Manual of Standards

for Licensure of

Long-Term Care Facilities

Adopted: May 12, 1983

Effective: June 20, 1983

NOTE

This manual contains the standards for licensure of long-term care facilities in New Jersey.

Facilities of 45 or fewer beds shall have the option of complying with Section 26.0, which is applicable only to facilities of 45 or fewer beds.

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1.0 Definitions and/or Qualifications

1.1 Administrator shall mean a person who is licensed by the New Jersey State Department of Health.

1.2 Ancillary Nursing Personnel shall mean unlicensed workers employed to assist licensed nursing personnel (See 1.32), who have completed a training course approved by the Department, and/or are certified by the Department.

1.3 Available shall mean ready for immediate use (pertaining to equipment); capable of being reached (pertaining to personnel).

1.4 Business Hours shall mean a time period established by the facility, as defined in its policy manual.

1.5 Bylaws shall mean a set of rules adopted by the facility for governing its operation. (A charter, articles of incorporation, and/or a statement of policies and objectives is an acceptable equivalent.)

1.6 Care Plan (Nursing, Dietary, Rehabilitation, Social Service, Patient Activities) shall mean a written plan documenting an assessment of the individual patient, short- and long-term goals, and care and treatment to be provided. Each service that the patient receives shall initiate the development and implementation of its own care plan at the time of the patient's admission. The care plan for each service becomes part of the total patient treatment plan and may be incorporated into one document rather than appearing as separate documents. If the patient does not need a specific service, as determined by the patient assessment, a care plan is not needed for that service.

1.7 Charge Nurse shall mean a person who is licensed in the State of New Jersey as:

1.7.1 A registered professional nurse; or

1.7.2 A practical (vocational) nurse who is a graduate of a school of practical (vocational) nursing approved by the New Jersey State Board of Nursing or the New Jersey State Department of Education; and

1.7.3 Has at least one year of full-time, or full-time equivalent, experience in nursing supervision and/or nursing administration in a health care facility; or if a registered professional nurse, has at least one year of full-time, or full-time equivalent, experience in rehabilitative or geriatric nursing.

1.7.4 An unlicensed or foreign nurse with a work letter or permit shall not function as charge nurse.

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

1.9 Clinical Note shall mean a written, signed, and dated notation by each member of the health care team who renders a service to the patient, including a description of signs and symptoms, treatments and/or drugs given, the patient's reaction, and any changes in physical or emotional condition. Clinical notes are written into the patient's medical record the day service is rendered.

1.10 Commissioner shall mean the New Jersey State Commissioner of Health.

1.11 Communicable Disease shall mean an illness due to a specific infectious agent or its toxic products, which occurs through transmission of that agent or its products from a reservoir to a susceptible host.

1.12 Conspicuously Posted shall mean placed at a location accessible to and seen by patients and the public.

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

1.14 Controlled Dangerous Substances shall mean drugs subject to the Controlled Substances Act of 1970 (Title II, Public Law 91-513) and the New Jersey Controlled Dangerous Substances Act of 1971.

1.15 Current shall mean up-to-date, extending to the present time.

1.16 Dentist shall mean a person who is licensed by the New Jersey State Board of Dentistry.

1.17 Department shall mean the New Jersey State Department of Health.

1.18 Dietitian or Dietary Consultant shall mean a person who:

1.18.1 Is registered or eligible for registration by the Commission on Dietetic Registration of the American Dietetic Association; or

1.18.2 Has a bachelor's degree from a college or university with a major in foods, nutrition, food service or institution management, or the equivalent course work for a major in the subject area; and has completed a dietetic internship accredited by the American Dietetic Association or a dietetic traineeship approved by the American Dietetic Association; or has one year full-time, or full-time equivalent, experience in nutrition and/or food service management in a health care facility; or

1.18.3 Has a master's degree plus six months of full-time, or full-time equivalent, experience in nutrition and/or food service management in a health care facility; and

1.18.4 Participates annually in continuing dietary education.

1.19 Director of Nursing Services shall mean a registered professional nurse licensed in the State of New Jersey who has at least two years of full-time, or full-time equivalent, experience in nursing supervision and/or nursing administration in a health care facility; and who has education and/or experience in such areas as rehabilitative or geriatric nursing and participates annually in continuing nursing education.

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

1.20.1 Concurrent Disinfection shall mean the application of measures of disinfection as soon as possible after the discharge of infectious material from the body of an infected person, or after the soiling of articles with such infectious discharges, all personal contact with such discharges or articles being minimized prior to such disinfection.

1.20.2 Terminal Disinfection shall mean the application of measures of disinfection after the patient has died or been discharged, or has ceased to be a source of infection, or after the facility's isolation practices have been discontinued. Terminal disinfection is rarely practiced; terminal cleaning generally suffices (See 1.8), along with airing and sunning of rooms, furniture, and bedding. Terminal disinfection is necessary only for diseases spread by indirect contact.

1.21 Documented shall mean a written, signed, and dated notation or statement.

1.22 Documents shall mean written records, plans, manuals, reports, and policies and procedures.

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

1.24 Drug Dispensing shall mean a procedure entailing the interpretation of the original or direct copy of the prescriber's order for a drug or a biological and, pursuant to that order, the proper selection, measuring, labeling, packaging, and issuance of the drug or biological to a patient or a service unit of the facility, in conformance with all applicable federal, state, and local rules and regulations.

1.25 Epidemic shall mean the occurrence or outbreak in a facility of one or more cases of an illness in excess of normal expectancy for that illness, and derived from a common or propagated source.

1.26 Food Service Supervisor (Dietetic Service Supervisor) shall mean a person who:

1.26.1 Is a dietitian; or

1.26.2 Is a graduate of a dietetic technician or dietetic assistant training program approved by the Amercian Dietetic Association; or

1.26.3 Is a graduate of a course, approved by the New Jersey State Department of Education, providing 90 or more hours of classroom instruction in food service supervision, and has one year of full-time, or full-time equivalent, experience as food service supervisor in a health care facility, with consultation from a dietitian; or

1.26.4 Has training and experience in food service supervision and management in a military service equivalent to the programs listed in 1.26.2 or 1.26.3.

1.27 Full-Time shall mean a time period of not less than 35 hours, established as a full working week by the facility, as defined in its policy manual.

1.28 Governing Authority shall mean the organization, person, or persons designated to assume legal responsibility for the determination of policy, management, operation, and financial viability of the facility.

1.29 Guardian shall mean a person, appointed by a court of competent jurisdiction, who shall have the right to manage the financial affairs and protect the rights of any patient of the facility who has been declared a mental incompetent. In no case shall the guardian of a patient of the facility be affiliated with the facility, its operations, or personnel, unless ordered by the court.

1.30 Health Care Facility shall mean a facility so defined in Chapters 136 and 138, P.L. 1971, Health Facilities Planning Act, N.J.S.A. 26:2H-1 et seq., and amendments thereto.

1.31 Job Description shall mean a written specification developed for each position in the facility, containing the qualifications, duties and responsibilities, and accountability required of employees in that position.

1.32 Licensed Nursing Personnel (Licensed Nurse) shall mean registered professional nurses or practical (vocational) nurses licensed in the State of New Jersey.

1.33 Licensed Practical Nurse shall mean a person who is licensed by the New Jersey State Board of Nursing.

1.34 Long-Term Care Facility shall mean a facility or a distinct part of a facility which is licensed by the New Jersey State Department of Health to provide health care under medical supervision and continuous nursing care for 24 or more consecutive hours to two or more patients who are not related to the governing authority or its members by marriage, blood, or adoption. A long-term care facility shall provide health care and services to individuals who do not require the degree of care and treatment which a hospital provides, but who because of their physical or mental condition require continuous nursing care and services above the level of room and board. A long-term care facility shall provide services including at least room and board and medical, nursing, pharmaceutical, dietary, rehabilitation, social, patient activities, dental, and laboratory, radiological, and diagnostic services for patients.

1.35 Medical Director shall mean a person who is a physician, as defined in 1.54.

1.36 Medical Portion of the Patient Treatment Plan shall mean a written plan initiated and implemented at the time of the patient's admission, which includes the diagnosis, assessment of the patient's physical and mental capabilities and limitations, orders for medication, treatment, diet, and special needs for the patient's health or safety, rehabilitation potential, plans for discharge, and the frequency with which the patient shall be seen by the physician.

1.37 Medical Record shall mean all records in the facility which pertain to the patient, including radiological films.

1.38 Medical Record Practitioner shall mean a person who:

1.38.1 Is eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART) by the American Medical Record Association; or

1.38.2 Is a graduate of a school of medical record science accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association in collaboration with the Council on Education of the American Medical Record Association.

1.39 Monitor shall mean to observe, watch, or check.

1.40 Nosocomial Infection shall mean an infection acquired by a patient while in the facility.

1.41 Nursing Supervisor shall mean a registered professional nurse who has two years of full-time, or full-time equivalent, experience in nursing supervision and/or nursing administration in a health care facility.

1.42 Nursing Unit shall mean a continuous area, on one floor approved by the Department, which includes rooms housing 60 or fewer patients. In facilities of 45 or fewer beds, a nursing unit may be on one or more floors, as approved by the Department.

1.43 Occupational Therapist shall mean a person who:

1.43.1 Is a graduate of an occupational therapy curriculum accredited by the Committee on Allied Health Education and Council on Accreditation of the American Medical Association in collaboration with the American Occupational Therapy Association; or

1.43.2 Is eligible for registration by the American Occupational Therapy Association as an occupational therapist.

1.44 Occupational Therapy Assistant shall mean a person who has completed a training program approved by the American Occupational Therapy Association for occupational therapy assistants, or who is eligible for certification by the American Occupational Therapy Association.

1.45 Optometrist shall mean a person who is licensed by the New Jersey State Board of Optometrists.

1.46 Patient shall mean a person who is under medical care and treatment in the facility. A patient may be classified as:

1.46.1 Ambulant - A person who has the ability to walk on level surfaces and to negotiate stairs and ramps independently of human assistance or supervision, using the following mechanical devices or aides when necessary: prosthesis, brace, cane, or handrail;

1.46.2 Nonambulant - A person who is bedfast, chairfast, or who can sit in, but not propel, a wheelchair;

1.46.3 Semiambulant - A person who:

1.46.3.1 Can walk assisted by crutches only, or on level surfaces independently, but needs human assistance or supervision when negotiating stairs; or

1.46.3.2 Can move from place to place by using a walker or by propelling a wheelchair; or

1.46.3.3 Needs human assistance or supervision for walking on level surfaces.

1.47 Patient Activities Consultant shall mean a person who:

1.47.1 Is a therapeutic recreation specialist, as defined by the National Therapeutic Recreation Society; or

1.47.2 Is an occupational therapist; or

1.47.3 Is a recreation administrator certified by the New Jersey State Board of Recreation Examiners and who has at least two years of full-time, or full-time equivalent, experience in a patient activities program in a health care facility.

1.48 Patient Activities Coordinator shall mean a person who:

1.48.1 Has a bachelor's degree from an accredited college with a major in recreation, occupational therapy, or a field related to recreation, such as art, music, physical education, group work, or sociology; or

1.48.2 Has an associate's degree in recreation and two years of full-time, or full-time equivalent, experience in recreation for the aged, handicapped, or retarded; or

1.48.3 Has a high school diploma or equivalency certificate and two years of full-time, or full-time equivalent, experience in a social or recreational program within the last five years, one year of which was full-time in a patient activities program in a health care facility, and has completed at least 36 hours of classroom training, approved by the Department, in activities programming; or

1.48.4 Is certified by the New Jersey State Board of Recreation Examiners as a recreation administrator or recreation supervisor; or

1.48.5 Is an occupational therapy assistant.

1.49 Patient Treatment Plan shall mean a written plan, initiated and implemented upon the patient's admission, and coordinated and maintained by the nursing service with documentation of joint planning by all other services the patient receives and the participation of the patient and/or the next of kin and/or sponsor and/or guardian. The plan shall include an assessment of the individual patient, short- and long-term goals, and care and treatment to be provided. Each service that the patient receives shall develop its own portion of the patient treatment plan (care plan); the individual care plans and discharge plans for each service the patient receives shall become part of the total patient treatment plan and may be incorporated into one document rather than appearing as separate documents. The patient treatment plan shall be kept current and available to all personnel providing patient care, and shall be included in the patient's medical record at the time of discharge. If the patient does not need a specific service, as determined by the patient assessment, a care plan is not needed for that service.

1.50 Pharmacist shall mean a person who is registered by the New Jersey State Board of Pharmacy.

1.51 Pharmacist Consultation Sheet shall mean an individual patient record included in the patient's medical record, containing pertinent information regarding the monthly review of the patient's drug regimen by the staff pharmacist or consultant pharmacist, including, but not limited to, laboratory tests, dietary requirements, physician's and nurse's clinical notes, physician's orders, and progress notes, in order to monitor potential adverse drug reactions, allergies, drug interactions, contraindications, rationality of therapy, drug therapy evaluation, and laboratory test modifications. The pharmacist shall review and sign the pharmacist consultation sheet at least monthly.

1.52 Physical Therapist shall mean a person who is registered by the New Jersey State Board of Medical Examiners, and who:

1.52.1 Has graduated from a physical therapy curriculum approved by the Committee on Allied Health Education and Council on Accreditation of the American Medical Association in collaboration with the American Physical Therapy Association; or

1.52.2 Prior to January 1966:

1.52.2.1 Was admitted to membership by the American Physical Therapy Association; or

1.52.2.2 Was admitted to registration by the American Registry of Physical Therapists; or

1.52.2.3 Graduated from a physical therapy curriculum in a four-year college or university approved by a state department of education, is licensed or registered as a physical therapist, and where appropriate, has passed a state examination for licensure as a physical therapist; or

1.52.2.4 Had two years of full-time, or full-time equivalent, experience as a physical therapist and has achieved a satisfactory grade through the examination conducted by or under the sponsorship of the United States Public Health Service; or

1.52.2.5 Was licensed or registered prior to January 1, 1966, and prior to January 1, 1970, had 15 years of full-time, or full-time equivalent, experience in the treatment of illness or injury through the practice of physical therapy, in which the therapist rendered services upon the order and under the direction of attending and referring physicians; or

1.52.3 If trained outside the United States prior to December 31, 1977:

1.52.3.1 Graduated after 1928 from a physical therapy curriculum approved in the country in which the curriculum was located and in which there is a member organization of the World Confederation for Physical Therapy; and

1.52.3.2 Meets the requirements for membership in a member organization of the World Confederation for Physical Therapy; and

1.52.3.3 Has acquired one year of full-time, or full-time equivalent, experience under the supervision of an active member of the American Physical Therapy Association; and

1.52.3.4 Has successfully completed a qualifying examination as prescribed by the American Physical Therapy Association.

1.53 Physical Therapy Assistant shall mean a person who is registered by the New Jersey State Board of Medical Examiners.

