

NEW JERSEY DEPARTMENT OF INSTITUTIONS AND AGENCIES •

DIVISION OF MENTAL RETARDATION •

MANUAL OF STANDARDS FOR
PRIVATE LICENSED INSTITUTIONS
FOR THE MENTALLY RETARDED

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FOREWORD

The requirements of this manual shall be effective July 1, 1975 and shall apply to all new operations, whether new structures, properties proposed for conversion, additions or alterations to existing licensed premises, or to applicants who purchase existing institutions for the mentally retarded and apply for license. Those requirements pertaining to physical structures which exceed the standards approved on January 1, 1968 shall not be applicable to existing licensed facilities unless indicated in this manual.

Recommended by the Department of Health on July 1, 1975.

Approved by the State Board of Institutional Trustees August 1, 1975.

PREFACE

Chapters 136 and 138, Laws of New Jersey 1971 Health Care Facilities Planning Act (refer to Appendix A) vests the responsibilities for licensing and regulation of health care facilities with the State Department of Health. Title 30:1-15 and Title 30:1-15.1, however, invests the New Jersey Department of Institutions and Agencies with the responsibility for inspection of private residential facilities for the mentally retarded. The Division of Mental Retardation in the Department of Institutions and Agencies, has adopted minimum standards governing the operations of institutions for the mentally retarded. These standards were subsequently endorsed by the New Jersey Department of Health.

This manual is divided into two major areas - Method of Application for License and Standards of Operation. The standards presented in this statement have as their primary goal the preservation of human rights and dignity, the safety, health, welfare and development of the innate mental and physical potential of persons entrusted in New Jersey's private institutions for the retarded. The standards reflect current consensus on desirable, beneficent services for the retarded. They are considered reasonable guidelines and presently attainable.

Although the standards contained herein reflect current opinion on the care of the mentally retarded, it is to be expected that, as knowledge is increased through research and experience in the field, changes in the standards will be indicated. The contribution to knowledge by private facilities is anticipated and welcomed. Thus, the impermanence of these standards is, in a very real sense, dictated by aspirations for improved care in both public and private sectors.

GENERAL INFORMATION

OBJECTIVES TO BE ATTAINED

For some mentally retarded persons admitted to residential facilities, special education and training may lead to return to the community and to relatively normal living conditions. After training, others may be better equipped to lead useful and satisfying lives in a controlled environment. Even among the most profoundly retarded; where only limited progress can be anticipated, specialized programs often develop some degree of self-sufficiency.

Whatever the potentialities of the individual mentally retarded person, the objective must be to attain the highest possible development of his capabilities in order to enhance his ability to cope with his environment. The programs established should be designed for a specific classification of the mentally retarded, and should at all times limit intake and care to persons whose assessed needs (through comprehensive evaluation) can be fully met by such a program. To reach such a goal, the institution must be properly staffed and equipped. Furthermore, it should provide a safe, comfortable and pleasant environment.

QUALITIES OF THE ADMINISTRATOR

Because of the specialized function of any institution for the mentally retarded, the prospective administrator should be motivated by a special interest in the field of endeavor and by a desire both to develop the maximum capabilities of retarded persons and to safeguard their individual interests. The administrator should also be in good mental health, emotionally stable, discreet, tactful and be a person of integrity, sobriety and good character.

Finally, the licensee should be financially able to underwrite the cost of necessary structural improvements and the expense of employing essential personnel. He should also have the ability to operate the facility in a businesslike manner so as to merit the confidence of all persons with whom business dealings are essential.

If the administrator has the desire, characteristics and resources described, it should be possible to operate the facility at a high standard.

DEFINITIONS

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

"Mental Deficiency" shall mean that state of mental retardation in which the reduction of social competence is so marked that persistent social dependency requiring guardianship of the person shall have been demonstrated or be anticipated. (N.J. Statute 30:4-23).

"Mental Retardate" and "Mentally Retarded Person" shall mean a minor or adult person who has been diagnosed by qualified professional personnel to be afflicted by mental retardation. Such person may or may not also be considered mentally deficient. Throughout this manual the terms "mental retardation," "mental retardate" and "mentally retarded person" will be used, and in general "mental deficiency" and related terms will not be used. This is done for purposes of clarity and consistency; it should not be inferred, however, that these standards exclude what are usually referred to as mentally deficient persons.

"Resident" shall refer to the mentally retarded person admitted to or seeking admission to a residential facility (JCAH - Joint Commission on Accreditation of Hospitals).

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

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

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

*American Association on Mental Deficiency

"License" is the authorization issued by the New Jersey State Department of Health, for a period of one year, to the proprietor of the facility providing residential services to mentally retarded persons. Upon issuance or renewal, a fee of not less than \$50 and not more than \$250 shall be collected by the New Jersey Department of Health. A license may be denied, revoked, suspended or may be placed on provisional status for violation of the governing law or minimum standards promulgated thereunder (Chapter 136, Law of 1971, C26:2H-12).

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

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

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

- a. Educational Capabilities (Division of Mental Retardation, Standards for Public Institutions) - For residents, chronological age range 5 - 20 inclusive:
 - 1) "Educable" - Persons whose potential mental capabilities, although of inferior order, are capable of further development through education (minimum overall IQ of 50).
 - 2) "Trainable" - Persons whose mental capabilities are significantly retarded but who, through training, may be capable of some degree of self-help, personal independence, and social and economic usefulness within a sheltered environment (maximum overall IQ of 49 to minimum IQ of 24).
 - 3) "Sub-trainable" - Persons who are markedly mentally retarded so as to be neither educable nor trainable and who are dependent on the institution for continuous personal care and supervision (maximum overall IQ of 24). This definition does

not relieve the administrator of the institution from responsibility to provide education and training opportunities defined under standards 4.1.1 and 4.1.1.1.

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

- 1) "Mild Mental Retardation," IQ 68-52.
- 2) "Moderate Mental Retardation," IQ 51-36.
- 3) "Severe Mental Retardation," IQ 35-20.
- 4) "Profound Mental Retardation," IQ 19 and below.

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

2. Age - The minimum and maximum ages of residents accepted for treatment shall be specified in the license.
3. Sex - The license shall specify whether the institution shall admit males only, females only, or both males and females.
4. Secondary Handicap - The license shall specify whether the institution may serve mentally retarded persons who have additional handicaps of blindness, deafness, crippling or emotional disturbance.

*Manual on Terminology and Classification in Mental Retardation" 1973 revision, page 18.

METHOD OF APPLICATION FOR LICENSE

A. INITIAL PROCEDURES

1. Prior to initiating any new construction or purchase of any sites or buildings for the purpose of opening a new facility or expanding an existing facility for the mentally retarded a Certificate of Need application (refer to Appendix C) obtainable from the New Jersey Department of Health, Medical Facility Construction and Planning Section should be filed with that agency. No financial commitments should be made unless the Certificate of Need is endorsed by the New Jersey Department of Health.
2. The prospective applicant should study carefully all sections of the following standards to secure a basic understanding of the requirements. Any question which may arise should be carefully noted.
3. An appointment should then be made with the Director, Division of Health Facilities, Department of Health, for a preliminary conference so that the proposed operation can be fully discussed and questionable points clarified. At this conference the prospective operator will be advised of further steps to be taken and will be given an application for a license (refer to Appendix D) which shall be completed and returned for processing to the Director, Division of Health Facilities, Department of Health, as soon as possible.

B. APPROVALS REQUIRED FOR PROPOSED STRUCTURES:

When the application for licensing has been processed and written approval has been received from the Director, Division of Health Facilities, Department of Health, to proceed further, the following should be implemented:

1. A written statement should be obtained from the local Zoning Authority attesting that the proposed use of any new or existing structure is not in conflict with zoning regulations.
2. The applicant should secure a scale floor plan of the basement and each floor of any new or existing building(s). Such plans should be prepared in duplicate so that a copy may be placed on file with the Director, Division of Health Facilities, Department of Health.
3. When the scale plan and zoning approval have been secured, an appointment should be made with the Director, Division of Health Facilities, Department of Health, to discuss both the building(s) under consideration and the other matters affecting proper

operation of the facility. At this conference floor plans identifying the proposed use of the building(s) will be reviewed and advice given to the prospective operator. In the event that renovations of existing buildings are indicated, recommendations will be outlined in writing. Construction of new buildings and renovations of existing buildings should be planned and supervised by a licensed architect and shall not deviate from the recommendations outlined by the Department of Health unless written approval is secured.

4. When construction of new buildings or renovations of existing buildings have been completed, the following local approvals are necessary:
 - a. A written statement from the local Building Inspector attesting to the structural safety of the building.
 - b. A written statement from local fire authorities to the effect that, in their opinion, the building is satisfactory for the proposed occupancy.
 - c. A written statement attesting that the building and its facilities meet local health requirements. If there is no local health department or local ordinance, a statement shall be submitted from the municipality that none exists.
 - d. If the building is not serviced by a public water supply and public sewage disposal system, the local health department shall be requested to inspect these services and submit a written statement of approval which shall be filed with the Director, Division of Health Facilities, Department of Health. If such local inspection and approval is not available, inspection of such facilities shall be made by the proper District State Health Office of the State Department of Health. (Information regarding location of such district offices can be secured from the Department of Health).

C. STATE INSPECTION OF BUILDINGS PRIOR TO THEIR APPROVAL

When the documents listed in B4 above have been received, the applicant shall submit written notification of such to the Director, Division of Health Facilities, Department of Health and that all new construction or renovations of existing structures were completed in accordance with specifications of the Department. An

inspection of the property shall be made by representatives of the Department of Health, Division of Mental Retardation and/or the State Fire Marshal's Office. If the work completed appears satisfactory, the building(s) will be approved. No further structural changes shall be made without prior approval of the New Jersey Department of Health.

D. LICENSE AND INSPECTION

1. The license is issued by the Health Care Administration Board, New Jersey Department of Health. A letter from that agency will accompany the license. It will define the scope of the license and constitute authorization to operate an institution which in the judgment of that agency meets the full requirements of the law and regulations promulgated under such authority.
2. The initial license shall be issued as a temporary permit to grant operators a six month period to demonstrate their ability to comply with minimum standards of operation for this special type of institution.
3. Each subsequent license shall be issued for one year and shall be in effect for one year from the date of issue unless sooner terminated, suspended, or revoked by the Department of Health.
4. The institution is subject to inspection at least annually to inquire into the facilities, equipment, sanitary conditions, accommodations, management and programming of the residents.
5. The license fee is set for each year in accordance with the number of beds in the facility.
6. The license shall be conspicuously posted on the premises.
7. The Commissioner, Department of Health, may revoke the license or assess penalties whenever the licensee shall be found to be violating the law regulating private institutions into which persons who are mentally retarded are admitted, cared for and treated, or whenever such institutions shall fall below the standards established by the Division of Mental Retardation and the New Jersey Department of Health.
8. The institution shall give at least 30 days notice to the Department of Health of any intention to close or to transfer ownership of the institution.

9. Any change of ownership of a licensed institution will require the surrender of the existing license.
10. The Director, Division of Health Facilities, shall be notified promptly of any change of administrator; forms will be provided for the filing of information on the new appointee.

STANDARDS OF OPERATION

SECTION 1. ADMINISTRATIVE POLICIES AND PRACTICES

1.1 Administrative Standards

- 1.1.1 In a non-proprietary institution there shall be a Board of Directors, Board of Trustees or other similar body responsible for the institution's management, control and operation, and the formulation of administrative policy.
- 1.1.1.1 It shall be composed of at least five representative local community residents, and as many more additional members, who need not be such residents, as are required to effect efficient direction.
- 1.1.1.2 Any institution operated by a religious body or organization may have a governing body as its supreme authority which may be composed and organized of officials or members of such religious bodies or organizations and in accordance with the practice or rule thereof notwithstanding lack of residence in the area served by the institution.
- 1.1.1.3 The governing body shall elect from its membership a president or chairman, vice president, secretary and treasurer. It shall have the power to appoint such officers and committees as it may require to assist in carrying out its functions.
- 1.1.1.4 It shall conduct regular meetings at least once a month to properly manage the institution and such special meetings as are required.
- 1.1.1.5 Minutes shall be recorded and readily available for inspection by representatives of the Division of Mental Retardation.
- 1.1.1.6 There shall be an administrative officer, who shall be directly responsible for carrying out the policies of the Board as well as the over-all administration of the institution.
- 1.1.1.6.1 The administrative officer should be in good health, be emotionally stable, discreet and tactful and be a person of integrity, sobriety and good character.

- 1.1.1.6.2 All institutions shall certify to the appropriate *State authority, the name, and address of their administrative officer within 15 days after his or her appointment.
- 1.1.2 A proprietary institution may be operated by an individual, partnership or corporation.
- 1.1.2.1 Any owner, partnership or corporation operating an institution for mentally retarded persons shall certify to the appropriate *State authority names, addresses, occupation or profession of owners and the extent of financial interest of each.
- 1.1.2.2 Any change in the ownership or the identity of the person or persons owning and operating such an institution shall be reported to the appropriate *State authority within 30 days of the date on which such change occurs.
- 1.1.2.3 Any owner functioning also as administrator shall be emotionally stable, in good physical and mental health, a person of integrity and good character.
- 1.1.2.4 In instances where the owner of the institution assigns the responsibility for management to another individual, the requirements of this section shall apply to the administrator.
- 1.1.3 A written procedure providing round-the-clock accountability of residents on campus shall be implemented and the institution standards for the degree of control expected shall be explicitly stated.
- 1.1.4 A written plan shall be available to provide rapid action within the institution and to engage resources of the community to return a resident discovered missing, as soon as possible or to otherwise clarify his status.
- 1.1.5 A reward and restriction program shall be developed, written and implemented providing procedures for effective re-enforcement in the continual process of developing the highest degree of self-reliance in the resident.

*Director, Division of Health Facilities, New Jersey Department of Health.

- 1.1.5.1 Provision for treatment of residents manifesting behavior problems shall be included in the procedure.
- 1.1.5.2 Corporal punishment shall be prohibited.
- 1.1.5.3 Isolation or restraints for medical purposes shall be used only upon medical approval.
- 1.1.5.4 Locking a resident in a room or cell for reasons other than security or control shall be prohibited.
- 1.1.5.5 Measures in emergency situations for the control of violent, disturbed or depressed behavior shall be applied in a manner consistent with humane treatment.
 - 1.1.5.5.1 Such residents shall be medically evaluated regularly according to a schedule established by the institution for as long as they are isolated.
- 1.1.5.6 Mechanical supports used in normative situations to achieve proper body position and balance shall not be considered restraints, but shall be designed and applied:
 - 1.1.5.6.1 Under the supervision of a professional staff member designated by the administrative officer.
 - 1.1.5.6.2 So as to contribute to good body alignment, concern for circulation and allowance for change of position.
- 1.1.5.7 Chemotherapy shall not be used excessively for the convenience of staff or as a substitute for program.
- 1.1.5.8 The institution shall have a written statement of policies and procedures concerning the rights of residents that:
 - 1.1.5.8.1 Assure his civil rights;
 - 1.1.5.8.2 Are in accordance with New Jersey Statute 30:4-24-2.

