recommending, implementing, and monitoring corrective actions on the basis of these data. (See N.J.A.C. 8:43A-18, Quality Assurance Program).

(b) Facilities that contract with a commercial laundry service shall use quality improvement measures to ensure that the standards of N.J.A.C. 8:43A-31.2 through this section are met.

APPENDIX A

ADA-6
Jan. 91

New Jersey State Department of Health
DRUG AND ALCOHOL ADMISSION RECORD

H-4152

| | | |
|--|------------------------|------------------|
| Name of Client (First, Middle Initial, Last) | Social Security Number | Telephone Number |
| Street Address | City | State Zip Code |

| | | | | | |
|--------------------|---|--------------------------------|-----------------------|---|--|
| 1. Provider Number | 2. Case # <small>1st 3rd 1st 3rd</small> | 3. Sex <small>(M/F)</small> | 4. Birthdate (mmddyy) | 5. In-House Case No. <small>(optional)</small> | 6. Admission Date <small>(mmddyy)</small> |
|--------------------|---|--------------------------------|-----------------------|---|--|

IMPORTANT: After completion of above, separate the Admission Record (Parts 1 and 2) from the Discharge Record (Parts 3 and 4) USE BALL POINT PEN ONLY. All * fields require coded responses; see codes on the reverse side.

| | | | | |
|-----------------|---------------------------------|--|--|--------------------------|
| 7. Client Type* | 8. Treatment Setting at Intake* | 9. Is use of methadone planned as part of treatment? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 10. Resid. Code <small>Co. Municip.</small> | 11. Post Office Zip Code |
|-----------------|---------------------------------|--|--|--------------------------|

12. Living Arrangements (Check ALL that apply)

| | | | |
|--|--|---|--|
| A <input type="checkbox"/> Alone | D <input type="checkbox"/> With Parent(s) | G <input type="checkbox"/> With Foster Parent(s) | J <input type="checkbox"/> In Group Quarters |
| B <input type="checkbox"/> With Children | E <input type="checkbox"/> With Spouse | H <input type="checkbox"/> With Other Relative(s) | K <input type="checkbox"/> Homeless |
| C <input type="checkbox"/> With Sibling(s) | F <input type="checkbox"/> Living as Married | I <input type="checkbox"/> With Friend(s) | |

13. Legal Status (Check ALL that apply)

| | | | |
|--|--------------------------------------|---|---|
| A <input type="checkbox"/> No Legal Problem | C <input type="checkbox"/> Probation | E <input type="checkbox"/> DWI License Suspension | G <input type="checkbox"/> DYFS/Family Court Case |
| B <input type="checkbox"/> Case Pending (Criminal) | D <input type="checkbox"/> Parole | F <input type="checkbox"/> Jail/Prison Inmate | H <input type="checkbox"/> Other-Specify _____ |

| | | | |
|--|---|-----------|---|
| 14. Household Income Per Year <small>(Enter: 000 if None; 999 if unknown)</small> | 15. Household Size <small>(No. of Persons)</small> | 16. Race* | 17. Indicate Hispanic Origin* <small>(5 if not applicable)</small> |
| \$ _____,000 | _____ | _____ | _____ |

| | | | | |
|---------------------|------------------------------------|--|------------------------|----------------------|
| 18. Marital Status* | 19. Highest School Grade Completed | 20. Is Client a Full-Time Student? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 21. Employment Status* | 22. Referral Source* |
|---------------------|------------------------------------|--|------------------------|----------------------|

23. Number of Past Drug/Alcohol Treatment Episodes: _____ (Enter: 00 if None; 99 if unknown)

| | | |
|--|----------------------|---|
| 24. Self-Help Groups Ever Participated In (Check ALL That Apply) | 25. Health Coverage* | 26. Reimbursement Source* |
| A <input type="checkbox"/> None B <input type="checkbox"/> Narcotics Anonymous C <input type="checkbox"/> Alcoholics Anonymous D <input type="checkbox"/> Other Specify: _____ | A _____ B _____ | A _____ B _____ <small>[Agencies receiving public funds should note instructions]</small> |