1.54 Physician shall mean a person who is licensed or authorized by the New Jersey State Board of Medical Examiners.

1.55 Podiatrist shall mean a person who is licensed by the New Jersey State Board of Medical Examiners.

1.56 Positive Tuberculin Reactor shall mean a person who has had a Mantoux tuberculin skin test with five (5) tuberculin units of purified protein derivative and has a skin reaction to the test of 10 or more millimeters of induration.

1.57 Progress Note shall mean a written, signed, and dated notation by a member of the health care team (excluding ancillary personnel) summarizing information about medical or health care provided and the patient's response to it.

1.58 Reality Orientation shall mean a system to orient the patient to his/her environment in relation to time, place, and person, so that the patient is given the opportunity to become aware of who and where he/she is, and of the time, day, month, and year.

1.59 Reasonable Hour shall mean any time between the hours of 8:00 A.M. and 8:00 P.M. daily.

1.60 Registered Professional Nurse shall mean a person who is licensed by the New Jersey State Board of Nursing.

1.61 Restorative Nursing shall mean nursing duties concerned with the self-care activities of daily living, including, but not limited to, positioning, exercise, transfer activities, ambulation, gait training, dressing and undressing, eating, toileting, and personal hygiene and grooming.

1.62 Restraint shall mean a physical device or chemical (medication) used to limit, restrict, or control patient movements.

1.63 Shift shall mean a time period established as a full working day by the facility, as defined in its policy manual.

1.64 Signature shall mean at least the first initial and full surname and title (for example, R.N., L.P.N., D.D.S., M.D.) of a person, legibly written with his/her own hand.

1.65 Social Work Designee shall mean a person who:

1.65.1 Is a high school graduate with four years of full-time, or full-time equivalent, social work experience in a health care facility; or

1.65.2 Has an associate's degree with two years of social work experience; or

1.65.3 Has a bachelor's degree in social work or another major with or without a practicum in a health care or geriatric setting.

1.66 Social Worker shall mean a person who has a master's degree in social work from a graduate school of social work accredited by the Council on Social Work Education, and at least one

year of full-time, or full-time equivalent, social work experience in a health care facility.

1.67 Speech Pathologist or Audiologist shall mean a person who:

1.67.1 Meets the requirements for education and experience for a Certificate of Clinical Competence in the appropriate area (speech pathology or audiology) granted by the American Speech and Hearing Association; or

1.67.2 Meets the educational requirements for certification and is in the process of accumulating the re-uired supervised experience.

1.68 Staff Education Plan shall mean a written plan developed and revised at least annually and implemented throughout the year which describes a coordinated program for staff education for each service, including inservice programs and education, training in patient rights, staff development, on-the-job training, and continuing education, and the intervals and times at which these shall be given. Each employee shall receive education to develop skills and increase knowledge so as to improve patient care. (Occasional attendance at programs or conventions, or speakers invited to the facility, do not solely constitute an acceptable staff education plan.)

1.69 Staff Orientation Plan shall mean a written plan for the orientation of each new employee to the duties and responsibilities of the service to which he/she has been assigned, as well as to the personnel policies of the facility. Each service shall provide an orientation for each new employee, to begin no later than the first day of employment.

1.70 Sterilization shall mean a process of destroying all microorganisms, including those bearing spores.

1.71 Stop Order shall mean a written, signed, and dated statement by a physician mandating the cessation of a written order (except those orders indicated in 6.5.8).

1.72 Supervision shall mean authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his/her sphere of competence, with initial direction and periodic on-site inspection of the actual act of accomplishing the function or activity.

1.72.1 Direct Supervision shall mean the supervision on the premises within view of the supervisor.

1.73 Unit Dose Drug Distribution System shall mean a system in which drugs are delivered to the patient areas in single unit packaging. Each patient shall have his/her own medication tray labeled with his/her name and location in the facility.

Each medication shall be individually wrapped and labeled with the generic and trade names and strength of the drug, lot number or reference code, expiration date, dose, and manufacturer's name, and ready for administration to the patient. Cautionary instructions shall appear on the patient's record of medication, and the system shall include provisions for noting additional information, such as special times or routes of administration. Delivery and exchange of patient medication trays shall occur promptly, and at least one exchange of patient medication trays shall occur daily. The number of doses for each patient shall be sufficient for a maximum of 48 hours.

1.74 Unit Record System shall mean a system of filing the medical record as one unit, in one location within the facility.

2.0 Licensure Procedure

2.1 Certificate of Need

2.1.1 According to Chapters 136 and 138, P.L. 1971, Health Care Facilities Planning Act, N.J.S.A. 26:2H-1 et seq., and amendments thereto, a health care facility shall not be instituted, constructed, expanded, or licensed to operate except upon application for and receipt of a Certificate of Need issued by the Commissioner.

2.1.2 Application forms for a Certificate of Need and instructions for completion may be obtained from:

Review and Comment Program
Division of Health Planning and
Resources Development
New Jersey State Department of Health
CN 360
Trenton, NJ 08625

2.2 Application for Licensure

2.2.1 Following acquisition of a Certificate of Need, any person, organization, or corporation desiring to operate a facility shall make application to the Commissioner for a license on forms prescribed by the Department. Such forms may be obtained from:

Licensing, Certification and Standards
Division of Health Facilities Evaluation
New Jersey State Department of Health
CN 367
Trenton, NJ. 08625

2.2.2 The Department shall charge a nonrefundable fee for the filing of an application for licensure of a health care facility and for the annual renewal of the license in accordance with the following:

Number of Beds	Fee
1- 99	$ 100.00
100-199	200.00
200-299	300.00
300-399	400.00
400-999	500.00

2.2.3 Any person, organization, or corporation considering application for license to operate a facility shall make an appointment for a preliminary conference at the Department with the Licensing, Certification and Standards Program.

2.3 Newly Constructed or Expanded Facilities

2.3.1 The application for license for a new facility shall include written approval of final construction of the physical plant by:

Health Facilities Construction and
Monitoring Program
Division of Health Planning and
Resources Development
New Jersey State Department of Health
CN 360
Trenton, NJ 08625

2.3.2 A final on-site inspection of the construction of the physical plant shall be made by representatives of the Health Care Facilities Construction and Monitoring Program and the Health Facilities Inspection Program, to verify that the building has been constructed in accordance with the final architectural plans approved by the Department.

2.3.3 Any health care facility with a construction program, whether a Certificate of Need is required or not, shall submit plans to the Health Facilities Construction and Monitoring Program of the Department for review and approval prior to the initiation of any work.

2.4 Surveys and Temporary License

2.4.1 When the written application for licensure is approved and the building is ready for occupancy, a survey of the facility by representatives of the Health Facilities Inspection Program of the Department shall be conducted to determine if the facility meets these standards.

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

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

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

2.4.2.1 An office conference for review of the conditions for licensure and operation has taken place between the Licensing, Certification and Standards Program and representatives of the facility, who will be advised that the purpose of the temporary license is to allow the Department to determine the facility's compliance with Chapters 136 and 138, P.L. 1971, Health Care Facilities Planning Act, N.J.S.A. 26:2H-1 et seq., and amendments thereto, and the rules and regulations pursuant thereto;

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

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

2.4.2.4 Survey (s) by representatives of the Department indicate the facility meets these standards; and

2.4.2.5 Professional personnel are employed in accordance with the staffing requirements in these standards.

2.4.3 No health care facility shall accept patients until the facility has the written approval and/or license issued by the Licensing, Certification and Standards Program of the Department. The facility shall accept only that number of patients for which it is approved and/or licensed.

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

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

2.4.6 The temporary license shall be conspicuously posted in the facilty.

2.4.7 The temporary license is not assignable or transferable and shall be immediately void if the facility ceases to operate or if its ownership changes.

2.5 Full License

2.5.1 A full license shall be issued on expiration of the temporary license, if surveys by the Department have determined that the health care facility is operated as required by Chapters 136 and 138, P.L. 1971, Health Care Facilities Planning Act, N.J.S.A. 26:2H-1 et seq., and amendments thereto, and by the rules and regulations pursuant thereto.

2.5.2 A license shall be granted for a period of one year or less as determined by the Department.

2.5.3 The license shall be conspicuously posted in the facility.

2.5.4 The license is not assignable or transferable and it shall be immediately void if the facility ceases to operate or if its ownership changes.

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

2.5.6 The license may not be renewed if local regulations or any other requirements are not met.

2.6 Surrender of License

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

2.7 Waiver

2.7.1 The Commissioner or his/her designee may, in accordance with the general purposes and intent of Chapters 136 and 138, P.L. 1971, Health Care Facilities Planning Act, N.J.S.A. 26:2H-1 et seq., and amendments thereto, and the standards in this document, waive sections of the regulations if, in his/her opinion, such waiver would not endanger the life, safety, or health of the patient or public.

2.7.2 A facility seeking a waiver of these standards shall apply in writing to the Director of the Licensing, Certification and Standards Program of the Department.

2.7.3 A written application for waiver shall include the following:

2.7.3.1 The nature of the waiver requested;

2.7.3.2 The specific standards for which waiver is requested;

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

2.7.3.4 An alternative proposal which would ensure patient safety; and

2.7.3.5 Documentation to support the application for waiver.

2.7.4 The Department reserves the right to request additional information before processing an application for waiver.

2.8 Action Against a License

2.8.1 Violations of the following standards shall result in action to impose a fine: 2.1.1, 2.3.3, and 2.4.3.

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

2.8.3 The Commissioner may order the immediate removal of patients from a facility whenever he/she determines imminent danger to any person's health or safety.

2.8.4 Standards 2.8 - 2.8.3 shall apply to facilities with a temporary license and facilities with a full license.

3.0 General Requirements

3.1 The facility shall provide nursing care and other health and health-related services, under the supervision of a physician, to patients for 24 or more consecutive hours.

3.2 The facility shall comply with applicable federal, state, and local regulations and requirements.

3.3 The facility shall comply will all applicable provisions of Chapters 136 and 138, P.L. 1971, Health Care Facilities Planning Act, N.J.S.A. 26:2H-1 et seq., and amendments thereto.

3.4 The facility shall be responsible for providing or arranging services for patients as required by these standards.

3.5 The ownership of the facility and the property on which it is located shall be disclosed to the Department. Proof of this ownership shall be available in the facility. Any proposed change in ownership shall be reported to the Department in writing at least 30 days prior to the change.

3.6 The facility shall comply with N.J.A.C. 8:31-26.1.

3.7 The facility shall, upon request, submit in writing any documents which are required by these standards to be approved by the Department to the Director of the Licensing, Certification and Standards Program of the Department.

3.7.1 All documents required by these standards shall be retained for a period of at least three years after the date of the annual licensure inspection.

3.7.2 All documents required by these standards shall be made available, upon request, to patients, staff, and the public. Copies of these documents shall be provided, upon request, within a reasonable time, at a reasonable charge, and in accordance with the rules and regulations regarding confidentiality. If any of the requested documents contain information involving confidential corporate or business materials, such information may be deleted; however, if information is deleted for such reasons, the requesting party shall be so informed in writing by the administrator of the reasons for deletions.

3.8 An annual financial report shall be submitted to the Licensing, Certification and Standards Program of the Department.

3.9 The facility shall ensure that the duties and responsibilities of all levels and types of personnel are described in the job descriptions and in the policy and procedure manual for each service, and that personnel are assigned duties based upon their education and training.

3.9.1 All personnel who require licensure or authorization in order to provide patient care shall be licensed or authorized under the appropriate laws or regulations of the State of New Jersey.

3.10 A policy and procedure manual (s) approved by the Department shall be developed and implemented for the organization and operation of the facility. The manual (s) shall be available in the facility to representatives of the Department at all times. The manual(s) shall be reviewed annually, and any revisions shall be approved by the Department. The manual (s) shall include at least the following:

3.10.1 A written narrative of the program and an organizational chart describing the services provided, their interrelationships, staffing patterns, space requirements, and other information relating to the fulfillment of the facility's philosophy and objectives;

3.10.2 A description of referral mechanisms and linkages with consultants and with other health care facilities in order to provide continuity of patient care;

3.10.3 A description of the system for maintenance of patient records while the facility is in operation, and in the event that it ceases to operate;

3.10.4 A description of the process of evaluation of patient care and staff performance;

3.10.5 Definitions of business hours, full-time, and shift;

3.10.6 A staff orientation and a staff education plan, including plans for each service and designation of the person(s) responsible for the training;

3.10.7 Policies and procedures for the maintenance of personnel records for each staff member, including at least his/her name, previous employment, educational background, license number and date of expiration (if applicable), personnel evaluations, health evaluation records, and job description; and

3.10.8 Policies and procedures for employees' health evaluations upon employment and subsequently, including the content and frequency, in accordance with N.J.A.C. 8:31-26.3.

3.11 The facility shall maintain written staffing patterns for each service and weekly duty schedules. Duties shall be assigned in accordance with written job descriptions. Provision shall be made for substitute staff with equivalent qualifications to replace absent staff members.

3.11.1 All staff members shall be awake when on duty.

3.12 The facility shall have a written agreement for consultant services and for services not provided in the facility. The written agreement shall:

3.12.1 Be dated and signed by a representative of the facility and by the person or agency providing the service;

3.12.2 Include each party's responsibilities, functions, objectives, number of hours and days of the week the provider is in the facility, the financial arrangements and charges, and duration of the written agreement;

3.12.3 Specify that the facility retain administrative responsibility for the services rendered; and

3.12.4 Require that the services are provided in accordance with these standards.

3.13 Each consultant shall provide written documentation of each visit made to the facility, to include, but not be limited to, services rendered and recommendations made.

3.14 The facility shall develop and implement a method of patient transportation for health care provided outside the facility which includes plans for security and accountability for the patient and his/her personal effects.

3.15 The facility shall have in effect a transfer agreement with one or more hospitals such that emergency care, inpatient hospital care, and/or other hospital services are available to the facility's patients. The transfer agreement shall:

3.15.1 Ensure the transfer of patients between the hospital and the facility whenever such transfer is ordered by a physician; and

3.15.2 Specify the type of patient records to be transferred with the patient, and the method and timetable for the transfer of such records.

3.16 The facility shall notify the Department immediately by telephone (609-292-4304), followed within 72 hours by a written confirmation, of the following:

3.16.1 Expected or actual interruption or cessation of operations and/or services listed in these standards, or of such other services as fuel, water, heat, gas, or electricity;

3.16.2 Termination of employment of the administrator and/or the director of nursing services, and the name and qualifications of his/her replacement. If a new licensed administrator cannot be designated within 48 hours, the Department shall be so notified in writing and the facility shall make arrangements for licensed administrative supervision on a consultant basis. A new licensed administrator shall be appointed within 30 days;

3.16.3 All alleged or suspected crimes related to patients, which shall also be reported at the time of occurrence to the police department. In addition, the State Office of the Ombudsman for the Institutionalized Elderly shall be notified of any suspected patient abuse or exploitation pursuant to P.L. 1983 C.43, N.J.S.A. 52:27G-7.1;

3.16.4 Occurrence of epidemic disease in the facility; and

3.16.5 All fires, disasters, and all deaths resulting from accidents or incidents in the facility. The written confirmation shall contain information about injuries to patients and/or personnel, disruption of services, and extent of damages.