- 1.1.5.8.3 Define the means of making legal counsel available to residents for the protection of their rights.
- 1.1.5.9 Alleged mistreatment of residents shall be reported immediately to the administrative officer of the facility and there shall be evidence that:
 - 1.1.5.9.1 All alleged mistreatment of residents shall be thoroughly investigated;
 - 1.1.5.9.2 The results of such investigation are reported to the chief executive officer, or his designated representative, within 24 hours of the report of the incident.
- 1.1.5.10 Appropriate sanctions shall be invoked when the allegation is substantiated.

1.2 Admission and Release

- 1.2.1 Each institution shall establish admission criteria based upon chronological age, level of mental development, and physical condition.
- 1.2.2 No mentally retarded person may be admitted to, nor retained in residence at any institution which does not provide programs for his or her classification.
- 1.2.3 Determination and classification of mental retardation shall be made through testing and diagnosis by competent and qualified professional personnel.
- 1.2.4 Those who are psychotic or so emotionally disturbed as to need psychiatric treatment shall not be accepted unless the institution is licensed (under separate license) to provide psychiatric care.
- 1.2.5 Each institution shall have definite recorded statements regarding their classification and standards for admission and their fees for admission and care.
 - 1.2.5.1 These standards and fees shall be discussed with the sponsor prior to admission.
- 1.2.6 All admissions shall be reported to the Director, Division of Mental Retardation within five days.

- 1.2.6.1 This report shall indicate in writing the new admission's name, sex, age and classification (refer to 1.2.5 and as defined on the license).
- 1.2.7 At the time of admission, the administrator shall secure from the sponsor written authorization:
 - 1.2.7.1 To transfer the resident, in case of emergency, to a hospital or other proper institution.
 - 1.2.7.2 A written agreement that if the resident, because of changed physical or mental condition, is no longer suitable for care within the facility, the sponsor will assume immediate responsibility for the resident's placement elsewhere.
- 1.2.8 Each person shall have a complete psychological examination by a psychologist prior to admission to the institution.
 - 1.2.8.1 The report of this examination shall be provided to the administrator and shall become a permanent record of the institution.
 - 1.2.8.2 This examination shall include estimates of verbal potentialities, social, physical and educational maturity.
 - 1.2.8.3 This examination shall have been conducted not more than one year prior to admission.
- 1.2.9 Upon admission, and annually thereafter, the resident shall be evaluated as to physical condition and adjustment, intelligence level, current functioning.
 - 1.2.9.1 An appropriate program or course of treatment shall be prescribed.
 - 1.2.9.2 This program shall include description of social, educational and training objectives.
 - 1.2.9.3 This evaluation and prescribed program shall be made part of the resident's record and shall be available for inspection.
- 1.2.10 If a mentally retarded resident can benefit by a more intensified program than that afforded at the institution in which he is a resident, arrangements shall be promptly made for discharge or transfer to a more suitable facility.

- 1.2.10.1 All residents released from the institution shall be reported to the Director, Division of Mental Retardation, in writing within five days.

1.3 Personnel Standards

- 1.3.1 The administrator of a facility shall be a person of responsible character and integrity.
- 1.3.2 The Director, Division of Health Facilities, shall be notified in writing of any change of administrator.
- 1.3.3 Written evidence of the administrator's educational and vocational background shall be provided to the Director, Division of Health Facilities.
- 1.3.4 A Medical Director, as required in standard 3.1.1 and 3.1.2 shall be provided.
- 1.3.5 The minimum requirement of personnel for care and supervision shall not be less than one employee for every five residents.
- 1.3.6 Because of the wide variations in the type of residents admitted, the physical structure, facilities and programming of residents, supervision per shift shall be determined by post-trick analysis.
- 1.3.7 Shift coverage determination shall be subject to approval by the Division of Mental Retardation at each annual inspection.
- 1.3.8 Institutions admitting the educable and trainable mentally retarded resident shall employ certified teachers according to the following ratios:
 - 1.3.8.1 Educable: 1 teacher for every 15 persons.
 - 1.3.8.2 Trainable: 1 teacher for every 10 persons.
- 1.3.9 There shall be written personnel policies related to hours, vacations and pay.
- 1.3.10 There shall be written procedures with which each employee shall be familiar concerning the programming of daily activity, feeding, care and supervision of the resident.
- 1.3.11 All staff including temporary personnel, who have contact with residents or whose duties include food handling, shall have physical examinations prior to employment.

- 1.3.11.1 There shall be an annual examination to include only a Mantoux Skin Testing for tuberculosis or chest x-ray for previous positive reactors.
- 1.3.11.2 A medical statement from a licensed physician shall be on file for each staff member certifying that the person has no physical or mental condition that would be detrimental to the residents.
- 1.3.12 Where volunteers are utilized, the facility shall provide for:
 - 1.3.12.1 The development and distribution of standards for volunteers.
 - 1.3.12.2 The implementation of orientation and training programs.
 - 1.3.12.3 The scheduling and coordination of volunteers.
 - 1.3.12.4 Medical examinations as are required for employee staff.
- 1.3.13 Personnel absent from duty because of any reportable communicable disease, infection or exposure thereto shall be excluded from the institution until examined by a physician.
 - 1.3.13.1 The physician shall certify to the administrator that the employee is not suffering from any condition that may endanger the health of the residents or other employees.
- 1.3.14 The administrator shall hold staff meetings at least once a month to discuss improvement of resident care and program.
- 1.3.15 The administrator shall comply with federal, State and local laws, ordinances, rules and regulations pertaining to employment, including civil rights, social security, wages and hours, workmen's compensation, employment of women and minors and withholding taxes.
- 1.3.16 The administrator shall designate a capable person to act for him when he is absent.
- 1.3.17 If transportation is provided by the institution, the following requirements shall apply:

- 1.3.17.1 An adult employee or volunteer shall accompany the driver if more than four residents are being transported.
- 1.3.17.2 More than three persons in the front seat of a passenger car shall be prohibited.
- 1.3.17.3 Passenger cars used in transportation of residents must be equipped and operated in conformity with the provisions of the Motor Vehicle Code.
 - 1.3.17.3.1 Pick-up trucks shall not be used.
- 1.3.17.4 Passenger cars used in the transportation of residents must be covered by automobile liability insurance in amounts of not less than \$50,000 per person, \$100,000 per accident and \$5,000 property damage.

1.4 Records and Reports

- 1.4.1 Records shall be kept on all residents admitted, discharged, transferred and deceased.
- 1.4.2 These records shall be retained for a minimum of (10) years.
- 1.4.3 All active records shall be maintained on the premises, complete, current and readily available for review by the representatives from the Division of Mental Retardation or other authorized person.
- 1.4.4 Records shall be stored in such a manner as to properly safeguard the confidentiality of their content.
- 1.4.5 Individual records shall be kept on every resident admitted and maintained in a central records file.
- 1.4.6 The individual resident's folder shall be conspicuously and appropriately marked.
- 1.4.7 Individual records shall include the following:
 - 1.4.7.1 Name
 - 1.4.7.2 Address on admission
 - 1.4.7.3 Age
 - 1.4.7.4 Sex
 - 1.4.7.5 Date of admission

- 1.4.7.6 Date of discharge
- 1.4.7.7 Name, address and telephone number of sponsors (parents, legal guardians, other person or agency responsible for the resident).
- 1.4.7.8 Name, address and telephone number of the resident's family physician.
- 1.4.8 Each resident's record shall consist of at least the following:
 - 1.4.8.1 Pre-admission data
 - 1.4.8.2 Diagnosis and evaluation on admission
 - 1.4.8.3 Admission physical examination
 - 1.4.8.4 Legal authorization for admission
 - 1.4.8.5 Contagion-free certificate
 - 1.4.8.6 Immunization record
 - 1.4.8.7 Physicians' orders
 - 1.4.8.8 Physicians' progress notes
 - 1.4.8.9 Reports of dental examination and corrective work done.
 - 1.4.8.10 Records of all dosages of medication administered.
 - 1.4.8.11 Height and weight records
 - 1.4.8.12 Nurses' or supervisors' notes
 - 1.4.8.13 Records of injuries or minor bruises with causes and treatment.
 - 1.4.8.14 Reports of accidents and illnesses.
 - 1.4.8.15 A record covering each period of restraint or locked segregation. This shall include duration and justification.
 - 1.4.8.16 Reports of admission psychological examination and all follow-up psychological examinations.
 - 1.4.8.17 Discharge plan, when indicated.

- 1.4.8.18 Seizure record, where indicated.
 - 1.4.8.19 Monthly reports of resident's social and behavioral progress or regression.
 - 1.4.8.20 Activities record.
 - 1.4.8.21 School record.
 - 1.4.8.22 Admission evaluation and all subsequent re-evaluations.
- 1.4.9 A clothing record shall be maintained which shall include:
- 1.4.9.1 An itemized list of the clothing, toys and other personal possessions supplied by the resident's sponsor or family with the dates received.
 - 1.4.9.2 Any clothing destroyed or worn out.
- 1.4.10 All sedatives and medications shall be secured by individual prescriptions and accurate recording kept in accordance with State regulations.
- 1.4.11 Special reports to the Director, Division of Health Facilities shall include:
- 1.4.11.1 Report of any fire, property damage, injury to resident, employee or visitor on forms obtained from the Department of Health (refer to Appendix E).
 - 1.4.11.2 Any unusual prevalence or outbreak of contagious communicable disease on an Unusual Incident Report (see Appendix C) to the Director, Division of Health Facilities and to other required State and local authorities.
 - 1.4.11.3 Admission and discharge reports submitted within five days following the action to the Director, Division of Health Facilities (refer to 1.2.6.1 and 1.2.10.1) respectively.
 - 1.4.11.4 Reports referred to in 2.1.5.1.1 and 2.1.5.3.1.

SECTION 2. RESIDENT LIVING

2.1 Staff Resident Relationships and Activities

- 2.1.1 The resident living unit environment shall be appropriate to the resident's mental level, chronological age, physical handicap and behavior of the resident, ranging from open and permissive to maximum protection or custody.
- 2.1.2 Living unit personnel shall develop and maintain a warm, family, or home-like environment that is conducive to the achievement of optimal development by the resident.
- 2.1.3 Personnel shall be scheduled to provide the level of care required. The minimum coverage required for custody and safety for each residential unit shall be established and approved by the Division of Mental Retardation upon each on-site inspection.
- 2.1.4 The pattern of life in the living unit shall resemble the cultural norm for the residents' non-retarded peers.
 - 2.1.4.1 Residents shall be assigned responsibilities in the living units commensurate with their interests, abilities and developmental plans, in order to enhance feelings of self-respect and to develop skills of independent living.
 - 2.1.4.2 Multiple handicapped and non-ambulatory residents other than in medical surgical units shall:
 - 2.1.4.2.1 Spend a major portion of their waking day out of bed;
 - 2.1.4.2.2 Spend a portion of their waking day out of their bedroom areas;
 - 2.1.4.2.3 Have planned daily indoor and outdoor activity and exercise periods;
 - 2.1.4.2.4 Be rendered mobile by various methods and devices (training, surgery, wheel chair, etc.).
 - 2.1.4.3 Residents who are capable shall be allowed free use of all living areas within the living unit.
 - 2.1.4.4 All residents shall have planned periods out of doors on a year-round basis.

- 2.1.4.5 Birthdays and special events for all residents shall be observed according to the plan established by the institution.
- 2.1.4.6 Provisions shall be made for socially acceptable co-educational activities appropriate to the residents' developmental levels.
- 2.1.4.7 Residents who are determined capable shall be instructed in the free and unsupervised use of communication processes and should typically include:
 - 2.1.4.7.1 Having access to telephones for incoming and outgoing calls according to the limits established by the institution.
 - 2.1.4.7.2 Opening their own mail and packages and generally doing so without direct surveillance;
 - 2.1.4.7.3 Not having their outgoing mail read by staff, unless requested by the resident.
- 2.1.4.8 Procedures shall permit possession and use of money by residents who are determined capable, with consultation on the use of their funds in performing cash and check transactions, and in buying clothing or other items, as readily as other citizens.
 - 2.1.4.8.1 In accordance with their developmental level:
 - 2.1.4.8.1.1 Allowances or opportunities to earn money shall be available to residents;
 - 2.1.4.8.1.2 Residents shall be trained in the value and use of money.
 - 2.1.4.8.1.3 Gifts, especially money shall be recorded and acknowledged.
- 2.1.5 A formal safety plan shall be established.
 - 2.1.5.1 Immediate investigation of any accident shall be instituted and corrective measures adopted.

- 2.1.5.1.1 A written report of each accident shall be prepared and sent to the Director, Division of Health Facilities within 48 hours (see Appendix E).
- 2.1.5.1.2 A copy shall be retained at the institution.
- 2.1.5.2 Monthly inspections shall be made of all physical facilities, equipment and machinery to determine whether hazards exist.
 - 2.1.5.2.1 Records of such inspections shall be maintained for easy reference.
- 2.1.5.3 Any unusual incident adversely affecting the well-being of a resident or several residents shall be investigated immediately.
 - 2.1.5.3.1 A written report shall be prepared and a copy of the report, with a statement of corrective measures taken, shall be sent to the Director, Division of Health Facilities (see Appendix E).
- 2.1.5.4 Smoking shall be prohibited in any room, ward, or compartments where inflammable liquids, combustible gases, or oxygen are used or stored and in any other hazardous locations.
 - 2.1.5.4.1 Such areas shall be posted with NO SMOKING signs.
- 2.1.5.5 Ashtrays of non-combustible material and safe design shall be provided in all areas where smoking is permitted.
 - 2.1.5.5.1 Residents confined to bed shall be permitted to smoke only by order of the physician subject to regulations promulgated for the safety and welfare of the resident.
 - 2.1.5.5.2 In all cases, the bedside table shall have an ashtray large enough to retain a smoldering cigarette.
- 2.1.6 No type of restraints, other than bedrails or cribsides, shall be used upon a resident without a written order of a physician.