| <p>27. Check all drugs USED within the past 6 months</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> A. Alcohol</td> <td><input type="checkbox"/> J. Benzodiazepines</td> </tr> <tr> <td><input type="checkbox"/> B. Heroin</td> <td><input type="checkbox"/> K. Other Tranquilizers</td> </tr> <tr> <td><input type="checkbox"/> C. Non-Prescription Methadone</td> <td><input type="checkbox"/> L. Barbiturates</td> </tr> <tr> <td><input type="checkbox"/> D. Other Opiates or Synthetics</td> <td><input type="checkbox"/> M. Other Sedatives or Hypnotics</td> </tr> <tr> <td><input type="checkbox"/> E. Cocaine/Crack</td> <td><input type="checkbox"/> N. PCP</td> </tr> <tr> <td><input type="checkbox"/> F. Marijuana/Hashish</td> <td><input type="checkbox"/> O. Other Hallucinogens</td> </tr> <tr> <td><input type="checkbox"/> G. Methamphetamine</td> <td><input type="checkbox"/> P. Inhalants</td> </tr> <tr> <td><input type="checkbox"/> H. Other Amphetamines</td> <td><input type="checkbox"/> Q. Over-the-Counter</td> </tr> <tr> <td><input type="checkbox"/> I. Other Stimulants</td> <td><input type="checkbox"/> R. Other</td> </tr> </table> | <input type="checkbox"/> A. Alcohol | <input type="checkbox"/> J. Benzodiazepines | <input type="checkbox"/> B. Heroin | <input type="checkbox"/> K. Other Tranquilizers | <input type="checkbox"/> C. Non-Prescription Methadone | <input type="checkbox"/> L. Barbiturates | <input type="checkbox"/> D. Other Opiates or Synthetics | <input type="checkbox"/> M. Other Sedatives or Hypnotics | <input type="checkbox"/> E. Cocaine/Crack | <input type="checkbox"/> N. PCP | <input type="checkbox"/> F. Marijuana/Hashish | <input type="checkbox"/> O. Other Hallucinogens | <input type="checkbox"/> G. Methamphetamine | <input type="checkbox"/> P. Inhalants | <input type="checkbox"/> H. Other Amphetamines | <input type="checkbox"/> Q. Over-the-Counter | <input type="checkbox"/> I. Other Stimulants | <input type="checkbox"/> R. Other | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">27a. Drugs ABUSED</th> <th style="width:10%;">Primary</th> <th style="width:10%;">Secondary</th> <th style="width:10%;">Tertiary</th> </tr> <tr> <td>Drug* <small>(Use code letters at left)</small></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ROUTE of Administration* <small>(see codes below)</small></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Frequency* <small>(see codes below)</small></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Age at First Use <small>(99 if unknown)</small></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ROUTE CODES:</td> <td colspan="3">FREQUENCY CODES:</td> </tr> <tr> <td>1 - Oral</td> <td colspan="3">1 - Not Used in Past Month</td> </tr> <tr> <td>2 - Smoking</td> <td colspan="3">2 - Less Than Weekly</td> </tr> <tr> <td>3 - Inhalation</td> <td colspan="3">3 - 1-2 Times Per Week</td> </tr> <tr> <td>4 - Intramuscular/ Sub-Cutaneous</td> <td colspan="3">4 - 3 to 6 Times Per Week</td> </tr> <tr> <td>5 - Intravenous</td> <td colspan="3">5 - Daily</td> </tr> <tr> <td></td> <td colspan="3">6 - 2 or More Times Per Day</td> </tr> </table> | 27a. Drugs ABUSED | Primary | Secondary | Tertiary | Drug* <small>(Use code letters at left)</small> | | | | ROUTE of Administration* <small>(see codes below)</small> | | | | Frequency* <small>(see codes below)</small> | | | | Age at First Use <small>(99 if unknown)</small> | | | | ROUTE CODES: | FREQUENCY CODES: | | | 1 - Oral | 1 - Not Used in Past Month | | | 2 - Smoking | 2 - Less Than Weekly | | | 3 - Inhalation | 3 - 1-2 Times Per Week | | | 4 - Intramuscular/ Sub-Cutaneous | 4 - 3 to 6 Times Per Week | | | 5 - Intravenous | 5 - Daily | | | | 6 - 2 or More Times Per Day | | |
|---|--|---|------------------------------------|---|--|--|---|--|---|---------------------------------|---|---|---|---------------------------------------|--|--|--|-----------------------------------|--|-------------------|---------|-----------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------|-------------------------|--|--|----------|----------------------------|--|--|-------------|----------------------|--|--|----------------|------------------------|--|--|-------------------------------------|---------------------------|--|--|-----------------|-----------|--|--|--|-----------------------------|--|--|
| <input type="checkbox"/> A. Alcohol | <input type="checkbox"/> J. Benzodiazepines | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> B. Heroin | <input type="checkbox"/> K. Other Tranquilizers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> C. Non-Prescription Methadone | <input type="checkbox"/> L. Barbiturates | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> D. Other Opiates or Synthetics | <input type="checkbox"/> M. Other Sedatives or Hypnotics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> E. Cocaine/Crack | <input type="checkbox"/> N. PCP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> F. Marijuana/Hashish | <input type="checkbox"/> O. Other Hallucinogens | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> G. Methamphetamine | <input type="checkbox"/> P. Inhalants | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> H. Other Amphetamines | <input type="checkbox"/> Q. Over-the-Counter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> I. Other Stimulants | <input type="checkbox"/> R. Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27a. Drugs ABUSED | Primary | Secondary | Tertiary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drug* <small>(Use code letters at left)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ROUTE of Administration* <small>(see codes below)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Frequency* <small>(see codes below)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age at First Use <small>(99 if unknown)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ROUTE CODES: | FREQUENCY CODES: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - Oral | 1 - Not Used in Past Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - Smoking | 2 - Less Than Weekly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - Inhalation | 3 - 1-2 Times Per Week | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - Intramuscular/ Sub-Cutaneous | 4 - 3 to 6 Times Per Week | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - Intravenous | 5 - Daily | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 - 2 or More Times Per Day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

28. Does Client Smoke Tobacco? If yes, How many cigarettes per day?

1 Yes 2 No _____
No. = (Packs X 20)
Pipe = PP
Cigar = CC

| | |
|---|----------------|
| 29. SPECIAL USE | Name of Agency |
| 5 10 15 20 25 30 35 | Name of Worker |