3.17 The facility shall conspicuously post a notice that the following information is available in the facility, during business hours, to patients, their next of kin and/or sponsors and/or guardians, and the public:

3.17.1 All waivers granted by the Department;

3.17.2 All documents required by these standards;

3.17.3 A list of deficiencies from the last annual licensure inspection and certification survey report (if applicable);

3.17.4 A list of the facility's committees, and the membership, minutes, and annual reports of each;

3.17.5 The names and addresses of members of the governing authority;

3.17.6 Any changes of membership of the governing authority, at least within 30 days of the change;

3.17.7 Policies and procedures regarding patient rights, obligations, and prohibitions, as set forth in N.J.S.A. 30:13-1 et seq.; and

3.17.8 Visiting hours and business hours, including the policies of the facility regarding limitations and activities during these times.

3.18 Copies of the documents listed in standards 3.17-3.17.8 shall be provided, upon request, within a reasonable time, and at a reasonable charge payable in advance.

4.0 Governing Authority

4.1 The facility shall have a governing authority which shall assume legal responsibility for the management, operation, and financial viability of the facility. The governing authority shall be responsible for, but not limited to, the following:

4.1.1 Services provided in the facility and the quality of care rendered to patients;

4.1.2 Provision of a safe physical plant equipped and staffed to maintain the facility and services;

4.1.3 Adoption and documented annual review of written bylaws or their equivalent;

4.1.4 Written confirmation of appointments made by the governing authority;

4.1.5 Formulation and documented annual review of all policies and procedures;

4.1.6 Establishment and implementation of a system whereby patient and staff grievances and/or recommendations, including those relating to patient rights, can be identified within the facility. This system shall include a feedback mechanism through management to the governing authority, indicating that action was taken;

4.1.7 Determination of the frequency of meetings of the governing authority, holding such meetings, and documenting them through minutes, including a record of attendance;

4.1.8 Delineation of the powers and duties of the officers and committees of the governing authority;

4.1.9 Establishment of the qualifications of members and officers of the governing authority, the procedures for electing officers, and the terms of service for members, officers, and committee chairpersons; and

4.1.10 Establishment and implementation of a mechanism for approval of the qualifications, status, and privileges of physicians who may be appointed to the medical staff, including requirements for admission to staff and retention of privileges.

5.0 Administration

5.1 The governing authority shall appoint a licensed administrator, pursuant to N.J.S.A. 26:2H-27 and 26:2H-28 (Chapter 356, P.L. 1968).

5.2 The administrator shall be accountable to the governing authority.

5.3 An alternate shall be designated in writing to act in the absence of the administrator.

5.4 The administrator or his/her alternate shall be on the premises of the facility at all times.

5.5 In a facility with more than 240 patients, in addition to the licensed administrator, a full-time administrative supervisor, who need not be a licensed administrator, shall be appointed. The administrative supervisor shall be assigned to the evening shift and shall be directly responsible to the licensed administrator. The hours of the administrative supervisor shall not be included in the computation of direct patient care time.

5.6 In a facility where a licensed administrator has both administrative and other functions, such as nursing responsibilities, the facility shall maintain written documentation specifying the hours spent by the individual in each function.

5.7 The administrator shall be responsible for, but not limited to, the following:

5.7.1 Planning for and administration of the management, operational, and fiscal components of the facility;

5.7.2 Ensuring the development of, implementing, and enforcing all policies and procedures;

5.7.3 Employing and placing all staff within the facility;

5.7.4 Ensuring the provision of staff education and staff orientation;

5.7.5 Ensuring that a file is maintained for each staff member, including at least his/her name, previous employment, educational background, license number and date of expiration (if applicable), personnel evaluations, health evaluation records, and job description;

5.7.6 Participating in policy and administrative decision-making;

5.7.7 Administering and supervising the nonclinical operations of the program;

5.7.8 Acting as a liaison to the governing authority on behalf of the medical director, the staff, and the patients;

5.7.9 Within 30 days of a patient's discharge, ensuring that the patient treatment plan, including the discharge summary, is provided in the patient's medical record;

5.7.10 Maintaining administrative relationships, communication, and integration with support services and community resources; and

5.7.11 Communicating with staff through group meetings, individual conferences, written memoranda, and/or other methods of exchanging information.

5.8 A nursing home administrator whose license is either suspended or revoked, pursuant to N.J.S.A. 26:2H-27 and 26:2H-28 (Chapter 356, P.L. 1968), shall not be appointed or retained in a facility in any administrative, managerial, supervisory, and/or similar position.

6.0 Patient Care Policies

6.1 The facility shall establish a Patient Care Policy Committee, consisting of, but not limited to, the administrator and a representative of each service offered by the facility, at least on a consultative basis.

6.2 The committee and the governing authority shall review annually all policies and procedures, and shall document the review.

6.3 The facility shall establish and implement written patient care policies and procedures, approved by the Department, governing the services provided.

6.4 All patient care policies shall be available to physicians, staff, patients and their next of kin and/or sponsors and/or guardians, and the public.

6.5 Patient care policies and procedures shall include, but not be limited to, policies and procedures for the following:

6.5.1 Patient rights and responsibilities;

6.5.2 Care of patients, to ensure that all patients are provided with room, board, and services in accordance with these standards and are kept clean, dry, and comfortable, and to ensure that the whereabouts of each patient is known at all times;

6.5.3 Reality orientation for patients, integrated into patient care services;

6.5.4 A definition of emergency;

6.5.5 Emergency care of patients, in accordance with these standards; care of patients during an episode of communicable disease; care of patients with tuberculosis which is not communicable following initiation of chemotherapy, or is nonpulmonary and therefore not transmissible; and care of critically ill or mentally disturbed patients;

6.5.6 Care of deceased patients, to include, but not be limited to, the following:

6.5.6.1 Pronouncement of death. The next of kin and/or sponsor and/or guardian shall be notified at the time of death. The deceased shall not be discharged from the facility until pronounced dead and the death documented in the patient's medical record;

6.5.6.2 Removal of the deceased from rooms occupied by other patients; and

6.5.6.3 Transportation of the deceased in the facility, and removal from the facility, in a dignified manner;

6.5.7 Verbal and telephone orders, to ensure that they are written into the patient's medical record by the person accepting them, and countersigned by the prescriber within seven days;

6.5.7.1 Verbal and telephone orders shall be limited to emergency situations, as defined in the facility's policies and procedures;

6.5.8 Stop orders for medical and laboratory services, indicating length of time orders may be in effect;

6.5.9 Medical recordkeeping;

6.5.10 Assisting patients and ensuring that arrangements are made for transportation in order to obtain health services such as podiatric and dental services, eye examinations, eyeglasses, auditory testing, and hearing aids, when requested by the patient;

6.5.11 Provision of clothing suitable for the climate and weather conditions, of proper size, and compatible with that worn by the patient's peers, in the event that clothing is provided by the facility;

6.5.12 In accordance with the facility's objectives, policies and procedures regarding the maintenance of plants and pets in the facility and on its premises, and including provision for the patients' participation in the care of such plants and pets;

6.5.13 Admission of patients, so that the facility:

6.5.13.1 Admits a patient only on physician's orders which indicate level of care needed;

6.5.13.2 Requires that each patient admitted be under the supervision of a physician;

6.5.13.3 Ensures that a personal interview with the patient, and the next of kin and/or sponsor and/or guardian (if available), is conducted by the administrator or his/her designee, prior to or at the time of the patient's admission. The interview shall include orientation of the patient to the facility's policies, business hours, fee schedule, services provided, and criteria for admission, treatment, and discharge. A summary of the interview shall be documented in the patient's medical record;

6.5.13.4 Ensures that, prior to or at the time of the patient's admission, the patient (if mentally competent), next of kin and/or sponsor and/or guardian signs a written admission agreement which shall include the following provisions:

6.5.13.4.1 The patient, next of kin and/or sponsor and/or guardian agrees to a visit by a physician based upon a schedule which the physician documents in the patient's medical record; and

6.5.13.4.2 The patient, next of kin and/or sponsor and/or guardian agrees that if or when the patient's physician is not available, the administrator shall be authorized to arrange for another physician to care for the patient;

6.5.14 Restrictions to the admission and retention of patients, to ensure that:

6.5.14.1 Patients under 16 years of age shall be admitted only to an area within the facility approved for such occupancy by the Department;

6.5.14.2 A patient who manifests such a degree of behavioral disorder that he/she is a danger to him/herself or others, or whose behavior interferes with the health or safety of other patients, shall not be admitted or retained;

6.5.14.3 A patient suffering from substance abuse or misuse shall not be admitted to or retained in the facility, unless the patient suffers from other illnesses; and

6.5.14.4 Any applicant who, after applying in writing, is denied admission to the facility for reasons other than lack of space, and/or the next of kin and/or sponsor and/or guardian, shall be given the reason for such denial in writing, signed by the administrator, within 15 days;

6.5.15 Financial arrangements, to ensure that the facility:

6.5.15.1 Maintains a written record of all financial arrangements with the patient, next of kin and/or sponsor and/or guardian, with copies furnished to the patient; and

6.5.15.2 Assesses no additional charges, expenses, or other financial liabilities in excess of the daily, weekly, or monthly per diem rate included in the admission agreement, except:

6.5.15.2.1 Upon written approval and authority of the patient, next of kin and/or sponsor and/or guardian. Copies of the written approval shall be given to the patient and/or next of kin and/or sponsor and/or guardian, and shall be attached to the quarterly financial statement; or

6.5.15.2.2 Upon written orders of the patient's physician, stipulating specific services and supplies not included in the admission agreement; or

6.5.15.2.3 Upon 30 days' prior written notice to the patient, next of kin and/or sponsor and/or guardian of additional charges, expenses, or other financial liabilities; or

6.5.15.2.4 In the event of a health emergency involving the patient and requiring immediate, special services or supplies to be furnished during the period of the emergency;

6.5.16 The use of restraints. Policies and procedures governing restraints shall, as a minimum:

6.5.16.1 Define the uses of restraints and types of restraints permitted, specify how often a patient placed in restraint shall be monitored and by whom, and specify the required documentation;

6.5.16.2 Prohibit the use of locked restraints and confinement of a patient in a locked or barricaded room, and prohibit the use of restraints for punishment or for the convenience of facility personnel;

6.5.16.3 Specify that physical restraints be used so as not to cause physical injury or discomfort to the patient. Opportunity for motion and exercise shall be provided for a period of not less than ten minutes during each two-hour period in which the restraint is employed, to ensure opportunity for elimination of body wastes, good body alignment, circulation, and change of position; and

6.5.16.4 Require that a physical restraint be used only when authorized in writing by a physician for a specified period of time except when necessitated by an emergency, in which case it shall be approved by the medical director, or the director of nursing services or his/her designee;

6.5.17 Rules for smoking, in accordance with N.J.S.A. 26:3D-1 et seq. and 26:3D-7 et seq.; and

6.5.18 Procedures for interpretation, if the patient population is non-English speaking, or for patients who are blind or deaf.

7.0 Medical Services

7.1 The governing authority shall appoint a physician to serve as medical director who shall be responsible for the direction, provision, and quality of medical care.

7.2 The medical director shall be responsible for, but not limited to, the following:

7.2.1 Delineating the responsibilities of physicians;

7.2.2 Communicating with physicians to ensure that the patient treatment plan is initiated upon the patient's admission and kept current;

7.2.3 Establishing written policies for utilization of medical consultant and specialist services;

7.2.4 Monitoring the health status of the facility's personnel;

7.2.5 Providing documented investigation of incidents and accidents that occur on the premises;

7.2.6 Providing documented information to the administrator, in order to ensure a safe and sanitary environment for patients and personnel;

7.2.7 With the administrator, assuming responsibility for the execution of patient care policies;

7.2.8 Participating in the development and direction of ongoing staff orientation and staff education programs;

7.2.9 Developing and maintaining a system of medical audit and evaluation of patient care; and

7.2.10 Participating or ensuring physician representation in the facility's committees, at least on a consultative basis.

7.3 In addition to those items listed in 7.2-7.2.10, the medical director in a facility with a medical staff shall be responsible for planning, developing, and implementing written medical policies, including medical staff bylaws, rules and regulations, in cooperation with the medical staff. These shall be submitted to the governing authority for approval, and shall include, but not be limited to, the following:

7.3.1 A table of organization for the medical staff;

7.3.2 A plan for medical staff meetings and their documentation through minutes; and

7.3.3 The qualifications, status, and privileges of physicians, dentists, optometrists, podiatrists, and others who may be granted staff membership.

7.4 The facility shall:

7.4.1 Require that, upon admission, the patient, next of kin and/or sponsor and/or guardian designate a physician for the patient;

7.4.2 Obtain from the patient's physician confirmation that he/she will visit the patient and revise the patient's treatment plan in accordance with a schedule which he/she documents in the patient's medical record; and

7.4.3 Require that the patient's physician, the patient, or the patient's next of kin and/or sponsor and/or guardian designate an alternate physician to attend the patient for periodic or emergency visits whenever the patient's physician is not available.

7.5 The administrator or his/her designee shall:

7.5.1 Verify that the patient's medical record contains documentation of the name, address, and telephone number of the patient's physician;

7.5.2 Notify the patient's physician whenever a physician visit is required or in an emergency;

7.5.3 Ensure that the patient is visited by a physician for the scheduled visits and in response to an emergency;

7.5.4 Assist in the development of, and implement, written procedures to provide emergency medical care. The written procedures and a list of physicians available to provide emergency medical care shall be posted in each nursing unit; and

7.5.5 Ensure that the patient's next of kin and/or sponsor and/or guardian is notified no more than three hours after the occurrence of an accident or of deterioration in the patient's condition, and that the notification is documented.

7.6 The patient's physician shall agree:

7.6.1 To visit the patient in accordance with a schedule which he/she documents in the patient's medical record, and to write, sign, and date a progress note at the time of each visit;

7.6.2 To write the medical portion of the patient treatment plan at the time of the patient's admission, and to review and revise the patient treatment plan in accordance with a schedule which he/she documents in the patient's medical record; and

7.6.3 To be called in any emergency.

7.7 The physician shall document in the patient's medical record:

8.0 Nursing Services

8.1 The facility shall provide nursing services and licensed nursing personnel 24 hours a day, seven days a week.

8.2 The facility shall maintain the organization, management, and operation of nursing services in accordance with a written organizational plan which shall describe the responsibility, authority, and accountability relationships of personnel, the functional structure of the service, and the relationship of the nursing service to other services.