- 2.1.6.1 A written order for restraints shall be valid only until the next visit of the physician and shall be for the protection of the resident and not for relief of personnel.
- 2.1.6.2 The physician shall revisit the resident within a reasonable period of time, or in any event at least within 48 hours, to determine whether continued restraints are necessary except for those restraints used only for supportive purposes.
 - 2.1.6.2.1 If the resident continues to be disturbed and requires restraints, the physician shall make an evaluation of the resident's medical, physical and mental condition to determine what other care and treatment needs to be prescribed or whether the resident should be transferred to another institution.
 - 2.1.6.2.2 The physician shall make a qualifying note when restraints are ordered.
- 2.1.6.3 Restraints, if ordered by the physician, shall not be applied continuously for more than two (2) hours at a time.
- 2.1.6.4 Each resident while restrained shall be under constant effective supervision.
- 2.1.7 Residents of grossly different ages, developmental levels and social needs shall not be housed in close physical proximity, unless such assignment is planned to promote the growth and development of all those assigned.
- 2.1.8 Accommodations shall be comfortable and home-like.
- 2.1.9 Each resident shall be provided with the following furnishings:
 - 2.1.9.1 A bed or crib which is at least 6 inches longer than the height of the resident.
 - 2.1.9.2 A mattress of fire resistant material not less than 4 inches thick, and kept in good repair.
 - 2.1.9.2.1 The mattress shall be moisture-proof when the resident's condition requires.
 - 2.1.9.3 A bed spring in good repair.

- 2.1.9.4 At least one dacron filled pillow for each resident.
- 2.1.9.5 Drawers or a closet for the storage of personal possessions.
- 2.1.9.6 Comfortable seating facilities.
- 2.1.10 Bed linen, towels and wash cloths shall be available for use at all times.
 - 2.1.10.1 Linen shall be changed a minimum of once weekly or more often when soiled.

2.2 Personal Health, Hygiene and Grooming

- 2.2.1 Residents shall be trained to exercise maximum independence in health, hygiene and grooming practices, including bathing, brushing teeth, shampooing, combing and brushing hair, shaving, and caring for toenails and fingernails.
 - 2.2.1.1 Careful attention shall be paid to regular habits of personal and oral hygiene.
 - 2.2.1.2 Baths or showers in warm water shall be provided daily.
 - 2.2.1.3 Residents confined to their beds shall be cleansed a minimum of once a day and as often thereafter as is necessary.
 - 2.2.1.4 Teeth shall be brushed twice daily.
- 2.2.2 Individual toilet articles - toothbrush, soap, wash cloth and towel - shall be supplied each resident and kept in a separate receptacle.
- 2.2.3 Individual hairbrushes and combs shall be provided each resident.
- 2.2.4 Wash cloth and towels shall be replaced at least three (3) times a week.
- 2.2.5 The use of common wash cloths and towels, and other toilet articles for the residents, is prohibited.
- 2.2.6 Female residents shall be helped to attain maximum independence in caring for menstrual needs.

2.2.7 Every resident who does not eliminate appropriately and independently shall be engaged in a toilet training program unless medically contra-indicated.

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

2.2.8 Procedures shall be established for:

2.2.8.1 Weighing of residents every three months with greater frequency for those with special needs;

2.2.8.2 Maintenance of weight and height records;

2.2.8.3 The medical referral of residents, who do not maintain normal weights, for observation and treatment.

2.3 Food and Food Service

2.3.1 Each resident shall be provided with at least three meals daily.

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

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

2.3.2 Evening snacks shall be provided for residents who desire them, unless medically contra-indicated.

2.3.3 A pleasant and home-like environment shall be promoted in the dining room that is attractively furnished and decorated, and is of good acoustical quality.

2.3.4 Dining and serving arrangements shall provide for a variety of eating experiences (e.g., cafeteria and family style) and, when appropriate, for the opportunity to make food selections with guidance.

2.3.5 Residents on liquid diets or soft diets or unable to swallow solid foods shall have nourishing supplementary feedings between meals and at bedtime or more often to meet their nutritional requirements.

2.3.6 Each institution shall have one person responsible for menu planning and food service.

- 2.3.6.1 This person shall have a knowledge of food values and food needs for all types of residents cared for in the institution and shall be familiar with accepted food handling procedures and techniques in procuring, storing, preparing and serving food in quantity food service operations.
- 2.3.7 Menus shall be prepared at least one week in advance and copies retained on file for a period of two months.
- 2.3.8 Daily or weekly menus shall be posted in view of visitors and personnel.
- 2.3.9 The daily diet for each resident shall meet the Recommended Dietary Allowances of the National Academy of Sciences. The following are general guidelines:
 - 2.3.9.1 Milk - One pint or its equivalent daily which may be fresh fluid - whole or skim; evaporated, dry, or buttermilk and may be used as a beverage or in cooking. A satisfactory substitute in proper quantities is acceptable.
 - 2.3.9.2 Meat, Poultry, Fish and Eggs - Five ounces or its equivalent daily at two or more servings:
 - 2.3.9.2.1 Two to three ounces of a lean, edible portion of meat, poultry or fish served at least once daily.
 - 2.3.9.2.2 In addition, two or three ounces of a lean, edible portion of meat, poultry or fish; or two eggs; or a satisfactory substitute in proper quantities shall be served at the other meals.
 - 2.3.9.3 Vegetables and Fruit - Four or more servings daily:
 - 2.3.9.3.1 One serving of a citrus fruit or juice daily or a satisfactory vitamin C substitute in proper quantities.
 - 2.3.9.3.2 Three or more servings in proper quantities of other vegetables and fruits, including potatoes. This shall include some raw fruit and vegetable.

2.3.9.3.3 A serving of a dark green or deep yellow vegetable or a satisfactory vitamin A substitute in proper quantities shall be served at least every other day.

2.3.9.4 Bread and Cereals - Four or more servings daily:

2.3.9.4.1 Only whole grain, enriched, fortified or restored bread and cereal shall be used.

2.3.9.5 Other foods as needed to complete meals and to provide additional food energy and other food values shall be served, including some butter or fortified margarine at each meal.

2.3.10 Residents shall be trained in the mechanics of chewing and swallowing.

2.3.11 Dining room accommodation shall be a separate part of each housing unit.

2.3.12 Personnel shall be available to assist, encourage and teach good eating habits.

2.4 Clothing

2.4.1 Clothing of residents shall be appropriate, neat, clean and kept in good repair.

2.4.1.1 Each resident shall have an allowance of clothing as determined by the daily requirement plus time required for laundering (pars).

2.4.1.2 Residents' undergarments shall be changed at least once a day and outer garments three times a week or more frequently when required.

2.4.2 Residents shall be trained and encouraged according to their capabilities to:

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

2.4.2.2 Select their daily clothing;

2.4.2.3 Dress themselves;

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

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

SECTION 3. HEALTH SERVICES

3.1 General Medical and Health Care

- 3.1.1 Arrangements shall be made with at least one physician, licensed to practice in New Jersey, to assume the overall responsibility for medical care.
- 3.1.2 To insure the best possible care and treatment program the physician shall:
 - 3.1.2.1 Visit the facility at least every four months and whenever necessary.
 - 3.1.2.2 Perform such examinations and administer and/or prescribe treatment as needed for routine and emergency care.
 - 3.1.2.3 Assume the responsibility for the maintenance of complete medical records and the establishment of an acceptable format for retaining all medical data.
 - 3.1.2.4 Provide a relief physician in his absence.
- 3.1.3 There shall be provision for specialists' services in all pertinent fields of medicine, special examinations, laboratory and x-ray work as needed.
- 3.1.4 Appropriate treatment as prescribed by the physician shall be given or provided for the physically handicapped retardate.
 - 3.1.4.1 All prescribed corrective work shall be done as soon as arrangements can be made to insure good physical status of the resident.
- 3.1.5 A formal arrangement shall be made with a community hospital for the acceptance of any person requiring hospitalization or treatment in a hospital.
 - 3.1.5.1 Written approval for such treatment in emergency situations shall be obtained from the sponsor at the time of admission.
 - 3.1.5.2 Written approval for other hospital treatment shall also be obtained before treatment is scheduled.
- 3.1.6 A statement from a licensed physician affirming that the person is free from communicable disease and exposure thereof shall accompany each admission.

- 3.1.7 A complete physical examination shall be done and recorded upon admission.
- 3.1.8 There shall be annual physical examination thereafter to include Montoux skin testing for Tuberculosis with follow-up chest x-rays for positive reactors and Montoux skin testing for negative reactors.
- 3.1.9 Dental examinations shall be made at least annually or more often as necessary and necessary treatment provided promptly.
- 3.1.10 Primary immunizations shall be given as required on admission and re-immunizations as pre-scheduled on a regular basis for diptheria, tetanus, pertussis, polio, measles and other illnesses as identified, consonant with acceptable medical practices and New Jersey Department of Health regulations.
- 3.1.11 Provisions shall be made for isolation of communicable diseases and the prevention of their spread.
 - 3.1.11.1 All communicable diseases shall be reported to State and local authorities and the Director, Division of Health Facilities.
 - 3.1.11.2 Single room accommodations, which will not be included in capacity, shall be provided for observation purposes and for temporary isolation until transfer is made.
 - 3.1.11.3 Institutions which assume the responsibility for the care of communicable diseases shall provide a self-contained unit and employ a person who has received formal training in isolation techniques.
 - 3.1.11.4 Where such facilities are not provided, pre-arrangement shall be made for immediate transfer to community facilities available.
- 3.1.12 First aid material shall be readily available to provide proper first aid treatment.
 - 3.1.12.1 At least one staff member shall be trained in first aid procedures.
- 3.1.13 Other than first aid, no medication or treatment shall be administered except on written orders of a licensed physician.

- 3.1.13.1 All telephone orders must be countersigned by the physician within 72 hours.
- 3.1.14 The ultimate responsibility for administration of medications shall rest with the physician.
 - 3.1.14.1 The physician shall be responsible for the individual he designates to carry out his orders.
- 3.1.15 Compliance with Federal and State regulations governing depressant, stimulant and other drugs shall be met.
 - 3.1.15.1 The unit dose or individual prescription system of drug distribution shall be used.
 - 3.1.15.2 Medications shall not be used for any person other than the one for whom they were issued.
 - 3.1.15.3 All dosages of medication shall be prepared for administration from a well lighted medicine supply area located outside of traffic areas.
 - 3.1.15.4 All drugs shall be kept in a cabinet or closet under lock and key, except when authorized personnel are in attendance.
 - 3.1.15.5 Poisonous external and caustic drugs shall be stored in separate cabinets or separate shelves.
 - 3.1.15.6 Refrigeration shall be provided for biologicals requiring cold storage.
 - 3.1.15.7 Medications that are stored in a refrigerator containing items other than drugs shall be kept in a separate compartment with proper security.
 - 3.1.15.8 Discontinued and out-dated drugs and containers with worn, illegible or missing labels, shall be returned to the dispensing pharmacist for proper disposition.
 - 3.1.15.9 A complete record of all dosages of medication administered shall be maintained.
- 3.1.16 Physical therapy shall be made available to all residents who can derive benefit from:
 - 3.1.16.1 Ambulation and muscle re-education.

- 3.1.16.2 Functional training in the activities of daily living.
- 3.1.16.3 Physical modalities - i.e., heat, hydrotherapy, etc.
- 3.1.16.4 The provision of braces, walkers, special chairs, crutches and other physical equipment.
- 3.1.17 Optical service shall be made available to all residents who can derive benefits from:
 - 3.1.17.1 The provision of glasses upon prescription.
 - 3.1.17.2 The repair of broken glasses.
- 3.1.18 Speech and Hearing services shall be provided for:
 - 3.1.18.1 The diagnosis of hearing and speech handicap.
 - 3.1.18.2 The prescription and providing of hearing aids.
 - 3.1.18.3 The recommendation of special therapies.

SECTION 4. HABILITATION SERVICES

4.1 Education, Training and Therapy Services

4.1.1 Education and training opportunities shall be provided to permit the individual, regardless of mental and physical handicap to develop to the fullest extent of his potentials.

4.1.1.1 Learning opportunities shall be given even to the least capable child so that improvement in self-help and increased interest in the use and manipulation of objects in the child's environment may be achieved.

4.1.2 A facility admitting the educable or trainable mentally retarded individual shall arrange for children between ages five and twenty-one to attend classes in a public or private school system on a regular basis or shall provide an organized education program at least equal to that provided in the public school system.

4.1.3 The education and training program shall take into consideration the level of mental development, chronological age, physical condition, personality, characteristics and general goal for the resident and shall be centered around every day experiences.

4.1.3.1 There shall be no more than five year chronological age difference between individuals in the same class.

4.1.4 Residents beyond compulsory school attendance age (21) shall be given training to perform tasks or develop skills in relation to their ability.

4.1.5 Whenever a resident is capable of being trained for a vocational placement in the community, the administrator shall plan with the sponsor for such a goal and shall provide job training on a level suited to the ability of the individual.

4.1.6 The program for trainable and educable individuals shall start in an activity or pre-kindergarten class and continue into kindergarten and elementary school work as far as the child can progress.

4.1.6.1 The size of class shall be as follows:

4.1.6.1.1 Educable child: Not to exceed 15.

4.1.6.1.2 Trainable child: Not to exceed 10.

- 4.1.7 Psychological services shall be provided, to facilitate the optimal development of each resident.
 - 4.1.7.1 All new admissions shall be given a "Psychological" test to determine intellectual development and mental and emotional characteristics.
 - 4.1.7.2 Residents identified as needing psychotherapy shall be provided such treatment, utilizing the latest appropriate techniques available.
- 4.1.8 An active social and recreational program shall be established for the development and training of the resident to better equip him for everyday living.
 - 4.1.8.1 Vacations at home and visits of parents and other relatives to the institution shall be encouraged to give the mentally retarded person a feeling of belonging to his family group.
 - 4.1.8.2 There shall be contact with other schools, community facilities and activities for all who can possibly profit from them.
 - 4.1.8.3 Activities shall be provided for each resident in living and hospital units consistent with his interests, abilities and capabilities.
- 4.1.9 Religious services and instruction shall be given consistent with the resident's capabilities.
 - 4.1.9.1 No resident shall be required to attend religious services or instruction in a faith which conflicts with that of his parents or guardian.
 - 4.1.9.2 No resident shall be denied opportunity to attend religious services.
- 4.1.10 Close liaison shall be maintained between the therapy, education, training and programs and the residential units of the institution.