8.3 There shall be nursing and ancillary nursing personnel on each nursing unit to provide at least 2.75 hours of direct nursing care for each skilled nursing patient, 2.5 hours for each ICF-A patient, and 1.25 hours for each ICF-B patient, during a 24-hour period. Direct nursing care shall be limited to nursing duties.

8.4 There shall be at least one registered professional nurse on the day shift seven days a week.

8.5 Computation of direct nursing care time shall not include the hours of the director of nursing services, except in facilities with 45 or fewer beds.

8.6 No member of the nursing staff shall be counted in the staffing pattern of more than one nursing unit per shift.

8.7 Of the total nursing personnel, the ratio of registered professional nurse hours to ancillary nursing hours shall not be less than 1 to 5, with 25 percent credit for licensed practical nurse hours. Professional and licensed nursing personnel shall be distributed on each shift.

8.8 There shall be at least two nursing personnel awake and on duty at all times.

8.9 The facility shall have on duty at all times during the day shift a registered professional nurse designated in writing as the director of nursing services. A licensed nurse shall be designated in writing to act in the director's absence on evening and night shifts or when the director is not available.

8.10 The director of nursing services shall be responsible for the direction, provision, and quality of nursing care provided. He/she shall be responsible for, but not limited to, the following:

8.10.1 Developing and maintaining written objectives, a philosophy of nursing, standards of practice, policies, a procedure manual, and an organizational plan for the nursing service;

8.10.2 Participating in total planning and budgeting for the nursing service, including recommending the number and levels of nursing and ancillary nursing personnel to be employed;

8.10.3 Coordinating and integrating the nursing service with other patient care services in the facility to provide a continuum of care for the patient;

8.10.4 Participating or ensuring representation of the nursing service in the facility's staff committees, including, but not limited to, the Patient Care Policy, Evaluation, Pharmaceutical, and Discharge Planning Committees;

8.10.5 Maintaining working relationships with administration through conferences, written memoranda, and other methods of exchanging information;

8.10.6 Developing and maintaining written job descriptions for nursing and ancillary nursing personnel;

8.10.7 Selecting for employment, designating staffing patterns for, and assigning duties to all nursing and ancillary nursing personnel, to provide 24-hour-a-day coverage;

8.10.8 Assisting in the development of, and participating in, staff orientation and staff education programs for the facility and the nursing service, and documenting these activities;

8.10.9 Ensuring that a registered professional nurse assesses the nursing needs of each patient, prepares an individual nursing care plan for each patient upon admission, and reassesses the nursing needs of each patient in accordance with a schedule which he/she documents in the patient's medical record;

8.10.10 Ensuring that nursing services are provided to each patient;

8.10.11 Ensuring that each patient has a written patient treatment plan, coordinated and maintained by the nursing service, in accordance with the physician's medical care plan, and implemented upon admission;

8.10.12 At the time of discharge, ensuring that the nursing portion of the patient treatment plan and the nursing portion of the discharge summary and discharge plan are provided in the patient's medical record; and

8.10.13 Providing daily documentation, including, but not limited to, the daily census and staffing patterns, and indicating classification and number of nursing, ancillary nursing, and relief personnel who worked on each nursing unit for each shift.

8.11 In facilities with a full-time supervisor of nurses, the supervisor shall be responsible for, but not limited to, the following:

7.7.1 A signed, dated admission and medical history, and a report of physical examination, including patient's weight, results of chest X-ray (at the discretion of the physician), medical findings, diagnoses, and rehabilitation potential. Patients under age 35 shall also have an intradermal tuberculin test (and follow-up if necessary), with the exception of positive tuberculin reactors, who shall have a chest X-ray given within a period of time specified and documented by a physician in the patient's medical record. These shall be provided by the physician within 48 hours before or after the patient's admission to the facility, unless such history and examination were performed within five days prior to admission and documented in the patient's medical record;

7.7.2 The medical care plan which is the medical portion of the patient treatment plan; and

7.7.3 All initial and subsequent orders for services to be provided to the patient, including the frequency and modality of rehabilitation services.

8.11.1 Assisting in employment interviews and in employing and assigning nursing and ancillary nursing personnel to nursing units;

8.11.2 Making daily rounds to observe patients and nursing care;

8.11.3 Reviewing and evaluating patient treatment plans and nursing care plans;

8.11.4 Supervising and evaluating staff performance;

8.11.5 Consulting with the charge nurse to determine the nursing care needed and to make staffing recommendations to the director of nursing services;

8.11.6 Assisting the director of nursing services in determining staff education needs and in the planning and organization of staff orientation and staff education programs; and

8.11.7 Assisting the director of nursing services in developing and maintaining written objectives, standards of practice, policies, a procedure manual, and an organizational plan for the nursing service.

8.12 The director of nursing services shall designate in writing a charge nurse on each nursing unit for each shift, seven days a week. The charge nurse shall be responsible for, but not limited to, the following:

8.12.1 Supervising and evaluating all nursing and ancillary nursing personnel and activities related to nursing care in the nursing unit;

8.12.2 Assessing the needs of each patient, developing, implementing, and evaluating the nursing portion of the patient treatment plan;

8.12.3 Assigning duties and delegating responsibilities to nursing and ancillary nursing personnel for provision of nursing care;

8.12.4 Assisting in the organization and teaching of staff orientation and staff education programs for nursing and ancillary nursing personnel;

8.12.5 Assisting the director of nursing services in developing and maintaining written objectives, a philosophy of nursing, standards of practice, policies, a procedure manual, and an organizational plan for the nursing service;

8.12.6 Assuming responsibility for direct patient care; and

8.12.7 Assuming responsibility for observations, evaluations, and reporting of patients' symptoms, reactions, and progress to the patient's physician.

8.13 In accordance with the State of New Jersey Nursing Practice Act, N.J.S.A. 45:11-23 et seq., the standards in Sections 7.0 and 9.0, and written job descriptions, nursing and ancillary nursing personnel shall be responsible for, but not limited to, the following:

8.13.1 Providing direct nursing care;

8.13.2 Ensuring that each patient receives treatments, medications, and diets in accordance with the physician's medical care plan;

8.13.3 Ensuring that each patient is kept clean, dry, and comfortable;

8.13.4 Providing care toward the prevention of decubitus ulcers;

8.13.5 Providing care toward the prevention of infection, accident, and injury;

8.13.6 Assessing the needs of each patient and developing, implementing, evaluating, and revising the nursing care plan;

8.13.7 Assisting patients who need help with meals. Nursing and/or ancillary nursing personnel shall be in the dining room during each meal;

8.13.8 Assessing, observing, and monitoring the patient's response to treatment and nursing care;

8.13.9 Coordinating nursing care with other patient care services;

8.13.10 Teaching, supervising, and consulting with other personnel, the patient, next of kin and/or sponsor and/or guardian, regarding methods of meeting the nursing care needs and other related problems of the patient (registered professional nurses only shall perform these functions which may be reinforced by licensed nursing personnel); and

8.13.11 Providing restorative nursing care to all patients. This shall include, but not be limited to, the following:

8.13.11.1 Maintaining the patient's body positioning and alignment both in and out of bed, performing passive range of motion exercises, and teaching the patient to perform active range of motion exercises;

8.13.11.2 Encouraging and assisting bedfast patients to change position at least every two hours day and night to stimulate circulation and prevent decubitus ulcers, contractures, and other deformities;

8.13.11.3 Encouraging patients to remain out of bed, except when contraindicated by a physician's orders;

8.13.11.4 Encouraging patients to achieve independence in activities of daily living by teaching self-care, transfer, and ambulation activities;

8.13.11.5 Assisting patients to use their prosthetic devices in accordance with a physician's instructions;

8.13.11.6 Assisting patients to carry out prescribed rehabilitation therapy between visits of the therapist; and

8.13.11.7 Instituting and maintaining bowel and bladder training.

8.14 In accordance with written job descriptions and with the standards in this document, nursing personnel shall enter in the patient's medical record:

8.14.1 The nursing care plan which is the nursing portion of the patient treatment plan. This shall be reviewed, and revised as necessary, by a licensed nurse in accordance with a schedule documented in the patient's medical record;

8.14.2 Clinical notes;

8.14.3 Progress notes, in accordance with a schedule documented in the patient's medical record; and

8.14.4 A record of medication. After each administration of medication, the following shall be documented: name and strength of the drug, date and time of administration, dosage administered, route of administration, and signature of the licensed nurse administering the drug. (Initials may be used after the licensed nurse's full signature appears at least once in the patient's medical record in accordance with a system approved by the Department.)

8.15 Nursing Care Services Related to Pharmaceutical Services. Nursing personnel shall be responsible for, but not limited to, ensuring the following:

8.15.1 All medications are prescribed in writing and the order signed and dated by the prescriber. Medications shall be administered in accordance with all federal and state laws and regulations by the following licensed or authorized personnel:

8.15.1.1 Registered professional nurses;

8.15.1.2 Licensed practical nurses who have undergone formal training in the administration of medication in programs approved by the New Jersey State Board of Nursing;

8.15.1.3 Nurses with valid "permission to work" letters issued by the New Jersey State Board of Nursing (N.J.A.C. 13:37-3.5; 13:37-4.6; 13:37-10.4; and 13:37-11.5). This excludes foreign exchange visitor nurses;

8.15.1.4 Unlicensed nurses who are graduates of domestically accredited nursing schools, pending the results of the first two consecutive licensing examinations immediately following the

completion of their nursing program (N.J.A.C. 13:37-2.7 and 13:37-9.5); and

8.15.1.5 Student nurses in a school of nursing approved by the New Jersey State Board of Nursing under the direct supervision and within immediate view of a registered professional nurse;

8.15.2 Medications are not prepoured. Medications are administered promptly (immediately) after the dose has been prepared, and by the individual who prepared the dose, except where a unit dose drug distribution system is used, and documented in the patient's medical record by that individual;

8.15.3 Medications for individual patients are kept stored in the original prescription containers and there is no transferring between containers;

8.15.4 Medications prescribed for one patient are not administered to another patient;

8.15.5 Medication errors and adverse drug reactions are orally reported immediately to the director of nursing services, the prescriber, the administrator, and the pharmacist, and an entry made in the patient's medical record by the end of the shift. The pharmacy and therapeutics committee shall review all incidents relating to drugs, including medication errors and adverse drug reactions;

8.15.6 Discontinued, unused, expired (outdated), recalled, visibly deteriorated, or unlabelled drugs and intravenous solutions, and containers with worn, illegible, damaged, incomplete, or missing labels, are returned to the institutional pharmacy or, in the absence of an institutional pharmacy, to a location specified in the policies and procedures manual, for relabeling, disposal, or destruction within 30 days, in accordance with state and federal laws. Drug product defects shall be reported in accordance with the ASHP-USP-FDA (American Society of Hospital Pharmacists, United States Pharmacopoeia, Food and Drug Administration) Drug Product Defect Reporting System;

8.15.7 Medications for external use are kept separate from medications for internal use;

8.15.8 All medications are kept in locked storage areas. Medication storage and preparation areas shall be kept locked when not in use. Medications requiring refrigeration shall be kept in a separate, locked box in the refrigerator, in a locked refrigerator, or in a refrigerator in the locked medication room, in or near the nursing unit. The refrigerator shall have a thermometer to indicate temperature in conformance with U.S.P. (United States Pharmacopoeia) requirements;

8.15.9 Hypodermic needles and syringes are stored, used, and disposed of in accordance with the laws of the State of New Jersey and amendments thereto. A verifiable record system shall be maintained of the purchase, storage, and disposal of hypodermic needles and syringes;

8.15.10 Controlled substances are stored and verified according to the Controlled Dangerous Substances Acts and amendments thereto, in compliance with all federal and state laws and regulations, including the New Jersey State Board of Pharmacy Rules, concerning procurement, storage, dispensing, administration, and disposition, and in accordance with the following:

8.15.10.1 A verifiable record system shall be maintained for controlled substances;

8.15.10.2 Controlled substances shall be stored separately from all other substances, and in a cabinet separate from that used for storing the unit dose drug distribution system;

8.15.10.3 All substances in Schedules III and IV of the Controlled Dangerous Substances Acts and amendments thereto shall be stored under lock and key in each nursing unit. All substances in Schedule II shall be stored in a separate, locked box or drawer within the locked medication cabinet, medication room, refrigerator, or mobile medication cart. The keys shall be kept on a person who meets the criteria listed in standards 8.15.1.1 through 8.15.1.5;

8.15.10.4 An inventory of all substances in Schedule II of the Controlled Dangerous Substances Acts and amendments thereto, retained in each nursing unit, shall be made at the termination of each tour of duty. This record shall be signed by both the outgoing and incoming nurses who shall meet the criteria listed in standards 8.15.1.1 through 8.15.1.5. The following shall be recorded: name of the patient receiving the medication, prescriber's name, name and strength of the drug, date received from the pharmacy, date of administration, dosage administered, method of administration, signature of the licensed nurse administering the drug, amount of medication remaining, amount of medication wasted (when appropriate), and the signature of the nurse witnessing the destruction of medication wasted (when appropriate);

8.15.10.5 In the event that the inventories cannot be verified or drugs are lost, contaminated, wasted, or destroyed, a report of such incident is written and signed by the licensed nurses involved and any witnesses present, and copies are sent for review to the director of nursing services, the director of pharmaceutical services or consultant pharmacist, and the administrator; and

8.15.10.6 Procedures shall be established and implemented for disposition of partial doses of controlled substances.

9.0 Pharmaceutical Services

9.1 The facility shall provide pharmaceutical services, either directly or through written agreement, 24 hours a day, seven days a week.

9.2 The facility shall maintain the organization, management, and operation of the pharmaceutical services in accordance with a written organizational plan which shall describe the responsibility, authority, and accountability relationships of personnel, the functional structure of the service, and the relationship of the pharmaceutical service to other services.

9.3 If the facility maintains an institutional pharmacy, the pharmacy shall be licensed by, and in accordance with, the New Jersey State Board of Pharmacy, and shall possess a current Drug Enforcement Administration registration and a Controlled Dangerous Substance registration from the Department.

9.4 If the facility does not maintain an institutional pharmacy to provide direct pharmaceutical services, the facility shall appoint a pharmacist as consultant and shall have written methods and procedures for obtaining prescribed medications and biologicals directly from a pharmacy licensed by the New Jersey State Board of Pharmacy. The phone number of the pharmacy shall be posted at each nursing unit.