SECTION 5. SUPPORT SERVICES

5.1 Physical Plant

- 5.1.1 All institutions shall take such measures as may be reasonably necessary to protect the occupants from hazards to health and safety arising from the location or environment of the institution.
- 5.1.2 No person, not a resident, employee, or member of administrator's immediate family may reside in the institution.
- 5.1.3 Grounds shall be sufficiently large to provide necessary service areas and recreation space for residents.
- 5.1.4 Grounds shall be kept clean, neat and free from rubbish.
- 5.1.5 Grounds shall be so graded as to permit natural drainage of surface water.
- 5.1.6 The institution shall not be located in a congested area but should be easily accessible from centers of population.
- 5.1.7 Public transportation should be available within a reasonable distance.
- 5.1.8 The site should not be near insect breeding areas and should be relatively free from unusual noise, smoke, dust and unpleasant odors.
- 5.1.9 No room shall be used as a resident bedroom if the only window or windows open into a light or air shaft or into an alleyway where the distance between buildings is less than 20 feet.
- 5.1.10 Outdoor play or recreation areas shall be readily accessible to all living units.
- 5.1.11 A written statement attesting to the structural safety of each building shall be acquired from the local building inspector every two years and filed for easy reference.
 - 5.1.11.1 All buildings shall be so constructed as to prevent entrance and harborage of insects and vermin.
 - 5.1.11.2 Outside steps, porches and ramps used by residents shall be adequately lighted and provided with hand rails.

- 5.1.11.3 Safety windows or safety screens shall be installed where indicated for the protection of residents.
- 5.1.12 No part of building interiors shall be used for any purpose which might interfere with or jeopardize the care and well-being of residents.
 - 5.1.12.1 Elevator service shall be provided in buildings housing residents on the 3rd floor or above.
 - 5.1.12.2 Walls, ceilings and floors of all rooms used by residents shall be suitably decorated, satisfactorily finished, or covered for their intended use.
 - 5.1.12.3 Walls of kitchens, bathrooms, toilet rooms, bedpan flushing rooms, utility rooms, and wall area around any lavatory shall have smooth, water resistant finishes to a level above the splash or spray line.
 - 5.1.12.4 Floors of kitchens, bathrooms, toilet rooms, shower rooms, utility rooms, bedpan and hopper rooms shall have smooth and waterproof surfaces.
 - 5.1.12.5 Ceilings in all rooms used for living, sleeping, food preparation or serving, toilet rooms and bathrooms shall be at least 7½ feet from the floor.
- 5.1.13 All doorways into residents' rooms and other rooms used by residents shall be no less than 36 inches in clear width.
 - 5.1.13.1 Doors shall not be constructed of hazardous material.
 - 5.1.13.2 Doorways shall be placed so that traffic to and from any room shall not be through sleeping rooms, kitchens, bathrooms or toilet rooms.
 - 5.1.13.3 All toilet doors shall swing out.
 - 5.1.13.4 No door leading to the basement shall be located in any resident bedroom.
 - 5.1.13.5 Doors shall be outward opening and equipped with self-closing devices.
 - 5.1.13.6 Doors and windows shall be provided with effective screens or insect repelling devices.

- 5.1.14 Two satisfactory and easily available means of egress, remote from each other and preferably at opposite ends of the building, shall be provided from each floor occupied by residents and these shall lead directly to the exterior of the building.
- 5.1.14.1 Such stairways and hallways leading to the exterior shall be kept free and clear of obstructions at all times.
 - 5.1.14.2 All stairways shall be adequately illuminated with electric lights controlled by switches at the top and bottom of the stairs.
 - 5.1.14.3 Stairways shall be provided with well secured hand rails on each side.
 - 5.1.14.4 Stair treads shall have a non-skid surface.
 - 5.1.14.5 All stairways leading from the first floor to floors occupied by residents shall be enclosed as approved by the State Fire Marshal.
- 5.1.15 Beds occupied by residents shall not be placed so that any resident may experience discomfort because of proximity to radiators, heater air-conditioning vents, or in direct glare of natural light or by exposure to draft.
- 5.1.16 A new facility shall provide the following minimum sleeping area requirements:
- 5.1.16.1 Single rooms - 70 sq.ft. per bed.
 - 5.1.16.2 Multiple bedrooms - adult - 70 sq.ft. per bed.
 - 5.1.16.3 Multiple bedrooms - children - 50 sq.ft. per bed or crib.
- 5.1.17 Any existing facility licensed prior to June 1, 1974 shall provide the following minimum sleeping area requirements:
- 5.1.17.1 Single rooms - 65 sq.ft. per bed.
 - 5.1.17.2 Multiple bedrooms - adult - 65 sq.ft. per bed.
 - 5.1.17.3 Multiple bedrooms - children - 50 sq.ft. per bed or crib.
- 5.1.18 All interior construction shall be approved by the State Building Inspector.

- 5.1.19 Bedrooms occupied by residents shall be outside rooms with direct natural light and shall have direct access to corridors.
- 5.1.20 All other rooms shall open to corridors, lobbies or dayrooms, except where a utility room, toilet rooms, bathroom or storage room opens directly off the room which it serves.
- 5.1.21 All resident bedrooms shall be at ground level or above and shall be conveniently located to bathing and toilet facilities.
- 5.1.22 All residents' rooms shall be provided with proper ventilation without draft by means of outside windows that may be easily opened and closed, or by air-conditioning.
- 5.1.23 Dining accommodations shall be a separate part of each housing unit.
 - 5.1.23.1 If a central dining room is used, the space shall be sufficient to avoid overcrowding.
 - 5.1.23.2 Feeding arrangement shall not include more than eight individuals at one table.
- 5.1.24 There shall be a playroom sufficiently large to accommodate the population and its needs.
- 5.1.25 If a separate classroom is not available, other areas may be substituted for this use, provided re-arrangement can be made for the activity normally performed in that area.
- 5.1.26 The laundry shall be separate from the kitchen and other working areas of the institution and shall have an entrance which does not require transportation of soiled linen through food preparation and food storage areas.
 - 5.1.26.1 Regular laundering of residents' personal clothing shall be provided.
 - 5.1.26.2 If laundry is done on premises, ample equipment shall be available.
- 5.1.27 Sufficient enclosed space, adequately lighted, shall be available for proper storage of linens, drugs, supplies and clothing.
- 5.1.28 Basements may be used for storage, laundry, heating and water supply equipment and other utilities.

- 5.1.28.1 They may be used as activity rooms so long as they are dry, warm and adequately illuminated with natural or artificial light and separated from laundry, heating and other hazardous equipment.
- 5.1.29 Locked closets shall be provided for storage of janitor's supplies and equipment.

5.2 Health and Sanitation

- 5.2.1 A written statement attesting that the buildings and facilities meet local health requirements and the State Sanitary Code shall be acquired at least annually and filed for easy reference.
- 5.2.2 The heating system shall comply with all local and State codes and regulations.
 - 5.2.2.1 Each institution shall provide a safe and adequate central forced heat, thermostatically controlled, to maintain an even temperature of at least 72 degrees F., in all rooms used by residents even when the outside temperature is 0 degrees F.
- 5.2.3 All rooms including hallways and stairways shall be lighted by natural light or electricity.
 - 5.2.3.1 Night lights shall be provided in bathrooms, hallways, stairways and other passage ways.
 - 5.2.3.2 An auxiliary generator or battery type lighting shall be available for emergency purposes.
- 5.2.4 Water supply shall be of safe and sanitary quality, suitable for drinking purposes.
 - 5.2.4.1 If the institution is not serviced by public water supply and sewage disposal system, written approvals of these services shall be secured from the local health department.
 - 5.2.4.2 *If a local service is not available, approval shall be secured from the district office of the State Department of Health, Division of Environmental Sanitation.

*Information concerning the officers and location of the district health offices will be furnished by the Division upon request.

- 5.2.4.3 There shall be a sufficient supply of hot and cold water in the institution at all times.
- 5.2.4.4 Hot water which is used for scalding of bed linens and for dishwashing shall be thermostatically controlled to provide a minimum temperature of 180 degrees F. at the outlet.
- 5.2.5 All liquid waste shall be discharged into a public sanitary sewerage system when such system is available.
 - 5.2.5.1 If a private sewerage system is necessary, the type, size, location, construction and major repairs or alterations shall be approved by the New Jersey Department of Health.
- 5.2.6 Provisions shall be made, in a manner approved by local, county and State health agencies, for the collection, storage and disposal of garbage, refuse, ashes and other wastes as often as may be necessary to prevent nuisance or breeding place for vermin.
- 5.2.7 Each floor occupied by residents shall be provided with lavatories in a ratio of one to ten.
 - 5.2.7.1 In institutions serving non-ambulatory residents, provisions shall be made on each floor occupied by residents for at least one lavatory installed to accommodate wheelchair residents.
- 5.2.8 Toilets shall be provided in a ratio of one to ten residents.
 - 5.2.8.1 They shall be accessible from a corridor.
 - 5.2.8.2 Separate toilet facilities shall be provided for personnel.
 - 5.2.8.3 Toilet rooms shall be large enough to permit the entrance of any type wheelchair and transfer of resident from wheelchair to toilet.
 - 5.2.8.4 If there is more than one toilet in a bathroom or toilet room, each shall be enclosed by permanent partitions.
 - 5.2.8.5 The door to each toilet shall be no less than 36 inches in width and shall swing out.
 - 5.2.8.6 All toilet rooms and wash rooms shall be adequately ventilated.

- 5.2.8.7 No toilet room shall have direct communications with any room where food products are prepared unless separated from said room by a corridor or vestibule with doors.
- 5.2.8.8 There shall be a lavatory, soap and paper towels, or mechanical dryer in each toilet room used by residents, personnel or visitors.
- 5.2.9 Each floor occupied by residents shall be provided with bath tubs in the ratio of 1 to 20 residents or major fraction thereof.
 - 5.2.9.1 A shower in the ratio of 1 to 10 residents or major fraction thereof may be substituted for one bath tub on each floor or unit occupied by residents.
 - 5.2.9.2 Thermostatically controlled mixing valves shall be provided on all hot water lines to which residents have access.
 - 5.2.9.3 Temperature is not to exceed 110 degrees F. at the tap.
- 5.2.10 The institution and its equipment shall be kept in a sanitary condition at all times.
- 5.2.11 Toilet and hand washing facilities shall be provided for employees.
- 5.2.12 To insure proper sanitation, personnel and residents shall meticulously wash hands after handling an incontinent resident or soiled clothing or linens.
 - 5.2.12.1 Similar precautions shall be followed in respect to contacts with infectious and contagious diseases.
- 5.2.13 Soiled linen shall not be transported through food preparation and storage areas.
 - 5.2.13.1 Soiled linen shall be collected and disposed of in a sanitary manner.
- 5.2.14 Any area of the institution contaminated by the incontinence of residents shall be cleaned and disinfected immediately.
- 5.2.15 After discharge or transfer of a resident, the bed, equipment and living unit shall be thoroughly cleaned and disinfected and/or sterilized before it is used by any other resident.

- 5.2.16 Each facility shall have at least one kitchen with sufficient floor space and equipment to meet dietary needs, conveniently located to dining areas.
- 5.2.16.1 Provision shall be made in the kitchen for the preparation, daily storage, refrigeration and distribution of food to dining areas and to all residents.
- 5.2.17 A service kitchen shall be provided for each unit in multiple floor buildings unless satisfactory centralized food service is available.
- 5.2.18 Kitchen equipment shall be adequate in kind and quantity to prepare and serve warm, well-balanced meals.
- 5.2.19 Equipment for special training and feeding requirements shall be available and used.
- 5.2.20 All food and drink shall be safe for human consumption, clean, wholesome and free from spoilage.
- 5.2.20.1 All milk and milk products used for drinking and food preparation, shall be pasteurized, or shall meet the requirements of the New Jersey Departments of Agriculture and Health respectively, as well as local and county health regulatory agencies for raw milk.
- 5.2.21 All food and drink shall be prepared and served in a sanitary manner.
- 5.2.21.1 Ice shall be handled in such a manner as to prevent contamination.
- 5.2.21.2 Handwashing facilities with soap, paper towels, and/or hand dryer shall be available in each food preparation and/or serving area and in toilet rooms and washrooms used by food handlers.
- 5.2.21.3 All employees shall wear clean outer garments, shall be personally neat and clean in their habits, and well groomed, and shall keep their hands meticulously clean when handling food, drink, utensils or food preparation equipment.
- 5.2.21.4 Food handlers shall not smoke or chew tobacco in food preparation areas and/or service areas except while seated at dining tables during their mealtimes.

- 5.2.21.5 Food returned from individual resident trays or plates shall be considered contaminated and shall not be served again.
- 5.2.21.6 Pets shall not be permitted in any area where food or drink is handled, stored, prepared and/or served.
- 5.2.22 All equipment and utensils used for eating, drinking, preparation and serving of food shall be kept clean, in good condition and free from chips and cracks.
- 5.2.23 Floors, walls and work surfaces of food preparation and service areas shall be kept clean and in good condition at all times.
- 5.2.24 All utensils used for eating, drinking, preparation and serving of food or drink shall be washed after each use by any of the following methods:
 - 5.2.24.1 Properly installed and maintained mechanical dishwasher of a type approved by the Department of Health.
 - 5.2.24.2 A three-compartment sink with a detergent wash, followed by a clean water rinse and then the prescribed use of a chemical sanitizer.
 - 5.2.24.3 A two-compartment sink with a detergent wash, a thorough rinse, followed by immersion in clean water for at least two minutes at a temperature of at least 180 degrees F. or in a controlled chemical sanitizing rinse.
- 5.2.25 Serving dishes, glasses and flatware shall be placed on clean racks to dry, if dishwashers are not used and shall not be dried by the use of towels or cloths of any kind.
- 5.2.26 Storage and refrigeration of foods shall be in accordance with state, county and local health regulatory agencies.
 - 5.2.26.1 Proper dry storage or refrigeration necessary for prepared foods or raw foods shall be maintained at all times.
 - 5.2.26.2 All stored foods shall be protected from dust, vermin, unnecessary handling, droplet infection, odors, overhead leakage and any other source of contamination.

- 5.2.26.3 Prepared food stored in refrigerated or in dry storage area shall be kept covered.
- 5.2.26.4 All refrigeration units shall be provided with an interior thermometer and in no case maintained at a temperature of more than 42 degrees F.
- 5.2.26.5 Dry storage areas, shelves, bins, refrigeration units shall be kept clean and dry at all times.
- 5.2.26.6 Ice containers shall be kept clean.
- 5.2.27 All parts of a building shall be kept free from insects and rodents.
 - 5.2.27.1 All windows and doors, except fire exit doors, used as openings to the outside shall be covered with insect-proof screen or netting during the entire fly season.
 - 5.2.27.2 Safety precautions shall be observed in all rodent and insect control programs.
- 5.2.28 A written statement annually acquired shall be on file from the State Fire Marshal stating that the building(s) are satisfactory for occupancy and meet the minimum requirements of the National Fire Protection Association's "Life Safety Code" or in his opinion does not adversely affect the life safety of the occupants.
 - 5.2.28.1 Deficiencies found in the inspection undertaken by the State Fire Marshal shall be corrected within time limits established by the Division of Mental Retardation.
- 5.2.29 The telephone number of the local fire department serving the institution shall be posted at each telephone.
 - 5.2.29.1 In rural areas the number of at least two fire departments located nearest to the institution shall be posted at each telephone.
- 5.2.30 An automatic fire detection system shall be installed as directed by the State Fire Marshal.
- 5.2.31 Non-ambulatory residents shall not be housed above the first floor of any facility without approval of the Director, Division of Health Facilities, irrespective of certificates of local authorities that local requirements have been met.

- 5.2.32 No resident shall be placed above the third floor in any building.
- 5.2.33 All exit ways leading to fire exits shall be properly illuminated by natural or artificial light 24 hours a day.
 - 5.2.33.1 Signs bearing the word "EXIT" in plain legible black letters shall be placed at each exit opening.
 - 5.2.33.1.1 Additional signs shall be placed in corridors, where necessary to indicate the direction of exit.
 - 5.2.33.1.2 Letters shall be no less than 6" in height.
 - 5.2.33.2 Letters of internally illuminated exit signs shall not be less than 4½" in height.
 - 5.2.33.3 All exit and directional signs shall be maintained clearly legible by electric illumination when natural light fails.
- 5.2.34 Fire escapes shall be necessary whenever two separate stairways, leading directly to the exterior of the building from each floor occupied by residents are not provided.
 - 5.2.34.1 Traffic areas leading to fire escapes must be kept free of obstacles at all times.
 - 5.2.34.2 Fire escapes must be kept free of obstructions at all times.
 - 5.2.34.3 Plans for all fire escapes and their specifications shall be approved by the State Fire Marshal prior to any actual construction and must show in detail all buildings adjacent to fire escapes.
 - 5.2.34.4 Existing fire escapes shall be examined annually and repairs completed as recommended by the State Fire Marshal.
- 5.2.35 Poisonous compounds must be stored in locked cabinets and out of reach of residents.

- 5.2.36 Any area used for storage of combustible supplies and equipment, the contents of which are easily ignited, burn with an intense flame, and result in the production of dense smoke or fumes shall be separated from other parts of the building by fire resistant construction which is approved by State and local fire authorities.
- 5.2.37 New carpeting in resident rooms and corridors shall not be installed without prior approval of the State Fire Marshal.
- 5.2.38 The boiler and heating room shall be separated from the rest of the building.
- 5.2.39 Fuel burning space heaters and/or portable electric space heaters shall not be used in any institution.
- 5.2.40 All dumb-waiters, laundry chutes or other vertical openings which are not fireproof shall be enclosed according to specifications approved by the State Fire Marshal.
- 5.2.41 Elevator shafts shall be fireproof, or shall be protected in accordance with regulations listed for stairway enclosures and enclosures for dumb-waiters and laundry chutes.
- 5.2.42 Basements of residential buildings shall be kept in good order and reasonably clear of excess furniture and equipment, and shall never be used for indiscriminate storage. However, neat stocks in original containers will be permitted in basement storerooms.
- 5.2.42.1 Doors at the head of basement stairways shall be constructed according to specifications approved by the State Fire Marshal.
- 5.2.42.2 Basement ceilings shall be protected with material approved by the State Fire Marshal.
- 5.2.42.2.1 Side walls and ceilings enclosing basement stairways shall be protected in the same manner.
- 5.2.42.3 Paint and other highly inflammable material should preferably be stored outside residential buildings, but minimum supplies may be kept in basements if stored in closed metal cabinets or containers.
- 5.2.42.4 All basement electrical wiring shall be in Rom X cable or equivalent and all outlets shall be of approved type.

- 5.2.42.5 All ashes shall be kept in metal containers.
- 5.2.42.6 Smoke pipes from heaters to chimneys shall not pass within 18 inches of ceilings even though the ceiling may have been protected with metal lath and plaster.
- 5.2.42.7 In all new installations of oil furnaces and equipment, tanks should be located outside the building.
 - 5.2.42.7.1 In cases where oil burning equipment has already been installed in properties, the vent pipe and fill pipe should be located outside the building.
- 5.2.42.8 No unnecessary combustible partitions within basements are permitted.
- 5.2.43 The operator shall, on or before January 1 of each year, submit a written statement by a registered electrical inspector that the electrical circuits and wiring are satisfactory.
 - 5.2.43.1 His report should include the date of inspection and should give assurance that circuits are not overloaded, that all wiring and permanent fixtures are in good condition and that all portable electrical appliances, including lamps, are equipped with heavy duty cord in good condition.
 - 5.2.43.2 There shall be no temporary wiring in the institution except approved appliances equipped with heavy duty cord in good condition.
 - 5.2.43.3 No extension cords or "octopus" outlets may be used.
 - 5.2.43.4 The operator is responsible for the maintenance of satisfactory standards in the above respects at all times.
- 5.2.44 Since kitchens constitute hazardous areas, they shall be isolated insofar as possible, from other quarters.
 - 5.2.44.1 Doors leading to adjacent areas shall swing in one direction only, shall be self-closing, tight-fitting and equipped with positive latch.

- 5.2.44.1.1 Such doors shall be constructed according to specifications approved by the State Fire Marshal.
- 5.2.44.2 Kitchen exhaust fans and metal ducts shall be kept free of grease and dirt at all times, and metal ducts from such fans shall extend at least 2 feet beyond the building.
 - 5.2.44.2.1 Areas around kitchen ranges shall be kept free of grease at all times.
 - 5.2.44.2.2 In the event that metal hoods and exhaust ducts are installed directly over kitchen ranges, construction standards of the National Fire Protection Association shall be followed.
- 5.2.45 Because of the type of equipment involved the laundry constitutes a hazardous area which should be segregated and protected with materials of one-hour fire resistance rating unless equipment is limited to ordinary household types.
- 5.2.46 Proper safeguards shall be taken against fires caused by smoking.
 - 5.2.46.1 Smoking shall not be permitted in residents' sleeping rooms except under direct supervision.
- 5.2.47 There shall be an adequate number of fire extinguishers in the basement and on each floor of every residential building.
 - 5.2.47.1 All fire extinguishers shall bear the seal of the Underwriter's Laboratories.
 - 5.2.47.2 There shall be at least one portable fire extinguisher for each 2500 square feet of floor area or according to the National Fire Protection Association.
 - 5.2.47.3 Extinguishers shall be recharged and inspected in accordance with the manufacturer's specifications.
 - 5.2.47.3.1 Each extinguisher shall be labeled to show the date of such inspection and refilling.

- 5.2.47.4 One portable fire extinguisher shall be placed next to the fire alarm box or telephone.
 - 5.2.47.4.1 All other fire extinguishers shall be placed as directed by the local or state fire regulatory agency.
- 5.2.47.5 Kitchen, repair shops, furnace rooms, storage rooms, occupational therapy or hobby rooms, laboratory and x-ray rooms shall be provided with fire extinguishers.
 - 5.2.47.5.1 Such extinguishers shall be placed on the wall, adjacent to the doorway.
 - 5.2.47.5.2 They shall be placed so as not to be obstructed by an open door.
- 5.2.47.6 The following types of extinguishers shall be provided:
 - 5.2.47.6.1 In kitchen areas (because of the danger of grease fires) extinguisher should be or equal to a 5-lb. CC_2 or $4\frac{1}{2}$ lb. dry chemical.
 - 5.2.47.6.2 In the basement area, extinguisher shall be, or equal to a 5-lb. CO_2 if oil is used as a fuel. If coal is used, soda-and-acid extinguishers are recommended.
 - 5.2.47.6.3 Generally throughout the house, $2\frac{1}{2}$ gal. air pressurized type extinguishers should be provided.
- 5.2.48 All personnel shall be instructed in fire prevention.
 - 5.2.48.1 The use of fire protection equipment and devices shall be taught.
 - 5.2.48.2 Personnel shall be made familiar with procedures to be followed in event of emergency.
 - 5.2.48.3 Such instruction shall be given all employees prior to their assignment to duty and should be repeated and reviewed at necessary intervals.
- 5.2.49 Every institution shall formulate in writing a plan for the evacuation of residents to areas of refuge or from the building in event of fire or any other type of disaster.

- 5.2.49.1 All employees shall be instructed in and informed of their duties under this plan.
- 5.2.49.2 A diagram of each floor indicating corridors, line of travel, exit doors, location of fire extinguishers, and exit each resident is to use shall be posted on each floor in view of all personnel.
- 5.2.49.3 Provisions shall be made for an emergency lighting system.
- 5.2.50 Administrators are expected to be familiar with Civil Defense procedures applicable to the institution (these will vary according to the size and physical construction of the institution).
 - 5.2.50.1 All applicable Civil Defense procedures shall be followed.
 - 5.2.50.2 Posters depicting Civil Defense warning signals shall be displayed in areas easily accessible to employees. These posters may be secured from the New Jersey Department of Defense.
- 5.2.51 Fire alarm systems shall be checked weekly by an employee designated by the administrator.
 - 5.2.51.1 A weekly record shall be maintained showing the date checked, the name of the person checking the system, and whether or not the system is operative.
- 5.2.52 Every building in which residents are housed or congregate shall have a fire drill at least once a month.
 - 5.2.52.1 The drills shall be unannounced and held at various hours of the day and night.
 - 5.2.52.2 A record shall be maintained of the date of the drill, time required for evacuation, and the number of personnel and residents participating in the drill.
 - 5.2.52.3 At least annually and more often when required, arrangements shall be made to have a fire drill supervised by the local fire department.
- 5.2.53 A formal, monthly fire inspection shall be conducted by an employee who is knowledgeable in the area of fire prevention and safety.

- 5.2.53.1 A record shall be kept of the date of the inspection and of any hazards or deficiencies noted.
- 5.2.53.2 This record shall be annotated by the administrator to indicate the date on which each hazard or deficiency was corrected.
- 5.2.53.3 All institutions shall be inspected annually for fire protection by the State Fire Marshal.

APPENDIX A

CHAPTER 136, LAWS OF 1971

An act concerning the licensing and regulation of health care facilities, transferring certain powers and duties from the Department of Institutions and Agencies to the State Department of Health, and to amend "An act concerning hospital service corporations and regulating the establishment, maintenance and operation of hospital service plans, and supplementing Title 17 of the Revised Statutes by adding thereto a new chapter entitled 'Hospital Service Corporations,'" approved June 14, 1938 (P.L. 1938, c. 366).

Be it enacted by the Senate and General Assembly of the State of New Jersey:

C. 26:2H-1 Declaration of policy.

1. It is hereby declared to be the public policy of the State that hospital and related health care services of the highest quality, of demonstrated need, efficiently provided and properly utilized at a reasonable cost are of vital concern to public health. In order to provide for the protection and promotion of the health of the inhabitants of the State, the State Department of Health, which has been designated as the sole agency in this State for comprehensive health planning under the "Comprehensive Health Planning and Public Health Services Amendments of 1966" (Federal Law 89-749), as amended and supplemented, shall have the central, comprehensive responsibility for the development and administration of the State's policy with respect to health planning, hospital and related health care services, and all public and private institutions, whether State, county, municipal, incorporated or not incorporated, serving principally as boarding, nursing or maternity homes or other homes for the sheltered care of adult persons or as facilities for the prevention, diagnosis, or treatment of human disease, pain, injury, deformity or physical condition, shall be subject to the provisions of this act.

C. 26:2H-2 Definitions.

2. The following words or phrases, as used in this act, shall have the following meanings, unless the context otherwise requires:

- a. "Health care facility" means the facility or institution whether public or private, engaged principally in providing services for health maintenance organizations, diagnosis or treatment of human disease, pain, injury, deformity or physical condition, including, but not limited to, a general hospital, special hospital, mental hospital, public health center, diagnostic center, treatment center, rehabilitation center, extended care facility, skilled nursing home, nursing home, intermediate care facility, tuberculosis hospital, chronic disease hospital, maternity hospital, outpatient clinic, dispensary, home health care agency, boarding home or other home for the sheltered care of adult persons and bioanalytical laboratory or central services facility serving one or more such institutions but excluding institutions that provide healing solely by prayer.
- b. "Health care service" means the preadmission, out-patient, in-patient and post-discharge care provided in or by a health care facility, and such other items or services as are necessary for such care, which are provided by or under the supervision of a physician for the purpose of health maintenance organizations, diagnosis or treatment of human disease, pain, injury, disability, deformity or physical condition, including, but not limited to, nursing service, home care nursing and other paramedical service, ambulance service, service provided by an intern, resident in training or physician whose compensation is provided through agreement with a health care facility, laboratory service, medical social service, drugs, biologicals, supplies, appliances, equipment, bed and board, but excluding services provided by a physician in his private practice or by practitioners of healing solely by prayer.
- c. "Construction" means the erection, building, or substantial acquisition, alteration, reconstruction, improvement, renovation, extension or modification of a health care facility, including its equipment, the inspection and supervision thereof; and the studies, surveys, designs, plans, working drawings, specifications, procedures, and other actions necessary thereto.
- d. "Board" means the Health Care Administration Board established pursuant to this act.

- e. "Government agency" means a department, board, bureau, division office, agency, public benefit or other corporation, or any other unit, however described, of the State or political subdivision thereof.
 - f. "State Health Planning Council" means the existing State Health Planning Council formed under the provisions of Federal Law 89-749, as amended and supplemented.
 - g. "Comprehensive area-wide health planning agency" means an officially recognized health planning agency formed under the provisions of Federal Law 89-749, as amended and supplemented.
 - h. "Area planning council" means a voluntary, nonprofit organization composed of persons representative of hospitals, nursing homes, and consumers of medical care services, formed for the purpose of planning the health facilities in a definite geographical area which is recognized by the commissioner through referral of applications for certificate of need as provided by this act.
 - i. "Department" means the State Department of Health.
 - j. "Commissioner" means the State Commissioner of Health.
- C. 26:2H-3 Recognition as recommending agencies; coordinating agency.
- 3. The commissioner shall recognize the State Health Planning Council, the comprehensive area-wide health planning agencies and area planning councils as the recommending agencies in carrying out the purpose of this act. The State Health Planning Council shall act as the coordinating agency for the comprehensive area-wide health planning agencies and area planning councils in all matters, including but not limited to, comprehensive studies of requirements in various areas of the State for health care facilities.
- C. 26:2H-4 Health Care Administration Board; membership, appointment, terms, vacancies, meetings, compensation.
- 4. There shall be in the State Department of Health, a Health Care Administration Board which shall consist of 13 members, 11 of whom shall be appointed by the Governor

with the advice and consent of the Senate, and representative of medical and health care facilities and services, labor, industry and the public at large, and two of whom shall be ex-officio members. The State Commissioner of Health and the Commissioner of Insurance or their designated representatives, shall be ex-officio voting members of the board and shall serve on the board during their respective terms of office. Of the original members appointed to the board, four shall be appointed for terms of 3 years, four for terms of 2 years, and three for terms of 1 year. Following the expiration of the initial terms, members of the board shall be appointed for terms of 4 years. Any vacancy occurring in the membership of the board shall be filled in the same manner as the original appointment, but for the unexpired term only. The board shall meet at least quarterly and at such other times as its rules may prescribe or as in its judgment, may be necessary. The appointive members of the board shall serve without compensation but shall be reimbursed for necessary expenses incurred in the performance of their duties.