9.5 A multidisciplinary Pharmacy and Therapeutics Committee shall be appointed by and accountable to the governing authority. The committee shall consist of at least the medical director, the administrator, a representative of the nursing staff, and the director of pharmaceutical services or consultant pharmacist. The committee shall meet at least quarterly, and shall document dates of meetings, a record of attendance, and the committee's activities, findings, and recommendations. The committee shall be responsible for, but not limited to, development of policies and procedures, approved by the Department, including at least the following:

9.5.1 Policies and procedures regarding emergency kits, including the following:

9.5.1.1 Approval of their contents;

9.5.1.2 Approval of their locations;

9.5.1.3 Determination of the frequency for checking contents, including expiration dates;

9.5.1.4 Assignment of responsibility for checking the contents; and

9.5.1.5 Ensuring that emergency kits are not kept under lock and key;

9.5.2 Methods for obtaining drugs, including in emergencies;

9.5.3 A policy that the label of each patient's individual medication container is permanently affixed and indicates the patient's full name and location in the facility, physician's name, prescription number, name and strength of drug, date of issue, name, address, and telephone number of the pharmacy issuing the drug, cautionary and/or accessory labels, and directions for use;

9.5.4 Policies and procedures in the event that a patient refuses a prescribed medication;

9.5.5 Policies and procedures for drug administration, including, but not limited to, the following:

9.5.5.1 Procedures for a drug distribution and medication administration system, approved by the Department;

9.5.5.2 Times of day for administration of medications prescribed for fixed intervals; and

9.5.5.3 Procedures for documentation in the patient's medical record of medications administered, including the name and strength of the drug, date and time of administration, dosage administered, method of administration, and signature of the person administering the drug;

9.5.6 If in accordance with facility policy, policies and procedures regarding self-administration of medications, including, but not limited to, the following:

9.5.6.1 Self-administration shall not be permitted, except on written order of the prescriber as documented in the patient's medical record;

9.5.6.2 Storage of medications in locked storage areas in patients' rooms. Duplicate keys to medication storage areas in patients' rooms are available to the administrator or his/her alternate;

9.5.6.3 Specifications for labeling of medications;

9.5.6.4 Methods for documentation in the patient's medical record of self-administration;

9.5.6.5 Training of patients in self-administration; and

9.5.6.6 Ensuring that patients do not share their medications or take the medications of another patient;

9.5.7 Policies and procedures prohibiting the use of previously acquired personal medications of patients;

9.5.8 A policy that, if medications are released to patients upon discharge, this shall be done only on the written authorization of the prescriber, and relabeled and repackaged by the pharmacist with directions for use, in accordance with the New Jersey State Board of Pharmacy Rules. Documentation of released medications shall be entered in the patient's medical record;

9.5.9 Policies and procedures for documenting and reviewing adverse drug reactions, medication errors, and drug defects, including, but not limited to, the following:

9.5.9.1 Allergies shall be documented in the patient's medical record and on its outside front cover; and

9.5.9.2 Medication errors and adverse drug reactions shall be orally reported immediately to the director of nursing services, the prescriber, the administrator, and the pharmacist, and an entry made in the patient's medical record by the end of the shift. The Pharmacy and Therapeutics Committee shall review all incidents relating to drugs, including medication errors and adverse drug reactions;

9.5.10 Policies and procedures for ensuring the immediate delivery of initial or stat. doses;

9.5.11 Policies and procedures for stop orders, including, but not limited to, the following:

9.5.11.1 The length of time orders may be in effect; and

9.5.11.2 Drugs not specifically limited as to duration of use or number of doses when ordered shall be controlled by automatic stop orders;

9.5.12 If drug dispensing devices are used, policies and procedures for their use, in accordance with the New Jersey State Board of Pharmacy Rules;

9.5.13 Policies and procedures regarding the provision of current pharmaceutical reference materials and sources of information, approved by the Pharmacy and Therapeutics Committee. Information on drugs, including investigational drugs if used, their indications, contraindications, actions, reactions, interactions, cautions, precautions, toxicity, and dosage, shall be provided in each nursing unit. Current antidote information and the telephone number of the regional poison control center shall be available in the pharmacy and/or each nursing unit. Current federal and state drug law information shall be available. The Pharmacy and Therapeutics Committee shall specify the minimal reference materials to be kept in the

nursing unit, and methods for communicating product information to the staff;

9.5.14 A list of abbreviations and chemical symbols; and

9.5.15 Policies and procedures concerning the activities of medical and pharmaceutical sales representatives in the facility. Drug samples shall not be distributed or used in the facility.

9.6 A pharmacist shall be appointed as director of pharmaceutical services or as consultant pharmacist. He/she shall be responsible for the direction, provision, and quality of the pharmaceutical services provided. He/she shall be responsible for, but not limited to, the following:

9.6.1 Together with the Pharmacy and Therapeutics Committee, developing and maintaining written objectives, standards of practice, policies, a procedure manual, and an organizational plan for the pharmaceutical service;

9.6.2 Coordinating and integrating the pharmaceutical service with other patient care services in the facility to provide a continuum of care for the patient;

9.6.3 Participating or ensuring representation of the pharmaceutical service in staff committees, at least on a consultative basis;

9.6.4 Maintaining working relationships with administration through conferences, written memoranda, and other methods of exchanging information;

9.6.5 Assisting in the development of, and participating in, staff orientation and staff education programs for the facility, and documenting these activities;

9.6.6 Providing pharmaceutical services to patients;

9.6.7 Providing guidance and consultation regarding pharmaceutical services to patients, staff, and the public;

9.6.8 Preparing, reviewing, dating, and signing the pharmacist consultation sheet in each patient's medical record at least monthly, noting any findings and recommendations in accordance with standard 1.51;

9.6.9 Providing reports to the Pharmacy and Therapeutics Committee on the status of the facility's pharmaceutical services, an analysis of any incident reports relating to drug therapy, and results of the monthly inspection of all areas in the facility where medications are dispensed, administered, or stored.

10.0 Dietary Services

10.1 The facility shall meet the daily nutritional needs of patients by providing dietary services directly or through written agreement. If services are provided through written agreement, the services provided shall adhere to these standards.

10.2 The facility shall maintain the organization, management, and operation of dietary services in accordance with a written organizational plan which shall describe the responsibility, authority, and accountability relationships of personnel, the functional structure of the service, and the relationship of the dietary service to other services.

10.3 The facility shall appoint a dietitian on a full-time, part-time, or consultant basis. The dietitian shall provide dietary services in the facility at least eight hours per month with additional consultation hours as needed to comply with these standards. If the dietitian is appointed on a consultant basis, his/her hours shall be scheduled for different times on successive visits.

10.4 The dietitian shall be responsible for the direction, provision, and quality of the dietary service provided. He/she shall be responsible for, but not limited to, the following:

10.4.1 Developing and implementing written objectives, standards of practice, policies, a procedure manual, and an organizational plan for the dietary service;

10.4.2 Participating in planning and budgeting for the dietary service, including recommending to the administrator the number and levels of dietary service personnel to be employed and the equipment and supplies to be purchased, and developing methods of food cost control;

10.4.3 Coordinating and integrating the dietary service with other patient care services in the facility and with services in the community to provide a continuum of care for the patient;

10.4.4 Participating or ensuring representation of the dietary service in the facility's staff committees, at least on a consultative basis;

10.4.5 Maintaining working relationships with administration through conferences, written memoranda, and other methods of exchanging information;

10.4.6 Developing and maintaining written job descriptions for dietary personnel;

10.4.7 Participating in selecting for employment, assigning duties to, supervising, and evaluating all dietary personnel;

10.4.8 Assisting in the development of, and participating in, staff orientation and staff education programs for the facility, and documenting these activities;

10.4.9 Assessing, upon admission, the dietary needs of the patient, preparing the dietary portion of the patient treatment plan, and reassessing the patient's response to dietary services in accordance with a schedule which the dietitian documents in the patient's medical record;

10.4.10 Ensuring the provision of dietary services to the patient, as specified in the patient treatment plan;

10.4.11 Providing dietary counseling and nutritional guidance to the patient, his/her family, and staff;

10.4.12 Participating in developing, implementing, reviewing, and revising the dietary portions of the patient treatment plan and discharge plan; and

10.4.13 Reviewing and approving all menus.

10.5 The facility shall ensure that the dietary service:

10.5.1 Provides nutrients and calories for each patient, as ordered by a physician, based upon current recommended dietary allowances of the Food and Nutrition Board of the National Academy of Sciences, National Research Council, adjusted for age, sex, weight, physical activity, and therapeutic needs of the patient;

10.5.2 Provides a current diet manual, approved by the Patient Care Policy Committee, the dietitian, and the Department, in the dietary department and in each nursing unit;

10.5.3 Serves diets that are consistent with the diet manual and in accordance with physicians' orders;

10.5.4 Schedules dietary service personnel for a period of at least 12 hours daily;

10.5.5 Schedules meals so that no more than 14 hours elapses between an evening meal and breakfast the next morning, and the first meal is not served before 7 a.m.;

10.5.6 Selects foods and beverages and prepares menus with regard for the nutritional and therapeutic needs, cultural backgrounds, food habits, and personal food preferences of patients;

10.5.7 Has written and dated menus planned at least 14 days in advance for all diets, and does not use the same menu more than once in one week;

10.5.8 Posts current menus with portion sizes in the food preparation area, and posts any changes in menus. Menus, with changes, shall be kept on file in the dietary department for at least 30 days;

10.5.9 Prepares and serves daily to patients at least three meals or their equivalent. At least two meals shall contain three or more menu items, one of which is or shall include a high quality protein food such as meat, fish, eggs, or cheese. Each meal shall represent no less than 20 percent of the day's total calories, and at least 10 percent of the day's total calories shall be provided by protein;

10.5.10 Provides between meal and bedtime nourishments and has beverages available at all times for each patient, unless contraindicated by a physician as documented in the patient's medical record;

10.5.11 Offers substitute foods and beverages to all patients who refuse the food served at mealtimes. Such substitutes shall be of equivalent nutritional value;

10.5.12 Designates responsibility for observation and documentation of meals refused or missed;

10.5.13 Provides self-help feeding devices;

10.5.14 Prepares food by cutting, chopping, grinding, or blending to meet the needs of each patient; and

10.5.15 Complies with the provisions of the New Jersey State Sanitary Code, N.J.A.C. 8:24.

10.6 Each patient shall be encouraged to eat in the dining room, unless bedfast and/or contraindicated, as documented by a physician in the patient's medical record.

10.7 The facility shall appoint a full-time food service supervisor who, if not a dietitian, functions with scheduled consultation from a dietitian.

10.8 The food service supervisor, under the direction of a dietitian, shall be responsible for, but not limited to, the following

10.8.1 Implementing written objectives, standards of practice, policies, procedures, and the organizational plan for the dietary service;

10.8.2 Coordinating and integrating the dietary service with other patient care services to provide a continuum of care for the patient;

10.8.3 Maintaining working relationships with administration through conferences, written memoranda, and other methods of exchanging information;

10.8.4 Assisting in the development of, and participating in, staff orientation and staff education programs for the facility and the dietary service, and documenting these activities;

10.8.5 Maintaining a record of all patients, identified by name, location, diet order, and such other information as food likes and dislikes, allergies, and meal patterns when on a calculated diet. Such identification shall appear on each patient's tray or in the dining room;

10.8.6 Ensuring that therapeutic diets as ordered by a physician are served, and that no patient receives a therapeutic diet, except as ordered by a physician;

10.8.7 Establishing and maintaining a method of recording and transmitting diet orders and changes received from the nursing service;

10.8.8 Maintaining a file of recipes, adjusted to yield, which shall be used in preparing foods listed on the posted menus;

10.8.9 Recommending the quantity, kinds, and variety of food and supplies to be purchased; and

10.8.10 Providing records of weekly menus of all diets served to patients.

10.9 The dietitian shall enter in the patient's medical record:

10.9.1 The dietary care plan which is the dietary portion of the patient treatment plan. This shall be reviewed, and revised as necessary, by the dietitian in accordance with a schedule documented in the patient's medical record;

10.9.2 Clinical notes; and

10.9.3 Progress notes, in accordance with a schedule which the dietitian documents in the patient's medical record.

11.0 Rehabilitation Services

11.1 The facility shall provide physical and occupational therapy, speech pathology, and audiology services directly or through written agreement, when prescribed by a physician. Such services shall be performed on the premises for skilled nursing patients.

11.2 The facility shall maintain the organization, management, and operation of rehabilitation services in accordance with a written organizational plan which shall describe the responsibility, authority, and accountability relationships of personnel, the functional structure of the service, and the relationship of the rehabilitation service to other services.

11.3 The facility shall appoint a supervisor for each rehabilitation service offered, who shall be responsible for the direction, provision, and quality of the rehabilitation service. He/she shall be responsible for, but not limited to, the following:

11.3.1 Developing and maintaining written objectives, standards of practice, policies, a procedure manual, and an organizational plan for the rehabilitation service;

11.3.2 Participating in planning and budgeting for the rehabilitation service, including recommending to the administrator the number and levels of rehabilitation personnel to be employed and the equipment and supplies to be purchased;

11.3.3 Coordinating and integrating the rehabilitation service with other patient care services in the facility to provide a continuum of care for the patient;

11.3.4 Participating or ensuring representation of the rehabilitation service in the facility's staff committees, at least on a consultative basis;

11.3.5 Maintaining working relationships with administration through conferences, written memoranda, and other methods of exchanging information;

11.3.6 Developing and maintaining written job descriptions for rehabilitation personnel;

11.3.7 Selecting for employment, assigning duties to, supervising, and evaluating all rehabilitation service personnel;

11.3.8 Assisting in the development of, and participating in, staff orientation and staff education programs for the facility and documenting these activities;

11.3.9 Ensuring that the rehabilitation personnel assess the rehabilitation needs of each patient upon orders of a physician, prepare an individual rehabilitation care plan, and reassess the

patient's response to rehabilitation services in accordance with a schedule which the therapist, speech pathologist, or audiologist documents in the patient's medical record; and

11.3.10 Ensuring that rehabilitation services are provided to the patient as specified in the patient treatment plan.

11.4 Each therapist, speech pathologist, and audiologist shall be responsible for, but not limited to, the following:

11.4.1 Assessing the degree of functioning and disability of the patient receiving the service, preparing the rehabilitation care plan, and, with a physician, reassessing the patient's response to treatment in accordance with a schedule which the therapist, speech pathologist, or audiologist justifies and documents in the patient's medical record;

11.4.2 Providing treatment services as specified in the rehabilitation care plan, and reporting the patient's responses to a physician within 14 days of the initiation of rehabilitation services;

11.4.3 Providing rehabilitation guidance and consultation to other patient care personnel;

11.4.4 Developing a maintenance rehabilitation regimen for the patient when approved by a physician, instructing other patient care personnel in its procedures, and reevaluating and revising the maintenance regimen, as indicated in the rehabilitation care plan; and

11.4.5 Participating in developing, reviewing, and revising the rehabilitation portion of the patient treatment plan of patients receiving rehabilitation services.