C. 26:2H-5 Commissioner's powers.

- 5a. The commissioner, to effectuate the provisions and purposes of this act, shall have the power to inquire into health care services and the operation of health care facilities and to conduct periodic inspections of such facilities with respect to the fitness and adequacy of the premises, equipment, personnel, rules and bylaws and the adequacy of financial resources and sources of future revenues.
- b. The commissioner, with the approval of the board, shall adopt and amend rules and regulations in accordance with the Administrative Procedure Act P.L. 1968, c. 410 (C. 52:14B-1 et seq.) to effectuate the provisions and purposes of this act, including but not limited to:
 - (1) the establishment of requirements for a uniform State-wide system of reports and audit relating to the quality of health care provided, health care facility utilization and costs;
 - (2) certification by the department of schedules of rates, payments, reimbursement, grants and other charges for health care services as provided in section 18; and
 - (3) standards and procedures relating to the licensing of health care facilities and the institution of additional health care services.

- c. The commissioner may enter into contracts with any government agency, institution of higher learning, voluntary nonprofit agency, or appropriate planning agency or council; and such entities are authorized to enter into contracts with the commissioner to effectuate the provisions and purposes of this act.
- d. The commissioner may provide consultation and assistance to health care facilities in operational techniques, including but not limited to, planning, principles of management, and standards of health care services.
- e. At the request of the commissioner, health care facilities shall furnish to the Department of Health such reports and information as it may require to effectuate the provisions and purposes of this act, excluding confidential communications from patients.
- f. The commissioner may institute or cause to be instituted in a court of competent jurisdiction proceedings to compel compliance with the provisions of this act or the determinations, rules, regulations and orders of the commissioner.

C. 26:2H-6 Designation of unit to carry out provisions of act.

- 6. The commissioner shall designate an appropriate organizational unit in the State Department of Health to carry out the provisions and purposes of this act, which shall be under the supervision of a person who shall be appointed by and receive the compensation fixed by the commissioner, subject to appropriations made therefor.

C. 26:2H-7 Construction or expansion of health care facilities; limitations.

- 7. No health care facility shall be constructed or expanded, and no new health care services shall be instituted after the effective date of this act except upon application for and receipt of a certificate of need as provided by this act. No agency of the State or of any county or municipal government shall approve any grant of funds for, or issue any license to, a health care facility which is constructed or expanded, or which institutes a new health care service, in violation of the provisions of this act.

C. 26:2H-8 Requirements for certificate of need.

8. No certificate of need shall be issued unless the action proposed in the application for such certificate is necessary to provide required health care in the area to be served, can be economically accomplished and maintained, and will contribute to the orderly development of adequate and effective health care services. In making such determinations there shall be taken into consideration (a) the availability of facilities or services which may serve as alternatives or substitutes, (b) the need for special equipment and services in the area, (c) the possible economies and improvement in services to be anticipated from the operation of joint central services, (d) the adequacy of financial resources and sources of present and future revenues, (e) the availability of sufficient manpower in the several professional disciplines, and (f) such other factors as may be established by regulation. The commissioner shall cause appropriate surveys and studies to be made concerning the need for health care facilities and keep current records and statistics thereon by designated areas or regions of the State.

C. 26:2H-9 Issuance of certificate of need.

9. Certificates of need shall be issued by the commissioner in accordance with the provisions of this act and based upon criteria and standards therefor promulgated by the commissioner. The commissioner shall establish minimum needs for health care facilities in each area or region, and any applicant requesting a certificate of need who falls within such minimum needs, and who otherwise complies in all respects with this act and the criteria and standards established pursuant thereto shall be issued such certificate.

No such certificate shall be denied without the approval of the board and prior to the determination by the board, the applicant shall have been granted opportunity for hearing; and no decision shall be made contrary to the recommendations of the State Health Planning Council unless the council and the applicant shall have been granted opportunity for hearing. The department shall arrange within 60 days for fair hearings on all such cases and the commissioner or his designee shall furnish the board, the council and the applicant in writing his recommendations and reasons therefor. The board within 30 days shall make its determination.

C. 26:2H-10 Application for certificate of need; fee.

10. Application for a certificate of need shall be made to the department, and shall be in such form and contain such information as the department may prescribe. The department shall charge a nonreturnable fee, not less than \$20.00 and not more than \$250.00 for the filing of an application for a certificate of need as it shall from time to time fix in rules or regulations. Upon receipt of an application, copies thereof shall be referred by the department to the appropriate planning agencies or councils for review.

These appropriate agencies and councils shall provide adequate mechanisms for full consideration of each application submitted to them and for developing recommendations thereon. Such recommendations, whether favorable or unfavorable, shall be forwarded to the commissioner within 60 days of the date of referral of the application. A copy of the recommendations made shall be forwarded to the applicant.

Recommendations concerning certificates of need shall be governed and based upon the principles and considerations set forth in section 8 hereof.

No member, officer or employee of any planning body shall be subject to civil action in any court as the result of any act done or failure to act, or of any statement made or opinion given, while discharging his duties under this act as such member, officer, or employee, provided he acted in good faith with reasonable care and upon proper cause.

C. 26:2H-11 Term of certificate; renewal.

11. A certificate of need shall be valid for 1 year from the date of issue, except that the commissioner may renew the certificate for further periods where the applicant has shown to the satisfaction of the commissioner by adequate proof that substantial progress towards completion of the project has been demonstrated.

C. 26:2H-12 Operational requirements for health care facility; application for license; fee.

- 12a. No health care facility shall be operated unless it shall: (1) possess a valid license issued pursuant to this act, which license shall specify the kind or

kinds of health care services the facility is authorized to provide; (2) establish and maintain a uniform system of cost accounting approved by the commissioner; (3) establish and maintain a uniform system of reports and audits meeting the requirements of the commissioner; and (4) prepare and review annually a long range plan for the provision of health care services, which plan shall be compatible with the State Health Plan established pursuant to the "Comprehensive Health Planning and Public Health Services Amendments of 1966" (Federal Law 89-749) as related to medical health services, health care services, and health manpower.

b. (1) Application for a license for a health care facility shall be made upon forms prescribed by the department. The department shall charge such nonrefundable fees, not less than \$50.00 and not more than \$250.00 for the filing of an application for a license and any renewal thereof, as it shall from time to time fix in rules or regulations. The application shall contain the name of the health care facility, the kind or kinds of health care service to be provided, the location and physical description of the institution, and such other information as the department may require.

(2) A license shall be issued by the department upon its findings that the premises, equipment, personnel, including principals and management, finances, rules and bylaws, and standards of health care service are fit and adequate and there is reasonable assurance the health care facility will be operated in the manner required by this act and rules and regulations thereunder.

c. A license issued before the effective date of this act to a health care facility for its operation, upon the first renewal date thereafter, may be extended for a 1 year period of time, provided the facility then meets the requirements for licensure at the time said license was issued and submits an acceptable plan to meet current requirements at the end of said period of time.

C. 26:2H-13 Assessment of penalties; denial, revocation or suspension of license.

13. In addition to authority granted to the department by this act or any other law, the department after serving the licensee with specific charges in writing,

may assess penalties and collect the same within the limitations imposed by this act, deny, place on probationary or provisional license, revoke or suspend any and all licenses granted under authority of this act to any person, firm, partnership, corporation or association violating or failing to comply with the provisions of this act, or the rules and regulations promulgated hereunder.

Notice of the assessment of penalties, revocation, suspension, the placing on probationary or provisional license or denial of a license together with a specification of charges shall be served on the applicant or licensee, personally or sent by certified mail to the address of record and the notice shall set forth the particular reasons for the assessment, denial, suspension, the placing on probationary or provisional license or revocation of the license. Such assessment, denial, suspension, the placing on probationary or provisional license, or revocation shall become effective 30 days after mailing, unless the applicant or licensee, within such 30-day period shall meet the requirements of the department or shall file with the department a written answer to the charges and give written notice to the department of its desire for a hearing in which case the assessment, denial, suspension, the placing on probationary or provisional license, or revocation may be held in abeyance until the hearing has been concluded and a final decision rendered.

The department shall afford the licensee an opportunity for a prompt hearing on the question of the assessment of penalties, the issuance, suspension or the placing on a probationary or provisional license, or revocation of the license. The procedure governing such hearings shall be in accordance with the rules and regulations of the department. Either party may be represented by counsel of his own choosing, and shall have the right to subpoena witnesses and to compel their attendance on forms furnished by the department.

The commissioner shall arrange for prompt and fair hearings on all such cases, render written decisions stating conclusions and reasons therefor upon each matter so heard, and is empowered to enter orders of denial, suspension, placing on probationary or provisional license or revocation consistent with the circumstances in each case, and may assess penalties and collect the same within the limitations imposed by this act.

C. 26:2H-14 Penalties.

14. Any person, firm, partnership, corporation or association who shall operate or conduct a health care facility without first obtaining the license required by this act, or who shall operate such health care facility after revocation or suspension of license, shall be liable to a penalty of \$50.00 for each day of operation in violation hereof for the first offense and for any subsequent offense shall be liable to a penalty of \$100.00 for each day of operation in violation hereof. Any person, firm, partnership, corporation or association who shall be found guilty of violating any rule or regulation adopted in accordance with this act as the same pertains to the care of patients and neglects to rectify same within 7 days after receiving notice from the department of such violation or who neglects to commence, within 7 days, such repairs to his licensed establishment after receiving notice from the department that hazardous or unsafe condition exists in or upon the structure in which the licensed premises is maintained shall be subject to a penalty of not less than \$10.00 or more than \$100.00 for each day that he is in violation of such rule or regulation. If, within 1 year after such violation such person, firm, partnership, corporation or association is found guilty of the same violation such penalties as hereinbefore set forth shall be doubled, and if there be a third violation within such time, such penalties shall be tripled. In addition thereto the department may, in its discretion, suspend the license for such time as it may deem proper.

Any person, firm, partnership, corporation or association who shall, except in cases of an emergency, maintain more patients in his premises than he is licensed so to do, shall be subject to a penalty in an amount equal to the charge collected from such patient or patients plus \$25.00 for each extra patient so maintained.

C. 26:2H-15 Misrepresentation by unlicensed facilities; penalties.

15. Whenever a boarding home for sheltered care, boarding house or rest home or facility or institution of like character, not licensed hereunder, by public or private advertising or by other means holds out to the public

that it is equipped to provide post-operative or convalescent care for persons mentally ill or mentally retarded or who are suffering or recovering from illness or injury, or who are chronically ill, or whenever there is reason to believe that any such facility or institution, not licensed hereunder, is violating any of the provisions of this act, then, and in such case, the department shall be permitted reasonable inspection of such premises for the purpose of ascertaining whether there is any violation of the provisions hereof. If any such boarding home for sheltered care, boarding house, rest home or other facility or institution shall operate as a private mental hospital, convalescent home, private nursing home or private hospital in violation of the provisions of this act, then the same shall be liable to the penalties which are prescribed and capable of being assessed against health care facilities pursuant to this act.

Any person, firm, association, partnership or corporation, not licensed hereunder, but who holds out to the public by advertising or other means that the medical and nursing care contemplated by this act will be furnished to persons seeking admission as patients, shall cease and desist from such practice and shall be liable to a penalty of \$100.00 for the first offense and \$500.00 for each subsequent offense, such penalty to be recovered as provided for herein.

C. 26:2H-16 Recovery of penalties; disposition of moneys; authority to maintain an action to enjoin.

16. The penalties prescribed and authorized by this act shall be recovered in a summary civil proceeding, brought in the name of the State in the Superior Court or a county district court pursuant to the Penalty Enforcement Law (N.J.S. 2A:58-1 et seq.).

The commissioner may, in his discretion and subject to rules and regulations, accept from any licensee an offer in compromise in such amount as may in his judgment be proper under the circumstances in lieu of any suspension of any license by the commissioner. Any sums of money so collected by the commissioner shall be paid forthwith into the State Treasury for the general purposes of the State. In no case shall the penalty be compromised for a sum less than \$250.00 for the first offense and \$500.00 for the second and each subsequent offense; provided,

however, that any penalty of less than \$250.00 or \$500.00, as the case may be, may be compromised for a lesser sum.

The department may maintain an action in the name of the State to enjoin any person, firm, partnership, association or corporation from continuing to conduct, manage or operate a health care facility without a license, or after suspension or revocation of license, or in violation of rules and regulations promulgated hereunder.

C. 26:2H-17 Judicial review.

17. All orders or determinations under this act shall be subject to review by a court of competent jurisdiction in accordance with the Rules of Court.

C. 26:2H-18 Payment by government agencies or hospital service corporations for health care services; limitations.

- 18a. No government agency and no hospital service corporation organized under the laws of the State shall purchase, pay for or make reimbursement or grant-in-aid for any health care service provided by a health care facility unless at the time the service was provided, the health care facility possessed a valid license or was otherwise authorized to provide such service.
 - b. Payment by government agencies for health care services provided by a health care facility shall be at rates established by the commissioner, based on elements of costs approved by him.
 - c. The Commissioner of Health in consultation with the Commissioner of Insurance shall determine and certify the costs of providing health care services, as reported by health care facilities, which are derived in accordance with a uniform system of cost accounting approved by the Commissioner of Health. Said certification shall specify the elements and details of costs taken into consideration.
 - d. Payment by hospital service corporations, organized under the laws of this State, for health care services provided by a health care facility shall be at rates

approved as to reasonableness by the Commissioner of Insurance with the approval of the Commissioner of Health. In establishing such rates, the commissioners shall take into consideration the total costs of the health care facility.

C. 26:2H-19 Transfer of certain powers and duties to the State Department of Health.

19. All of the functions, powers and duties of the State Board of Control, the Commissioner of Institutions and Agencies and the Department of Institutions and Agencies and its Hospital Licensing Board related to administration of laws governing and concerning boarding homes for the sheltered, care of children and adult persons, private mental hospitals, convalescent homes, private nursing homes and private hospitals, and relating to the planning, construction and licensing of health care facilities as defined in this act and the power to receive, allocate, expend, and authorize the expenditure of Federal moneys available for health care facility construction and renovation are hereby transferred and assigned to, assumed by and devolved upon the State Department of Health. To effectuate such transfer there shall also be transferred such officers and employees as are necessary, all appropriations or re-appropriations, to the extent of remaining unexpended or unencumbered balances thereof, whether allocated or unallocated and whether obligated or unobligated, and all necessary books, papers, records and property. All rules, regulations, acts, determinations and decisions in force at the time of such transfer and proceedings or other such matters undertaken or commenced by or before the Department of Institutions and Agencies or the Hospital Licensing Board pertaining to the planning, construction, licensing and operation of such health care facilities, and the administration of Federal moneys for health care facility construction, and renovation pending at the time of such transfer, shall continue in force and effect until duly modified, abrogated or completed by the Department of Health.

C. 26:2H-20 Transfer of certain employees to the State Department of Health.

20. Employees of the present Bureau of Community Institutions in the Department of Institutions and Agencies responsible for administration of laws governing and

concerning boarding homes for the sheltered care of adult persons, private mental hospitals, convalescent homes, private nursing homes and private hospitals are hereby transferred to the State Department of Health. Persons so transferred shall be assigned such duties as the State Commissioner of Health shall determine.

C. 26:2H-21 Transfer of certain powers, duties, property and personnel to the State Department of Health.

21. All functions, powers, duties, records, and property of the Department of Institutions and Agencies, and personnel of the Bureau of Medical Facilities Construction and Planning relating to receipt of money from the Federal Government for the purpose of making payments for construction of hospitals, including public health centers and related facilities within the State, and for an inventory and survey in connection therewith under or pursuant to any Federal law providing for the payment of such moneys as established and authorized by the provisions of c. 83, P.L.1947 (C. 30:1-19 et seq.), are hereby transferred to the State Department of Health.

C. 26:2H-22 Hospital Licensing Board abolished; certain powers and duties transferred to Department of Health.

22. The Hospital Licensing Board created pursuant to P.L. 1947, c. 340, s.7 (C. 30:11-6) is hereby abolished. Upon the establishment of the Health Care Administration Board, all the functions, powers and duties of the Hospital Licensing Board, transferred to and vested in the Department of Health pursuant to section 19 of this act, shall be assumed by and devolved upon the Department of Health, to be exercised by the said Health Care Administration Board. Pending the appointment of members, establishment and convening of said Health Care Administration Board, all the functions, powers and duties thereof shall be exercised by the department.

C. 26:2H-23 Certain references in laws, rules, regulations or documents.

23. With respect to the functions, powers and duties of the State Board of Control, the Commissioner of Institutions and Agencies and the Department of Institutions and Agencies, which are herein transferred and vested

in the Department of Health, whenever in any law, rule, regulation, contract, document or otherwise, reference is made to the State Board of Control or the Department of Institutions and Agencies the same shall be deemed to mean and refer to the Department of Health, and reference to the Commissioner of Institutions and Agencies in connection therewith shall be deemed to mean and refer to the Commissioner of Health.

C. 26:2H-24 Partial invalidity.

24. If any clause, sentence, paragraph, subsection or section of this act shall be adjudged by any court of competent jurisdiction to be invalid, the judgment shall not affect, impair or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, subsection or section thereof directly involved in the controversy in which this judgment shall have been rendered.

25. Section 1 of c. 366, P.L. 1938 (C. 17:48-1) is amended to read as follows:

C. 17:48-1 Definitions.

1. A hospital service corporation is hereby declared to be any corporation organized, without capital stock and not for profit, for the purpose of establishing, maintaining and operating a nonprofit hospital service plan. A hospital service plan is hereby defined as a plan whereby health care services are provided by a hospital service corporation or by a health care facility with which the corporation has a contract for such health care services to persons who become subscribers under contracts with the corporation. Health care services provided by a hospital service corporation shall include health care provided (a) through a health care facility which is maintained by a State or any of its political subdivisions; (b) through a health care facility licensed by the Department of Health; (c) through such other health care facilities as shall have been designated by the Department of Health for health care services; (d) through health care facilities located in other states, which are subject to the supervision of such other States provided that such last mentioned health care facilities, if they were located in this State, would be eligible to be licensed or designated by the Department of Health; (e) through nonprofit hospital service plans of other States approved by the Commissioner of Insurance.

26. Section 7 of c. 366, P.L. 1938 (C. 17:48-7) is amended to read as follows:

C. 17:48-7 Health care facilities eligible for contracts; approval of notes of payment.

7. Any hospital service corporation may enter into contracts with health care facilities for the rendering of health care services to any of its subscribers only with licensed health care facilities.

Rates of payment by such hospital service corporation pursuant to written contract with a hospital or institution for the services contracted thereunder may be in the form of a level per diem amount established for the particular hospital or institution for each day of health care services and prior to payment, shall be approved as to reasonableness by the Commissioner of Insurance following certification made pursuant to section 18 of the Health Care Facilities Planning Act (P.L. 1971, c. 136). The maximum rate of payment to eligible hospitals and institutions not under contract with such hospital service corporation shall not exceed the particular hospital's or institution's regular charges to the general public for the same services and shall be set forth in the certificate issued by such hospital service corporation to any subscriber. The basis and extent of payment, if any, by such hospital service corporation under agreement with nonprofit hospital service plans of other states shall be subject to the approval of the Commissioner of Insurance.

C. 26:2H-25 Tenure rights or pension or retirement rights.

27. Nothing in this act shall be construed to deprive any person of any tenure rights or of any right or protection provided him by Title 11 of the Revised Statutes, Civil Service, or under any pension law or retirement system.

C. 26:2H-26 Short title.

28. This act shall be known and may be cited as the "Health Care Facilities Planning Act."

29. This act shall take effect at the beginning of the eighth biweekly pay period following enactment except that all arrangements and actions necessary and appropriate to enable this act to become fully operative on such date shall be made as promptly as possible as though this act were effective and operative immediately.

Approved May 10, 1971.

CHAPTER 138, LAWS OF 1971

An act to amend the Health Care Facilities Planning Act.

Be it enacted by the Senate and General Assembly of the State of New Jersey:

1. Section 8 of the Health Care Facilities Planning Act is amended to read as follows:

C. 26:2H-8 Requirements for certificate of need.

8. No certificate of need shall be issued unless the action proposed in the application for such certificate is necessary to provide required health care in the area to be served, can be economically accomplished and maintained, and will contribute to the orderly development of adequate and effective health care services. In making such determinations there shall be taken into consideration (a) the availability of facilities or services which may serve as alternatives or substitutes, (b) the need for special equipment and services in the area, (c) the possible economies and improvement in services to be anticipated from the operation of joint central services, (d) the adequacy of financial resources and sources of present and future revenues, (e) the availability of sufficient manpower in the several professional disciplines, and (f) such other factors as may be established by regulation. The commissioner shall cause appropriate surveys and studies to be made concerning the need for health care facilities and keep current records and statistics thereon by designated areas or regions of the State.

In the case of an application by a health care facility established or operated by any recognized religious body or denomination the needs of the members of such religious body or denomination for care and treatment in accordance with their religious or ethical convictions may be considered to be public need.

2. This act shall take effect immediately.

Approved May 10, 1971.

APPENDIX B

DEPARTMENT OF INSTITUTIONS AND AGENCIES

ADMINISTRATIVE ORDER 1:15

EFFECTIVE DATE: 5 September 1967

This Administrative Order establishes the policies and procedures for discharging the Department's responsibility for the inspection of public and private institutions and facilities for which the State Board of Control is responsible under RS 30: 1-7, RS 30:11-1, RS 30:11A-1, RS 30:4C-4 and RS 30:1-14-17.

DIVISION OF MENTAL RETARDATION

- A. The Division of Mental Retardation shall inspect at least once a year all private and public institutional facilities providing congregate maintenance and personal care of mentally retarded persons for which the responsibility of inspection is not otherwise assigned in the preceding sections of this Order.
- B. The Division of Mental Retardation in collaboration with the Bureau of Community Institutions shall develop standards and procedures for making inspections of private and public facilities, excluding those in the Department of Institutions and Agencies, for approval by the Hospital Licensing Board and the State Board of Control. Consistent with Administrative Order 1:44 the Division of Mental Retardation shall develop standards and procedures for making inspections of Department of Institutions and Agencies facilities for approval by the State Board of Control.
- C. Results of inspections of private and public facilities excluding the Department's facilities will be submitted by the Division of Mental Retardation to the Bureau of Community Institutions for presentation to the Hospital Licensing Board and with their recommendations to the State Board of Control. Results of inspections of Department facilities shall be forwarded through the office of the Commissioner to the State Board of Control. Copies of the results of inspections of Department facilities shall also be made available to the President of the Board and Chief Executive Officer of institution inspected.

APPENDIX C



NEW JERSEY STATE DEPARTMENT OF HEALTH

Certificate of Need

Application Procedures

1. Submit seven copies of application forms.
2. All applications shall be mailed to:

New Jersey State Department of Health
Certificate of Need Program
Division of Health Facilities
P.O. Box 1540
Room 604-E
Trenton, New Jersey 08625
3. All existing facilities must attach to the application a copy of their latest audited financial statements (or an appropriate substitute) in order to fulfill all the requirements of a proper filing. No application can be processed until this condition is satisfied.
4. All applications must be signed by a responsible officer of the Health Care Facility.
5. All applications must be accompanied by a non-returnable fee which shall be determined by the following schedule of filing fees keyed to the type of project being proposed:

<u>Project Category</u>	<u>Filing Fee</u>
1. New facility construction/acquisition	
Hospital	\$250.00
Nursing home, ICF	150.00
All other health care facilities	50.00
Sheltered care facility	50.00
2. New health care service and modernization/ renovation projects	
New health care service	100.00
Modernization or renovation projects	
(1) \$250,000 and over	200.00
(2) Under \$250,000	100.00
3. Change in bed category	50.00

<u>Project Category</u>	<u>Filing Fee</u>
4. Equipment acquisition	
Hospitals	\$ 50.00
All other health care facilities	25.00
5. Facility planning	25.00
6. Facility acquisition (other than construction) - acquisition of physical plant to be used as a health care facility	100.00
7. Transfer of ownership - financial acquisition of existing health care facility	50.00

CHECKS SHOULD BE MADE PAYABLE TO "NEW JERSEY STATE DEPARTMENT OF HEALTH"

6. Architectural plans for a construction or modernization project are not required to be filed with the Certificate of Need application.
7. Facility representative (page 1) should be the person who may be contacted to answer all questions pertaining to the application.
8. All questions require an answer and all schedules must be completely filled out. If a question or schedule does not apply to your application, denote this by a "N/A".
9. Failure to follow any of the above steps and/or failure to supply all needed information will constitute an improper filing of the application. As a consequence, the application may be subject to removal from the review cycle pending immediate corrective action by the applicant.



NEW JERSEY STATE DEPARTMENT OF HEALTH
Application - Certificate of Need

FOR STATE USE ONLY

CYCLE _____ APPLICATION NO. _____

Category I
Building Acquisition

- Skilled Nursing Facility
- Intermediate Care Facility
- Sheltered Care Facility

Name of Facility _____ Telephone _____

Facility Address: Street _____

City _____ County _____ Zip Code _____

Type of Facility _____ Type of Ownership _____

Facility Representative _____

Representative Address: Street _____

City _____ County _____ Zip Code _____

Title _____ Telephone: Business _____ Home _____

A. 1. Type of Acquisition

- Construction
- Purchase
- Lease
- Other (specify) _____

Site

- New Site
- Site of Existing Facility
- Site of Existing Facility and Expansion or Renovation

A. 2. Total Cost of Project \$ _____

3. Approximate date for completion of project _____

4. Construction - Number of Beds _____

<u>Bed Category</u>	<u>Beds</u>
Skilled Nursing Beds	_____
Intermediate Care Beds	_____
Sheltered Care Beds	_____
Total Beds	_____

5. Other types of Acquisition

a. Name of existing facility to be purchased or leased _____

Address: Street _____

City _____ County _____ Zip Code _____

b. Name of owner of building _____

Address: Street _____

City _____ County _____ Zip Code _____

c. Will there be any permanent change made in the capacity of the existing facility? _____ If yes, indicate:

Bed Category	Existing Beds	Increase	Decrease	Total Beds After Change
Skilled Nursing Beds				
Intermediate Care Beds				
Sheltered Care Beds				
Totals				

B. Project Narrative: Provide a narrative for each of the following topics and attach to application as page 3.

1. Provide information regarding application for incorporation, corporate structure, and officers. If any other corporate structure, profit or non-profit, will be involved in the operational and/or financial management of this corporation, provide the name, addresses and officers of said corporation.
2. List name and addresses of the governing board or those indicating a willingness to serve on the board; and the name, address, and qualifications of the administrator.
3. Brief description of the new facility to be constructed and estimated space (square footage) requirements.
4. Identification of those factors which indicate a need for this project. Such factors may include:
 - a. Changes in total population characteristics (Age, Sex, Race, Migration Pattern, Income)
 - b. Anticipated expansion of the service area.
5. List all other health care facilities providing similar health care services in your service area and show the impact of this project on these Health Care Facilities.
6. Define any organizational ties or affiliations the facility will have with other Health Care Facilities.
7. Attach a map of your resident's service area and identify the locations of your health care facility.
8. Other supplemental information for consideration of this project.

C Project Cost

C 1) Project Cost Subject to 20% Contingency:
(Contracts which are subject to the normal rate of increase in costs before and during implementation of this project)

Studies and/or surveys	\$ _____
Site survey and soil investigation	_____
Architects and engineers fees	_____
Legal and other special services	_____
Plans and specifications	_____
Demolition and/or renovations	_____
Construction contracts	_____
Fixed equipment not in construction contracts	_____
Major movable equipment	_____
Supervision and inspection of site and building/s	_____
Other (specify)	_____
_____	_____
_____	_____
Subtotal	_____
Contingency 20% of subtotal	\$ _____
Total Costs C 1)	\$ _____

C 2) Project costs Not subject to 20% Contingency:
(Commitments or contracts which have been finalized and are not subject to normal rate of price increase)

Purchase of Land	\$ _____
Purchase of Building/s	_____
Building Improvements-contract/s price	_____
Lease and/or rentals per agreement/s	_____
Developmental and/or start up costs	_____
Equipment Contract/s price	_____
Interest on borrowings during construction period	_____
Other (specify)	_____
_____	_____
_____	_____
Total Cost C 2)	\$ _____
TOTAL PROJECT COSTS	\$ _____

C 3) Amount of Carrying and Financing Costs involved in project (Include fees assessed by any financing agency, bond counsel fees, trustees bank fees and/or other costs related to sale of bonds) \$ _____

E. Proposed Method of Financing the Project:

- 1. Available Cash
- 2. Cash from Current Income
- 3. Mortgage
- 4. Loans
- 5. Lease Agreements
- 6. Other (specify)

} Give
details
in "F"

TOTAL

\$ _____

F. Mortgage/Loans/Lease Agreements

Attach a copy of any mortgage, loan or lease agreements.