11.5 Each therapist, speech pathologist, and audiologist providing services to the patient shall enter in the patient's medical record:

11.5.1 The rehabilitation care plan which is the rehabilitation portion of the patient treatment plan. This shall be reviewed, and revised as necessary, by the therapist, speech pathologist, or audiologist, and by a physician in accordance with a schedule documented in the patient's medical record;

11.5.2 Clinical notes; and

11.5.3 Progress notes, in accordance with a schedule which the therapist, speech pathologist, or audiologist documents in the patient's medical record.

12.0 Social Work Services

12.1 The facility shall provide social services directly or through written agreement.

12.2 The facility shall maintain the organization, management, and operation of social services in accordance with a written organizational plan which shall describe the responsibility, authority, and accountability relationships of personnel, the functional structure of the service, and the relationship of the social service to other services.

12.3 The facility shall ensure visual and auditory privacy for social service interviews with patients and their families and/or sponsors and/or guardians.

12.4 The facility shall appoint a social worker or a social work designee who shall provide social services in the facility at least one hour per week for every six patients. Social work consultation to the designee shall be at least eight hours per month in facilities with more than 60 patients and at least four hours per month in facilities with 60 or fewer patients. Social work consultation shall be on-site and provided in accordance with the following time frames:

12.4.1 For at least two years, if the social work designee has an associate's degree with two years of social work experience;

12.4.2 For at least one year, if the social work designee has a bachelor's degree other than in social work; or

12.4.3 For at least six months, if the social work designee has a bachelor's degree in social work without a practicum in a health care or geriatric setting; and

12.4.4 Social work consultation shall not be required when the social work designee has a bachelor's degree in social work and has completed a practicum in a health care or geriatric setting.

12.5 The social worker, or the designee under the direction of the social worker, shall be responsible for the direction, provision, and quality of the social service. He/she shall be responsible for, but not limited to, the following:

12.5.1 Developing and implementing written objectives, standards of practice, policies, a procedure manual, and an organizational plan for the social service. This shall include policies and procedures for the use and coordination of social services available through hospitals, community health programs, and community social agencies;

12.5.2 Participating in planning and budgeting for the social service, including recommending to the administrator the number and levels of social service personnel to be employed and the equipment and supplies to be purchased;

12.5.3 Coordinating and integrating the social service with other patient care services to provide a continuum of care for the patient;

12.5.4 Participating or ensuring representation of the social service in the facility's committees, at least on a consultative basis;

12.5.5 Maintaining working relationships with administration through conferences, written memoranda, and other methods of exchanging information;

12.5.6 Developing and maintaining written job descriptions for social service personnel;

12.5.7 Selecting for employment, assigning duties to, supervising, and evaluating all social service personnel;

12.5.8 Assisting in the development of, and participating in, staff orientation and staff education programs for the facility and documenting these activities;

12.5.9 Assessing each patient to identify any social service needs or problems he/she may have in the facility and/or with his/her family, reassessing the patient's social service needs at least every six months, and preparing an individual social service care plan if the assessment or reassessment indicates a need for social services;

12.5.10 Providing ongoing individual and/or group counseling of patients, their families and/or sponsors and/or guardians;

12.5.11 Ensuring social services as specified in the social service care plan;

12.5.12 Contacting social service and other agencies for information, referrals, and services; and

12.5.13 Participating in developing, implementing, reviewing, and revising the social service portion of the patient treatment plan.

12.6 The social worker or designee shall enter in the patient's medical record:

12.6.1 A social service assessment initiated upon admission, after an initial interview with the patient and/or his/her family, sponsor and/or guardian. This shall include a social history, including family background, education, employment, interests, activities, organizational memberships, psychosocial functioning, relationships with family and friends, and reasons for, and reactions to, placement in the facility. The assessment shall be reviewed and revised at least every six months;

12.6.2 The social service care plan which is the social service portion of the patient treatment plan, if the initial or subsequent

assessment indicates a need for social services. This shall be reviewed in accordance with a schedule documented in the patient's medical record;

12.6.3 Clinical notes of counseling provided; and

12.6.4 Progress notes summarizing changes in the patient's condition and feelings, if the patient is receiving social services.

12.7 The social worker or designee may file information relating to the patient apart from the patient's medical record, with an entry in the patient's medical record indicating the availability of the additional material upon the social worker's or designee's approval.

13.0 Patient Activities Services

13.1 The facility shall provide a planned, diversified program of patient activities.

13.2 The facility shall maintain the organization, management, and operation of patient activities services in accordance with a written organizational plan which shall describe the responsibility, authority, and accountability relationships of personnel, the functional structure of the service, and the relationship of the patient activities service to other services.

13.3 The facility shall ensure that:

13.3.1 A diversity of physical, social, intellectual, spiritual, cultural, and recreational activities is available to enable patients to maintain a sense of usefulness and self-respect, consisting of individual, group, and/or independent activities on seven days of the week, including evenings;

13.3.2 Provisions are made for relatives and friends of patients to participate in patient activities;

13.3.3 Patients have the opportunity to communicate with members of the community, to participate in community activities, and to utilize community resources, unless contraindicated by the patient's physician and documented in the patient's medical record;

13.3.4 Indoor and outdoor recreation is provided;

13.3.5 Methods of transportation are provided for patients to and from destinations in the community; and

13.3.6 Patients have the opportunity to participate in the planning and management of their lives, such that provisions are made for encouraging the establishment of a patient council made up of patients in the facility.

13.4 The facility shall appoint a patient activities coordinator who shall provide patient activities services in the facility at least ten hours per week for every 15 patients. Facilities with more than 60 patients shall have a full-time, or full-time equivalent, coordinator. Additional patient activities time shall be provided proportionate to the number of patients over 60.

13.5 If the patient activities coordinator does not meet the requirements in 1.48, a patient activities consultant shall be appointed. He/she shall provide at least four hours of consultation in the facility per month until the activities coordinator meets the requirements, a period not to exceed two years.

13.6 The patient activities coordinator shall be responsible for the direction, provision, and quality of the patient activities.

He/she shall be responsible for, but not limited to, the following:

13.6.1 Developing and maintaining written objectives, standards of practice, policies, a procedure manual, and an organizational plan for the patient activities service;

13.6.2 Participating in planning and budgeting for the patient activities service, including recommending to the administrator the number and levels of patient activities personnel to be employed, and the equipment and supplies to be purchased;

13.6.3 Coordinating and integrating the patient activities service with other patient care services in the facility, and with services in the community to provide a continuum of care for the patient;

13.6.4 Participating or ensuring representation of the patient activities service in the facility's committees, at least on a consultative basis;

13.6.5 Maintaining working relationships with administration through conferences, written memoranda, and other methods of exchanging information;

13.6.6 Developing and maintaining written job descriptions for patient activities personnel;

13.6.7 Selecting for employment, assigning duties to, supervising, and evaluating all patient activities personnel;

13.6.8 Assisting in the development of, and participating in, staff orientation and staff education programs for the facility and documenting these activities;

13.6.9 Maintaining a current record of community services, resources, programs, and materials accessible to staff, patients, and their relatives and friends;

13.6.10 Developing a written monthly activities schedule at least one month in advance;

13.6.11 Posting the current monthly activities schedule in each nursing unit and where it can be read by patients, staff, and visitors;

13.6.12 Ascertaining from the medical orders of the patient's physician those patients who are able to participate in the activities program, and any limitations to their participation;

13.6.13 Assessing the activities needs of each patient within seven days of admission, preparing a patient activities care plan, and reassessing the patient's response to patient activities according to a schedule documented in the patient's medical record after reviewing with the patient his/her participation in the activities program;

13.6.14 Providing patient activities guidance and consultation to other patient care personnel;

13.6.15 Organizing and meeting with a Patient Activities Committee of patients to develop activities programs;

13.6.16 Participating in developing, reviewing, and revising the patient activities portion of the patient treatment plan; and

13.6.17 Providing a record of the type and frequency of activities held, and the number of patients participating in the activities program.

13.7 The patient activities coordinator shall enter in the patient's medical record:

13.7.1 The patient activities care plan which is the patient activities portion of the patient treatment plan. This shall be reviewed by the patient activities coordinator and revised as necessary in accordance with a schedule documented in the patient's medical record;

13.7.2 A record of the types and number of activities in which the patient participates; and

13.7.3 Progress notes, written according to a schedule documented in the patient's medical record, after reviewing with the patient his/her participation and progress in patient activities.

14.0 Dental Services

14.1 The facility shall make available dental services, including, but not limited to, examinations, oral prophylaxis, and emergency dental care to relieve pain and infection, either directly or through written agreement.

14.1.1 Examination and oral prophylaxis shall be provided according to a schedule established by the patient's dentist.

14.2 The facility shall appoint a consultant or staff dentist who shall be responsible for, but not limited to, the following:

14.2.1 Developing and implementing written dental service and oral hygiene policies and procedures for the care of patients; and

14.2.2 Providing staff education for nursing and other personnel in implementing the dental service and oral hygiene policies and procedures.

14.3 The facility shall ensure that arrangements are made for transportation for routine and emergency dental services.

14.4 The dentist who examines the patient shall be able to provide treatment, unless the examination indicates that a specialist is needed.

14.5 The consultant or staff dentist shall enter in the patient's medical record:

14.5.1 An admission record of the patient's dental status, entered within 180 days after admission; and

14.5.2 Records of dental care provided.

16.0 Patient Rights

16.1 The facility shall establish written policies regarding the rights and responsibilities of patients and shall be responsible for developing and adhering to procedures implementing such policies. These policies and procedures shall be available to patients, staff, and the public and shall be conspicuously posted in the facility.

16.2 The staff of the facility shall be trained to implement these policies and procedures, as specified in the staff orientation and staff education plans.

16.3 The facility shall comply with all applicable state and federal statutes, rules, and regulations concerning patient rights, including N.J.S.A. 30:13-1 et seq., P.L. 1976, Chapter 120, N.J.S.A. 52:27G-7.1, and these standards. N.J.S.A. 30:13-1 et seq., P.L. 1976, Chapter 120 shall be conspicuously posted in the facility.

16.4 Patient rights, policies, and procedures shall ensure that, as a minimum, each patient admitted to the facility:

16.4.1 Is informed of these rights, as evidenced by his/her written acknowledgment, and is given a statement of these rights and of the facility's rules and regulations, a copy of N.J.S.A. 30:13-1 et seq., P.L. 1976, Chapter 120, and an explanation of the patient's responsibility to obey all regulations of the facility and to respect the personal rights and private property of other patients;

16.4.2 Is informed, and is given a written statement prior to or at the time of admission and during stay, of services available in the facility, of the names, professional status, and relationships of the staff members responsible for his/her care, and of related charges, including any charges for services not covered by sources of third-party payment or not covered by the facility's basic per diem rate. This statement shall include the payment, fee, deposit, and refund policy of the facility;

16.4.3 Is allowed to retain the services of his/her physician at his/her own expense or under a third-party payment system; is assured of medical care; is informed by a physician of his/her complete and current medical condition unless medically contraindicated (as documented, by a physician, in the patient's medical record), in which case the physician shall inform the patient's next of kin and/or sponsor and/or guardian; is afforded the opportunity to participate in the planning of his/her care and treatment; to refuse medication and treatment after being informed of the effects of such actions, and to refuse to participate in experimental research (but if he/she chooses to participate, his/her informed written consent shall be obtained);

16.4.4 Is transferred or discharged only for medical reasons or for his/her welfare or that of other patients, upon the written order of the patient's physician, or for nonpayment for the patient's stay (except as prohibited by sources of third-party payment), and such actions are documented in the patient's medical record, except in an emergency situation, in which case the administrator shall notify the physician and the next of kin and/or sponsor and/or guardian immediately, and record the reason for the transfer in the patient's medical record. If a transfer or discharge on a nonemergency basis is requested by the facility, the patient, or in the case of an adjudicated mentally incompetent patient, the next of kin and/or sponsor and/or guardian, shall be given at least 30 days advance notice of such transfer or discharge;

16.4.5 Is encouraged and assisted, throughout the period of stay, to exercise rights as a patient and as a citizen, and to this end may voice grievances on behalf of him/herself or others, has a right to action for damages or other relief for deprivations or infringements of the right to treatment and care established by any applicable statute, rule, regulation, or contract, and has the right to recommend changes in policies and services to facility personnel and/or to outside representatives of the patient's choice, free from restraint, interference, coercion, discrimination, or reprisal. The administrator shall provide all patients and/or next of kin and/or sponsors and/or guardians with the name, address, and telephone numbers of the following offices where complaints may be lodged:

Division of Health Facilities Evaluation
New Jersey State Department of Health
CN 367
Trenton, NJ 08625
Telephone: (800) 792-9770

and

State of New Jersey
Office of the Ombudsman for
the Institutionalized Elderly
CN 808
Trenton, NJ 08625
Telephone: (800) 792-8820

The above telephone numbers shall be conspicuously posted in the facility at every public telephone and on all bulletin boards used for posting public notices;

16.4.6 Is free from mental and physical abuse, free from exploitation, in accordance with N.J.S.A. 52:27G-7.1, and free from chemical and physical restraints, except those restraints authorized by a physician for a specified and limited period of time or in an emergency. (See standards 6.5.16-6.5.16.4) Drugs and other medications shall not be used for punishment, for convenience of facility personnel, or in quantities that interfere with a patient's rehabilitation or living activities;

16.4.7 Is assured security in storing personal possessions and confidential treatment of his/her personal and medical records, and shall approve or refuse their release to any individual outside the facility, except in the case of the patient's transfer to another health care facility, or as required by law or third-party payment contract;

16.4.8 Is treated with consideration, respect, and full recognition of his/her dignity, individuality, and right to privacy, including, but not limited to, privacy concerning his/her treatment and condition and the care of his/her personal needs. Privacy of the patient's body shall be maintained during, but not be limited to, toileting, bathing, and other activities of personal hygiene, except as needed for patient safety or assistance. Provision shall be made for cubicle curtains around each bed in multibedded patient rooms;

16.4.9 Is not required to perform services for the facility;

16.4.10 May associate and communicate privately with persons of his/her choice, may join with other patients or individuals within or outside the facility to work for improvements in patient care, may send and receive personal mail unopened, and, upon his/her request, shall be given assistance in the reading and writing of correspondence. The facility shall, with the consent of the patient being visited, permit citizens, representatives of legal services programs, employees of the Office of the Public Advocate, and employees and volunteers of the Office of the Ombudsman for the Institutionalized Elderly in the Department of Community Affairs, full and free access at a reasonable hour to the facility in order to visit with, and make personal, social, and legal services available to, all patients;

16.4.11 May participate in facility activities, and meet with, and participate in activities of, social, religious, and community groups at his/her discretion. Arrangements shall be made, at the patient's expense, for attendance at religious services of his/her choice, when requested;