Lender/Lending Institution	Amount	Rate of Interest	Annual Payment	Maturity Date
	\$	%	\$	
	\$	%	\$	

G. 1. Statistics - Skilled Nursing Beds - (Projections on all schedules are for the first two years of operation)

Item	P R O J E C T I O N S	
	1st Year	2nd Year
Number of maintained beds		
% of occupancy		
Number of patient days		
Average charge per patient day	\$	\$

2. Schedule of Estimated Charges - Skilled Nursing Beds

<u>Bed Accommodation</u>	<u>Rate</u>	<u>No. of beds in this category</u>
Single.	\$ _____ per _____	_____
Double.	\$ _____ per _____	_____
Three-bed	\$ _____ per _____	_____
Four-bed.	\$ _____ per _____	_____
Total		=====

3. Income - Skilled Nursing Beds

Income (Based on above Statistics)	Patient Mix	P R O J E C T I O N S	
		1st Year	2nd Year
Room, Board and Routine	*****	*****	*****
Self-Pay	%	\$	\$
Medicare			
Medicaid			
Other (specify)			
Sub-Total	100%		
Less: Allowance for Bad Debts			
Total		\$	\$

H. 1. Statistics - Intermediate Care Beds

Item	P R O J E C T I O N S	
	1st Year	2nd Year
Number of maintained beds		
% of occupancy		
Number of patient days		
Average charge per patient day	\$	\$

2. Schedule of Estimated Charges - Intermediate Care Beds

<u>Bed Accommodation</u>	<u>Rate</u>	<u>No. of beds in this category</u>
Single.	\$ _____ per _____	_____
Double.	\$ _____ per _____	_____
Three-bed	\$ _____ per _____	_____
Four-bed.	\$ _____ per _____	_____
Total		_____

3. Income - Intermediate Care Beds

Income (Based on above Statistics)	Patient Mix	P R O J E C T I O N S	
		1st Year	2nd Year
Room, Board and Routine	*****	*****	*****
Self-Pay	%	\$	\$
Medicare			
Medicaid			
Other (Specify)			
Sub-Total	100%		
Less: Allowance for Bad Debts			
Total		\$	\$

I. 1. Statistics - Sheltered Care Beds

Item	P R O J E C T I O N S	
	1st Year	2nd Year
Number of maintained beds		
% of occupancy		
Number of resident days		
Average charge per resident day	\$	\$

2. Schedule of Estimated Charges - Sheltered Care Beds

<u>Bed Accommodation</u>	<u>Rate</u>	<u>No. of beds in this category</u>
Single.	\$ _____ per _____	_____
Double.	\$ _____ per _____	_____
Three-bed	\$ _____ per _____	_____
Four-bed.	\$ _____ per _____	_____
Total		=====

3. Income - Sheltered Care Beds

Income (Based on above Statistics)	Patient Mix	P R O J E C T I O N S	
		1st Year	2nd Year
Room, Board and Routine Care:	*****	*****	*****
Self-Pay	%	\$	\$
Medicare			
Medicaid			
Other (specify)			
Sub-Total	100%		
Less: Allowance for Bad Debts			
Total		\$	\$

J. Operating Expenses - Projections for first two years of operation

Expense	For Year Ending 197_	For Year Ending 197_
<u>Administration</u>		
Salaries	\$	\$
Accounting		
Advertising & Public Relations		
Auto		
Dues		
Insurance		
Interest		
Legal		
Office Supplies		
Postage		
Taxes		
Telephone & Telegraph		
Travel & Entertainment		
Other		
<u>Health Care Services</u>		
Salaries		
Professional Fees		
Rental of Equipment		
Supplies		
Drugs		
Other		
<u>Ancillary Services</u>		
Pharmacy		
Physio-Therapy		
Laboratory		
X-Ray		
Occupational Therapy		
<u>Dietary</u>		
Salaries		
Raw Food		
Supplies		

J. Operating Expenses Continued

Expense	For Year Ending 197	For Year Ending 197
<u>Laundry & Linen</u>		
Salaries		
Supplies		
Linens		
<u>Housekeeping</u>		
Salaries		
Supplies		
Contract Services		
<u>Plant Operation & Maintenance</u>		
Salaries		
Electric, Gas, Water		
Exterminator		
Repairs		
Supplies		
Rental		
Depreciation		
Other		
<u>Miscellaneous</u>		
<u>Total Expenses</u>		
<u>Total Patient Days</u>		
<u>Cost per Patient Day</u>		
<u>Income</u>		
Skilled Nursing		
Intermediate Care		
Sheltered Care		
<u>Total Income</u>		
<u>Total Expenses</u>		
<u>Net - Income/Loss</u>	\$	\$

L. Supplementary Information

1.

Depreciation	Historical Costs	Estimated Life	Projected Amounts	
			1st Year	2nd Year
Buildings				
Fixed Equipment				
Major Movable Equipment				
Other				
Total				

2.

Food Service	PROJECTIONS	
	1st Year	2nd Year
Number of patient meals		

3. Service

- | | | |
|--------------|-----------------------------------|--|
| Laundry | <input type="checkbox"/> Contract | <input type="checkbox"/> Processed by Facility |
| Maintenance | <input type="checkbox"/> Contract | <input type="checkbox"/> Performed by Facility |
| Housekeeping | <input type="checkbox"/> Contract | <input type="checkbox"/> Performed by Facility |

4. State any other health care facility operated or owned by applicant of this Certificate of Need:

Health Care Facility	Location	Number of Beds

M. Assurances:

The applicant gives assurance that:

1. The attached statements and schedules are complete and correct to the best of the applicant's knowledge and belief.
2. If approved, the applicant will submit to the Commissioner of Health of the State of New Jersey for prior approval changes in scope of work, cost, or function that would alter significantly the submitted application.
3. If acquisition is by construction of a facility, the applicant will obtain the approval of the Commissioner of Health of the State of New Jersey of the final working drawings and specifications, which shall conform to the general standards of construction and equipment, prior to the making of contracts. The applicant will also provide and maintain competent and adequate supervision and inspection to ensure that the completed work conforms with the approved plans and specifications.
4. Since a Certificate of Need is valid for one year from the date of issuance, the applicant attests that if this application is approved, the project will be effected within that time frame. For all construction projects the project in question must be under construction within one year from the date of issuance of the Certificate of Need.
5. The applicant will cause the project to be completed in accordance with the application and approved plans and specifications.
6. The facility will be operated and maintained in accordance with the standards prescribed by law for the maintenance and operation of such facilities

<u>Responsible Officer</u>	<u>Title</u>
<u>Signature</u>	<u>Date</u>



NEW JERSEY STATE
DEPARTMENT OF HEALTH

APPENDIX D

LOCAL APPROVAL FOR
HEALTH CARE FACILITY

TO LOCAL: BUILDING FIRE HEALTH* ZONING DEPARTMENT

FACILITY NAME			APPLICANT'S NAME		
ADDRESS		TEL. NO.	ADDRESS		TEL. NO.
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
TYPE FACILITY					

The above applicant is applying for a State License to operate the type facility at the address indicated. Since no application will be accepted by this Department until certain local approvals are secured, we ask that you indicate whether the facility is in conformance with local ordinances or regulations. It should be understood that if the facility is approved locally, this Department reserves the right to enforce State regulations drawn up to govern the operation of such facilities.

Please complete the remainder of this form. Return white and canary copies to the applicant and retain pink copy for your records.

***FOR APPLICANT AND LOCAL HEALTH DEPARTMENT USE ONLY**

If this facility is not serviced by a public water supply and/or public sewage disposal system, the well and/or sewage disposal system shall be inspected by the local Health authority and a report submitted with this form.

Conformance with local ordinances, rules or regulations

- In conformance
- No authority
- No ordinances, rules or regulations exist
- Is not in conformity (explain in remarks)
- Will be approved if following requirements are carried out (explain in remarks)

For new structures or additions

- Will be in conformity
- Will not be in conformity (explain in remarks)

Remarks

[Handwritten signature/initials in the Remarks section]

NAME		TITLE	
ADDRESS			TEL. NO.
DATE	SIGNATURE		



NEW JERSEY STATE
DEPARTMENT OF HEALTH

LICENSE APPLICATION
HEALTH CARE FACILITY

FEE SCHEDULE

1 - 99 beds @ \$50 100 - 199 beds @ \$100
200 - 299 beds @ \$150 300 - 399 beds @ \$200
400 - 999 beds @ \$250

Make Check or Money
Order payable to:
NEW JERSEY STATE
DEPARTMENT OF HEALTH

FOR STATE USE ONLY

Check Money Order
Number _____ Dated _____
Amount _____ Rec'd _____

Facility Name			Applicant's Name		
Address		Tel. No.	Address		Tel. No.
City	State	ZipCode	City	State	ZipCode
Administrator		Lic. No.	Manager		

Type Facility

<input type="checkbox"/> Skilled Nursing Home	<input type="checkbox"/> Public Medical Institution	<input type="checkbox"/> Renal Dialysis Clinic
<input type="checkbox"/> Boarding Home for Sheltered Care	<input type="checkbox"/> Home For Mentally Retarded	<input type="checkbox"/> Diagnostic Clinic
<input type="checkbox"/> Home For The Aged	<input type="checkbox"/> Health Maintenance Organization	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Intermediate Care Facility	<input type="checkbox"/> School Infirmary	
<input type="checkbox"/> Special Hospital	<input type="checkbox"/> Abortion Clinic	

Bed Capacity _____

<p>Business Identification</p> <p><input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation - Nonprofit</p> <p><input type="checkbox"/> Partnership <input type="checkbox"/> Government Agency</p> <p><input type="checkbox"/> Corporation - Profit <input type="checkbox"/> Other (Specify):</p>	<p>Name and Address of Registered Agent (If Corp.) or Name and Address of Resident upon whom orders may be served. (If Non-Resident Proprietor or Partner)</p>
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List below name, title, and residence address of proprietor, or general partner. Corporate officers (president, secretary, chief executive officer) and all members of the corporation holding one or more percent of stock of the corporation, complete form PEL-9b, titled CORPORATE OFFICERS AND STOCKHOLDERS, HEALTH CARE FACILITY.

ATTACH ADDITIONAL SHEETS IF NECESSARY

Name	Title	Name	Title
Residence Address		Residence Address	
City	State	ZipCode	City
State	ZipCode	City	State
City	State	ZipCode	City
Residence Address		Residence Address	
City	State	ZipCode	City
State	ZipCode	City	State
City	State	ZipCode	City
Residence Address		Residence Address	
City	State	ZipCode	City
State	ZipCode	City	State
City	State	ZipCode	City

LICENSE APPLICATION
HEALTH CARE FACILITY

Facility Name

Applicant's Name

OCCUPATIONAL HISTORY: List employment and occupations for the last five years.

ATTACH ADDITIONAL SHEETS IF NECESSARY

MANAGER/ADMINISTRATOR

APPLICANT

Name and Address of Employer

Name and Address of Employer

Position Held

Date of Employment

From:

To:

Position Held

Date of Employment

From:

To:

Name and Address of Employer

Name and Address of Employer

Position Held

Date of Employment

From:

To:

Position Held

Date of Employment

From:

To:

Name and Address of Employer

Name and Address of Employer

Position Held

Date of Employment

From:

To:

Position Held

Date of Employment

From:

To:

Have you or any person mentioned in this application ever had an interest, directly or indirectly, in any application for health care facility approval in New Jersey, or any other state, which was denied? Yes No If yes, indicate whom and give details.

Have you or any person mentioned in this application ever had an interest, directly or indirectly, in any health care facility in New Jersey, or any other state, which was revoked? Yes No If yes, indicate whom and give details.

Do you or any person mentioned in this application hold an official position? Yes No If yes, indicate whom, give the official title, and describe official duties.

Specify any type business or occupation in which you will be engaged in addition to the health care facility.

**LICENSE APPLICATION
HEALTH CARE FACILITY**

Facility Name

Applicant's Name

CHARACTER REFERENCES: List four persons, excluding relatives, for each of the following (if applicable) who can testify to their moral character.

ATTACH ADDITIONAL SHEETS IF NECESSARY

APPLICANT

Name	Name
Residence Address	Residence Address
City State ZipCode	City State ZipCode
Name	Name
Residence Address	Residence Address
City State ZipCode	City State ZipCode

MANAGER/ADMINISTRATOR

Name	Name
Residence Address	Residence Address
City State ZipCode	City State ZipCode
Name	Name
Residence Address	Residence Address
City State ZipCode	City State ZipCode

GENERAL PARTNER/OFFICERS

Name	Name
Residence Address	Residence Address
City State ZipCode	City State ZipCode
Name	Name
Residence Address	Residence Address
City State ZipCode	City State ZipCode

NOTE: The individual applicant and the manager of the health care facility shall submit a medical certificate from a licensed practicing physician in New Jersey that they are in good physical and mental health and able to operate or administer the facility.

A local approval form must be submitted with this application from each of the following departments. Please check that each is attached.

- Building
- Fire
- Health
- Zoning

Date	Applicant's Signature
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APPENDIX E

CI-1
July 73

NEW JERSEY STATE
DEPARTMENT OF HEALTH



PATIENT ACCIDENT
OR INCIDENT REPORT

Form should be prepared in duplicate. Original copy to be mailed within 48 hours to New Jersey State Department of Health, P.O. Box 1540, Trenton, N.J. 08625, ATTENTION: Health Facilities. Major accidents (fire, explosion, suicide, epidemics, etc.) or incidents which may cause adverse publicity should first be reported by telephone. A detailed written report is to follow as soon as possible.

Facility		Patient/Resident		Age
Address		Patient's condition before accident/incident		
City	Zip Code	<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Chairfast	
Accident/Incident		<input type="checkbox"/> Bedfast	<input type="checkbox"/> Alert	
Date	Time	<input type="checkbox"/> Sedated	<input type="checkbox"/> Confused	
Place of accident/incident				
Describe accident/incident				
Witnesses (name & title)		Key personnel on duty (name & title)		
Name of Nurse Preparing Report		Signature	Date	
Preventive measures used at time to guard against accident/incident				
<input type="checkbox"/> Bedrail		<input type="checkbox"/> Protective Restraints	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Smoking regulations				
Reported to nurse in charge				
Date	Time	by		
Reported to physician				
Date	Time	by		
Physician's written report and orders				
Disposition				
<input type="checkbox"/> Retained in facility		<input type="checkbox"/> Transferred to		Hospital
Date	Time	Physician's signature		
Accident due to faulty equipment or unsafe condition				
<input type="checkbox"/> Yes		<input type="checkbox"/> No If yes, explain		
Remedial measures taken to prevent future accidents/incidents				
Name of administrator		Signature of administrator		Date