16.4.12 Is allowed to leave the facility during the day if his/her physician so approves and so indicates in the patient's medical record. A signout sheet shall record the patient's whereabouts at these times. Special arrangements between a patient and the facility shall be made in advance for overnight or longer stays away from the facility;

16.4.13 May retain and use personal clothing and possessions, unless to do so would be unsafe or impractical or would infringe upon rights of other patients. If the patient has property on deposit with the facility, he/she shall have daily access to such property during specific periods established by the facility, and at a reasonable hour;

16.4.14 Has opportunity for interaction with members of either sex; if married, is assured privacy for visits by his/her spouse; if both spouses are patients in the facility, they shall be permitted to share a room unless medically contraindicated (as documented, by a physician, in the patient's medical record);

16.4.15 Is allowed, or his/her next of kin and/or sponsor and/or guardian is allowed, to manage the patient's personal financial affairs, or is given at least a quarterly written statement of financial transactions made on his/her behalf should the facility accept his/her written delegation of this responsibility. The written delegation of responsibility shall be reviewed annually and witnessed by a person who is unconnected with the facility, its operations, and its personnel, and shall be included in the patient's medical record. The financial statement shall account for all the patient's property on deposit at the beginning of the quarter, all deposits and withdrawals transacted during the quarter (substantiated by receipts given to the patient or his/her next of kin and/or sponsor and/or guardian), and the property on deposit at the end of the quarter;

16.4.16 Is allowed daily visiting hours at a reasonable hour and, if critically ill, is allowed visits from his/her next of kin and/or sponsor and/or guardian at any time, unless medically contraindicated (as documented, by a physician, in the patient's medical record). The facility shall conspicuously post that visiting hours are from 8:00 A.M. to 8:00 P.M. daily. Members of the clergy shall be notified by the facility at the patient's request, and shall be admitted at the request of the patient and/or next of kin and/or sponsor and/or guardian at any time. Privacy shall be ensured for visits with family, friends, clergy, social workers, or for professional or business purposes;

16.4.17 Is allowed unaccompanied access to telephones at a reasonable hour, both to make and to receive confidential calls, and has the right to a private phone at his/her expense;

16.4.18 Is not required to go to bed before the end of visiting hours, unless ordered by a physician and documented in the patient's medical record;

16.4.19 Is assured of exercising civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient or facility. Knowledge of available choices shall not be infringed upon and the facility shall encourage and assist in the exercise of these rights;

16.4.20 Is not the object of discrimination with respect to participation in recreational activities, meals, or other social functions because of age, race, religion, sex, or nationality. The patient's participation may be restricted or prohibited if recommended by the patient's physician in the patient's medical record, and consented to by the patient;

16.4.21 Is not deprived of any constitutional, civil, and/or legal rights solely by reason of admission to the facility; and

16.4.22 Is allowed to discharge him/herself from the facility upon presentation of a written release and, if the patient is an adjudicated mental incompetent, upon the written consent of his/her next of kin and/or sponsor and/or guardian. In such a case, the facility is free from any responsibility for the patient upon his/her discharge.

17.0 Medical Records

17.1 The facility shall maintain a medical record for each patient, filed in the area in which the patient is located, and containing documentation of all services provided.

17.2 The facility shall maintain the organization, management, and operation of these services in accordance with a written organizational plan which shall describe the responsibility, authority, and accountability relationships of personnel, the functional structure of the service, and the relationship of the service to other services.

17.3 The facility shall assign supervisory responsibility for the medical record service to a full-time employee, who, if not a medical record practitioner, functions with consultation from a person so qualified.

17.4 The complete patient medical record shall include, but not be limited to, the following:

17.4.1 Patient identification data, including name, date of admission, address, date of birth, race and religion (optional), sex, payment plan, marital status, and the name, address, and telephone number of the patient's next of kin and/or sponsor and/or guardian;

17.4.2 Name, address, and telephone number of the patient's physician and designated alternate(s);

17.4.3 The patient's signed acknowledgement that he/she has been informed of and given a copy of patient rights and responsibilities;

17.4.4 A summary of the admission interview;

17.4.5 A physician's signed, dated admission and medical history, and report of physical examination, including patient's weight upon admission;

17.4.6 A patient treatment plan, including the medical care plan which is the medical portion of the patient treatment plan, signed and dated by the physician, including frequency and modality of rehabilitation therapy;

17.4.7 Clinical notes;

17.4.8 Progress notes;

17.4.9 A pharmacist consultation sheet;

17.4.10 A care plan for each service providing care to the patient;

17.4.11 A social service assessment;

17.4.12 A record of medications administered, including the name and strength of the drug, date and time of administration, dosage administered, method of administration, and signature of the person administering the drug;

17.4.13 A record of self-administered medications, if the patient self-administers medications, in accordance with the facility's policies and procedures;

17.4.14 Reports of laboratory, radiological, and diagnostic services;

17.4.15 Reports of accidents and incidents;

17.4.16 A record of any treatment, medication, or service, including a physician's visit, refused by the patient;

17.4.17 Summaries of all referrals and services provided at other health care facilities, and documentation of follow-up;

17.4.18 The quarterly financial statement, the written delegation of responsibility (if any), and a record of the clothing, personal effects, valuables, funds, and other property deposited by the patient with the facility for safekeeping, signed by the patient and his/her next of kin and/or sponsor and/or guardian, and substantiated by receipts given to the patient, his/her next of kin and/or sponsor and/or guardian;

17.4.19 Reports of podiatric services, eye examinations, dental services, including dental admission records, and auditory testing, if provided;

17.4.20 Summaries of conferences and consultations;

17.4.21 Documentation of any medication released to the patient upon discharge;

17.4.22 Any signed consent forms;

17.4.23 The discharge plan (which may be documented in the patient treatment plan); and

17.4.24 The discharge summary, including the patient's name, address, dates of admission and discharge, and a summary of the treatment and medication provided during the patient's stay, in accordance with N.J.S.A. 26:8-5 et seq.

17.5 A unit record system shall be maintained, in which the patient's completed medical record is filed as one unit, in one location within the facility.

17.6 All initial and subsequent orders for treatment, medication, and diet shall be prescribed in writing and signed and dated by the prescriber, in accordance with the laws of the State of New Jersey.

17.7 All entries contained in the patient medical record shall be typewritten or written in ink, legible, and signed and dated by the person documenting them.

17.8 All medical records shall be preserved in accordance with N.J.S.A. 26:8-5 et seq.

17.9 All records shall be kept confidential in accordance with applicable rules and regulations. The written consent of the patient shall be obtained for release of medical record information.

17.10 The patient's medical record shall be completed within 30 days of the patient's discharge.

17.11 The facility shall develop and implement written policies and procedures, approved by the Department, governing the availability, release, and/or provision of copies of the patient's medical record to the patient and/or the patient's authorized representative. The written policies and procedures shall include, but not be limited to, the following:

17.11.1 Protection of medical record information against loss, destruction, or unauthorized use;

17.11.2 Establishment of a fee schedule for obtaining copies of the patient's medical record;

17.11.3 Definition of the business hours during which the patient has access to his/her medical record;

17.11.4 Availability of the patient's medical record to the patient's authorized representative if it is medically contraindicated (as documented, by a physician, in the patient's medical record) for the patient to have access to or obtain copies of the record; and

17.11.5 Procedures to ensure that the patient's medical record is provided within 30 calendar days of the written request.

17.12 Upon transfer of a patient to another health care facility, a copy, summary, or abstract of the patient's medical record, with the patient's written consent, shall be provided to the receiving facility within 24 hours of the transfer. If permission is denied, a copy of the written denial shall be kept in the patient's medical record at the facility. If the patient refuses to sign the denial of permission, a witnessed, written statement by a staff member indicating such shall be included in the patient's medical record.

17.13 If the facility plans to cease operations, it shall notify the Department in writing, at least 14 days before cessation of operation, of the location where medical records shall be stored and of the methods of retrieval of medical records.

18.0 Patient Care Statistics

18.1 The facility shall maintain the following written records in a place, form, and system approved by the Department:

18.1.1 An admission/discharge register consisting of a daily chronological listing of patients admitted and discharged, including name of patient, age, sex, date of birth, diagnosis, place from which patient is admitted or transferred (for admissions), and place to which patient is discharged or transferred (for discharges); and

18.1.2 A daily census record indicating total admissions, total discharges, and total deaths, with cumulative figures for each month and each year.

18.2 The facility shall submit a completed questionnaire entitled "Long-Term Care Facilities Statistical Report," supplied by the Department. The questionnaire is to be submitted annually during the month of July.

19.0 Discharge Planning

19.1 The facility shall establish and implement a discharge planning program.

19.2 A Discharge Planning Committee appointed by the administrator shall develop written discharge planning objectives, policies and procedures, approved by the Department, which shall describe:

19.2.1 The functions of the person or persons responsible for discharge planning and his/her or their authority;

19.2.2 The time period, not to exceed seven days following admission, in which each patient's need for discharge planning is determined. The anticipated length of stay and potential discharge problems shall be documented in each patient's medical record;

19.2.3 The time period that may elapse before a reevaluation of each patient's discharge plan is made. If the patient is expected to remain in the facility for life, this determination shall be reviewed annually;

19.2.4 The manner in which the facility shall utilize a multidisciplinary team approach in discharge planning, including a representative of the nursing service, the patient and his/her next of kin and/or sponsor and/or guardian. The social work consultant shall be available in facilities of 46 or more beds; and

19.2.5 The methods used to involve the patient and his/her next of kin and/or sponsor and/or guardian in discharge planning.

19.3 A person or persons designated by the administrator shall develop, implement, and maintain the discharge planning program. He/she or they shall be responsible for, but not limited to, performing and documenting the following:

19.3.1 Interviewing each patient upon admission and reviewing his/her medical record for possible discharge problems;

19.3.2 Evaluating needs and developing discharge planning goals for each patient;

19.3.3 Developing the patient's discharge plan, in collaboration with the patient's physician, the multidisciplinary team and other personnel involved in the patient's care;

19.3.4 Making referrals to agencies involved in follow-up care;

19.3.5 Coordinating services within the facility and with outside agencies to ensure continuity of care; and

19.3.6 Developing a staff education program on discharge planning which shall include, but not be limited to, orientation of each new employee involved in patient care to the objectives and functions of discharge planning, and to the role of the staff.

19.4 Education and involvement of the patient and his/her next of kin and/or sponsor and/or guardian in discharge planning shall be directed toward:

19.4.1 Understanding illness, disability, and needed treatment;

19.4.2 Management of finances, if requested by the patient, next of kin and/or sponsor and/or guardian;

19.4.3 Implementation of self-care and treatment measures following discharge; and

19.4.4 Understanding reasons for transfer to another facility or home.

19.5 The Discharge Planning Committee shall annually evaluate in writing the discharge planning program. The evaluation shall describe the effect of the program upon patients, personnel, the facility, and costs, and the status of the program in meeting discharge planning objectives.

19.6 Evaluation shall be performed both retrospectively (assessment of patients who have been discharged) and concurrently (assessment of patients currently in the facility).

20.0 Evaluation

20.1 The facility shall develop, and annually review, a written plan, approved by the Department, for the audit and evaluation of patient care. The plan shall specify a timetable and the staff responsible for the audit and evaluation process, and shall provide for ongoing monitoring of staff and program activities and for audit of patient medical records.

20.2 A multidisciplinary Evaluation Committee shall be appointed by, and accountable to, the governing authority. The committee shall be responsible for, but not limited to, the following:

20.2.1 Annual review of staff qualifications;

20.2.2 Annual review of patient care statistics;

20.2.3 Annual review of staff orientation and staff education plans;

20.2.4 Evaluation of the delivery of care and services, staffing patterns, maintenance of physical plant and equipment, and reports of infection control; and

20.2.5 Audit of patient medical records on an ongoing basis by:

20.2.5.1 Establishment of goals, objectives, and criteria for evaluating each service providing patient care;

20.2.5.2 Review of patient medical records for their conformity to established criteria; and

20.2.5.3 Recording of deficiencies found and recommendations for correction or improvements.

20.3 Based upon the findings of evaluation, audit, and review, the Evaluation Committee shall annually select for study at least one topic related to patient care or facility operation. At least one such medical care evaluation study shall be completed each year.

20.4 Reports of the activites of all committees in the facility shall be made available to the Evaluation Committee.

20.5 The Evaluation Committee shall prepare at least an annual written report of its findings, including recommendations for corrections or improvements, which shall be submitted to the governing authority.

20.6 The administrator shall, with the approval of the governing authority, implement measures to ensure that corrections or improvements are made.

21.0 Infection Prevention and Control

21.1 The facility shall establish and implement an infection prevention and control program. The administrator shall ensure the development, implementation, and enforcement of the program.

21.2 The facility shall establish and implement written policies and procedures, approved by the Department, regarding infection prevention and control, including, but not limited to, the following:

21.2.1 A definition of nosocomial infections;

21.2.2 In accordance with the New Jersey State Sanitary Code, a system for investigating, reporting, evaluating, and maintaining records for patients and personnel having infections or diseases which are reportable or which may be related to activities and procedures of the facility;

21.2.2.1 Reportable and other diseases shall be reported in accordance with N.J.A.C. 8:57-1 et seq., and amendments thereto;

21.2.3 Policies and procedures for exclusion from work, and authorization to return to work, of staff with communicable diseases;

21.2.4 Cleaning, disinfection, and sterilization practices and techniques used in the facility, including, but not limited to, the following:

21.2.4.1 Care of utensils, instruments, solutions, dressings, articles, and surfaces;

21.2.4.2 Techniques to be used during each patient contact, including handwashing before and after caring for a patient;

21.2.4.3 Criteria for isolation of patients, and isolation procedures;

21.2.4.4 Procedures for care of urinary catheters, intravenous catheters, respiratory therapy equipment, and other devices that provide a portal of entry for pathogenic microorganisms;

21.2.4.5 A regimen for the prevention and treatment of decubitus ulcers;

21.2.4.6 Selection, storage, use, and disposition of disposable and nondisposable patient care items. Disposable items shall not be reused; and

21.2.4.7 Selection, storage, use, and disposition of hypodermic needles and syringes, in accordance with N.J.S.A. 2A:170-25.17.

21.3 Each service in the facility shall develop written infection control policies and procedures for that service, using the policies and procedures developed by the facility.

21.4 All employees shall receive orientation at the time of employment and continuing inservice education regarding the infection prevention and control program, including employees' responsibility for the program and for personal hygiene.

21.5 Written reports of state and local sanitary inspections, including cultures taken on food, equipment, and personnel, shall be submitted to the administrator for evaluation and corrective action.

22.0 Housekeeping, Sanitation, and Safety

22.1 The facility shall establish and implement written policies and procedures, approved by the Department, regarding the provision and maintenance of a sanitary and safe environment, including, but not limited to, the provision of housekeeping, laundry, and pest control services, directly or through written agreement. The governing authority shall perform a documented review at least annually of the policies and procedures.

22.2 The facility shall maintain the organization, management, and operation of these services in accordance with a written organizational plan which shall describe the responsibility, authority, and accountability relationships of personnel, the functional structure of the service, and the relationship of the service to other services.

22.3 If services are provided through written agreement, the services shall adhere to these standards.

22.4 The administrator or his/her designee shall ensure that:

22.4.1 A written work plan for housekeeping operations is developed, with categorization as to daily, weekly, monthly, or annual cleaning assignments for each area of the facility;

22.4.2 All housekeeping personnel are assigned duties, supervised, and evaluated;

22.4.3 Housekeeping personnel are trained in procedures of cleaning, including the use, cleaning, and care of equipment;

22.4.4 Procedures are developed for selection and use of housekeeping and cleaning products and equipment; and

22.4.5 Housekeeping services are evaluated.

22.5 The facility shall comply with the following:

22.5.1 The facility and its contents shall be free from dirt and debris;

22.5.2 Nonskid wax shall be used on all waxed floors;

22.5.3 All rooms shall be ventilated to help prevent condensation, mold growth, and noxious odors;

22.5.4 All patient areas shall be free of noxious odors;

22.5.5 Throw rugs or scatter rugs shall not be used in the facility;

22.5.6 All furnishings shall be clean and in good repair and mechanical equipment shall be in working order. Equipment shall be kept covered to protect from

contamination, and accessible for cleaning and inspection. Broken or worn items shall be repaired, replaced, or removed promptly;

22.5.7 All equipment shall have unobstructed space provided for operation;

22.5.8 All equipment and materials necessary for cleaning, disinfection, and sterilization shall be provided;

22.5.9 Thermometers shall be maintained in refrigerators, freezers, and storerooms used for perishable and other items subject to deterioration;

22.5.10 All poisonous and toxic materials shall be identified, labeled, and stored in a locked cabinet or room that is used for no other purpose;

22.5.11 Pesticides shall be applied in accordance with the New Jersey State Pesticide Control Regulations, N.J.A.C. 7:30;

22.5.12 Articles in storage shall be elevated from the floor and away from the walls to facilitate cleaning and vermin control and eliminate rodent harborages;

22.5.13 Unobstructed aisles shall be provided between articles in storage;

22.5.14 A program shall be maintained to keep rodents, insects, vermin, birds, dust, and contamination out of the facility;

22.5.15 Insect and rodent harborages shall be eliminated from the facility;

22.5.16 Toilet tissue, soap, and towels or air dryers shall be provided in each bathroom at all times;

22.5.17 Solid or liquid waste, garbage, and trash shall be disposed of or stored in a manner approved by the Department and by the New Jersey State Department of Environmental Protection and so as to prevent fire, contamination, or transmission of disease. Solid waste shall be stored in insectproof, rodentproof, fireproof, nonabsorbent, watertight containers with tightfitting covers;

22.5.18 Draperies, upholstery, and other fabrics or decorations shall be fire-resistant and flameproof;

22.5.19 Wastebaskets and ashtrays shall be made of noncombustible materials;

22.5.20 Combustible materials shall not be stored in heater rooms or within 18 feet of any heater located in an open basement;

22.5.21 Paints, varnishes, lacquers, thinners, and all other flammable materials shall be stored in closed metal cabinets or containers;

22.5.22 The temperature of the hot water supply at each hot water outlet shall be regulated and shall not exceed 110°F. (43°C.), except as specified in the New Jersey State Sanitary Code for dishwashing purposes; and

22.5.23 The temperature within the facility shall be kept at a minimum of 72°F. (22°C.) during the day and at a minimum of 68°F. (20°C.) at night. "Day" shall mean the time between sunrise and sunset.

22.6 The facility shall establish and implement written policies and procedures, approved by the Department, for linen and laundry services, including methods of storage and transportation, including, but not limited to, the following:

22.6.1 Arrangements for the storage and laundering of linen and personal laundry, as defined in the facility's policies. Such policies shall not interfere with the patient's right to personal choice regarding dress;

22.6.2 The frequency of laundering linen and personal laundry;

22.6.3 The frequency of changing bed linen, towels, and washcloths;

22.6.4 Provision for a supply of linen, including at least sheets, pillow cases, draw sheets (or their alternative), towels, and washcloths, that is three times the census, so that at least one set of the clean linens remains available for each patient;

22.6.4.1 Written policies shall delineate the kinds and quantity of other linen items to be allocated to each patient; and

22.6.4.2 Latex foam pillows shall be prohibited.

22.7 The administrator shall designate a staff member who shall ensure that:

22.7.1 Soiled linen and laundry are collected so as to avoid microbial dissemination into the environment, and are placed in impervious bags or containers that are closed at the site of collection. Separate containers shall be used for transporting clean linen and laundry, and for soiled linen and laundry;

22.7.2 Soiled linen and laundry are stored in a ventilated area separate from any other supplies, and are not stored, sorted, rinsed, or laundered in patient rooms, bathrooms, areas of food preparation and/or storage, or areas in which clean linen, material, and/or equipment are stored;

22.7.3 Laundering facilities located in the facility are separate from the clean linen processing area, patient rooms, bathrooms, areas of food preparation and/or storage, and areas in which clean linen, material, and/or equipment are stored. Such facilities shall be under the supervision of an employee; and

22.7.4 Clean linen is protected from contamination during processing, transporting, and storage.

23.0 Emergency Services and Procedures

23.1 The facility shall have a written emergency plan which shall include plans and procedures to be followed in case of medical emergencies, equipment breakdown, fire, or other disaster. The plan shall be developed with the assistance of fire and safety experts from local municipalities.

23.2 Procedures for emergencies shall specify persons to be notified, locations of emergency equipment and alarm signals, evacuation routes, procedures for evacuating patients, frequency of fire drills, and tasks and responsibilities assigned to all personnel.

23.3 The facility shall have a written plan for procuring water during an emergency.

23.4 The emergency plans and all emergency procedures shall be posted throughout the facility.

23.5 Simulated drills of all plans shall be conducted on each shift at least four times a year and a record written of each drill, including the date, hour, description of the drill, participating staff, and signature of the person in charge. The drills shall include at least these types of emergencies:

23.5.1 Medical emergency;

23.5.2 Equipment failure or power loss; and

23.5.3 Fire and other disaster (storm, flood, other natural disaster, bomb scare, or nuclear accident).

23.6 The facility shall test at least one manual pull alarm each week of the year, and maintain a written log showing test dates, location of each manual pull alarm tested, persons testing the alarm, and its condition.

23.7 Fire extinguishers shall be examined annually and maintained in accordance with manufacturers' and National Fire Protection Association (N.F.P.A.) requirements.

23.8 The facility shall provide emergency medical services 24 hours a day. To this end:

23.8.1 The facility shall maintain, as a minimum, the following emergency equipment on each floor:

Oxygen
Splints
Scissors
Syringes
Multi-sized catheters
Suction equipment with catheter tip
Needles
Airway

23.8.2 The facility shall maintain at least one cardiac arrest board and bag-valve-mask-resuscitator; and

23.8.3 Personnel shall be instructed as to the location and use of all emergency medications and equipment.

24.0 Construction

24.1 Standards for construction of new buildings, additions, alterations, and renovations to existing buildings shall be in accordance with the New Jersey State Uniform Construction Code (N.J.A.C. 5:23).

25.0 Additional Requirements

25.1 Standards for existing buildings constructed after July 1, 1979, shall be in accordance with the New Jersey State Uniform Construction Code (N.J.A.C. 5:23) and standards imposed by the United States Department of Health and Human Services (HHS), the New Jersey State Department of Health, and the New Jersey State Department of Community Affairs, specifically, Minimum Requirements of Construction and Equipment for Hospital and Medical Facilities, DHEW Publication No. (HRA) 79-14500.* In order to avoid conflict, Sections 502 (except as it pertains to area limitations), 1702.7, 1716.0, Article 7 except Sections 712.0, 716.0, and 717.0, and Article 8 except Sections 818.6 through 818.7.6 of the building subcode of the New Jersey State Uniform Construction Code shall not govern with respect to health care facilities. (HRA) 79-14500 shall serve as the Uniform Construction Code of the State in all matters regulated by the sections specified in this standard.*

25.2 Standards for existing buildings or major alterations constructed from August 1, 1977, through July 1, 1979, shall be in accordance with the New Jersey State Uniform Construction Code (N.J.A.C. 5:23) and the standards imposed by the United States Department of Health and Human Services (HHS), the New Jersey State Department of Health, and the New Jersey State Department of Community Affairs, specifically, Minimum Requirements of Construction and Equipment for Hospital and Medical Facilities, DHEW Publication No. (HRA) 74-4000.* In order to avoid conflict, Sections 302 (except as it pertains to area limitations), 1202.7, 1216.0, Article 5 except Sections 513.0, 519.0, and 520.0, and Article 6 except Sections 618.7 through 618.9.3 of the building subcode of the New Jersey State Uniform Construction Code shall not govern with respect to health care facilities. (HRA) 74-4000 shall serve as the Uniform Construction Code of the State in all matters regulated by the sections specified in this standard.*

25.3 Standards for existing buildings or major alterations constructed after September, 1974, to August 1, 1977, shall conform to the United States Public Health Service Minimum Requirements of Construction and Equipment for Hospital and Medical Facilities, DHEW Publication No. (HRA) 74-4000, and the New Jersey Supplementary Standards to these requirements, dated April 22, 1968, with the following change:*

25.3.1 There shall be a minimum of one single-bedded room, equipped with private bath and toilet, for every 30 beds licensed in the facility. (Two single-bedded rooms would be required for 31 through 60 beds, and so forth.)

*DHEW Publication No. (HRA) 74-4000 and (HRA) 79-14500 may be obtained from the United States Government Printing Office, Washington, D.C.

25.4 Standards for existing buildings or major alterations constructed before September, 1974, shall conform to the United States Public Health Service Minimum Requirements of Construction and Equipment for Hospital and Medical Facilities (930-A-7) and the New Jersey Supplementary Standards to this regulation, dated April 22, 1968.

25.5 Fire protection measures for facilities existing prior to June 1, 1976, shall comply with applicable sections of NFPA (National Fire Protection Association) Standard No. 101, Life Safety Code, 1967 Edition.**

25.6 Effective June 1, 1976, to December 31, 1982, all new facilities or additions shall comply with NFPA Standard No. 101, Life Safety Code, 1973 Edition.**

25.6.1 Effective January 1, 1983, all new facilities or additions shall comply with NFPA Standard No. 101, Life Safety Code, 1981 Edition.**

25.7 An existing facility which undergoes major alterations shall comply with NFPA Standard No. 101, Life Safety Code, 1981 Edition.**

25.8 If the main entrance door, the back entrance door, and/or doors opening onto roofs and balconies are self-locking, such doors shall have a sounding device, such as a bell, buzzer, or chimes, which is in operating condition. This sounding device shall be affixed to the outside of the door or to the adjacent exterior wall and shall be audible to a nursing station or other area that is staffed 24 hours a day, seven days a week, for use in the event that a person is unable to enter the building.

25.9 All patient bedrooms shall be equipped with a smoke detector.

25.10 The facility shall maintain on file written documentation of:

25.10.1 Annual inspection of the facility by the local fire authority;

25.10.2 Semiannual inspection of the fire detection system by the installing company or a company approved by the Department;

25.10.3 Annual inspection of the elevator(s) by the local authority responsible for such inspection. If no local authority is responsible, the installing company or a company approved by the Department shall perform the inspection;

**Editions of the Life Safety Code may be obtained from the National Fire Protection Association, 470 Atlantic Avenue, Boston, Massachusetts.

25.10.4 Annual inspection of boiler and generator systems by a boiler-maker or mechanic not on the staff of the facility; and

25.10.5 Annual inspection of the electrical circuits and wiring by a licensed electrician with documentation of the following:

25.10.5.1 That all electrical circuits, wiring, and fixtures are in satisfactory condition;

25.10.5.2 That no electrical circuits are overloaded; and

25.10.5.3 That all portable electrical appliances, including lamps, are provided with heavy duty cords in satisfactory condition and have Underwriters' Laboratories, Inc. (U.L.) approval.

26.0 Facilities of 45 or Fewer Beds

26.1 The following modifications of these standards have been made for facilities of 45 or fewer beds:

26.1.1 Definition of Nursing Unit - See standard 1.42;

26.1.2 Standard 1.48.3 is revised as follows: Has a high school diploma or equivalency certificate, and has completed at least 36 hours of classroom training, approved by the Department, in activities programming;

26.1.3 Standard 4.1.10 is exempted;

26.1.4 Standard 6.5.6.2 is exempted; however, the facility shall establish written policies and procedures for an alternative method;

26.1.5 Standards 7.1 through 7.3.3 are exempted;

26.1.6 Standard 8.4 is modified as follows: There shall be at least one registered professional nurse on the day shift seven days a week. Facilities of 45 or fewer beds shall have the option of scheduling at least one registered professional nurse on a shift other than the day shift in accordance with an alternate schedule approved by the Department;

26.1.7 Standard 9.5 is revised to allow the Patient Care Policy Committee to serve as the Pharmacy and Therapeutics Committee and to require a meeting at least annually;

26.1.8 Standard 10.3 is revised to require at least four hours of consultation per month from a consultant dietitian;

26.1.9 Standards 12.4 through 12.4.4 are exempted;

26.1.10 Standards 12.5 and 12.6 are revised to allow the administrator or his/her designee to be responsible for standards 12.5.1 through 12.5.13 and 12.6.1 through 12.6.4, rather than the social worker or social work designee;

26.1.11 Standard 17.3 is exempted;

26.1.12 Standard 19.2 is revised to allow the Patient Care Policy Committee to serve as the Discharge Planning Committee; and

26.1.13 Standard 20.2 is revised to allow the Patient Care Policy Committee to serve as the multidisciplinary Evaluation Committee.

27.0 Beds for Indigent Persons

27.1 Purpose

27.1.1 The purpose of these rules is to protect and promote the health and welfare of those indigent persons whose health is now or will be in danger because of the acute long-term care bed shortage for the indigent in the State, by requiring all long-term care facilities as a condition for renewal of or for issuance of an operating license to accept and care for indigent persons.

27.2 Scope

27.2.1 All long-term care facilities under the jurisdiction of the Department of Health are subject to these regulations.

27.3 Definitions

27.3.1 The following words and terms, when used in these standards, shall have the following meanings unless the context clearly indicates otherwise.

27.3.1.1 "Department" means the Department of Health.

27.3.1.2 "Indigent person" means a person participating in the State Medicaid program and certified as needing nursing care, or a person who could meet the eligibility requirements for receiving nursing care under the State Medicaid program.

27.3.1.3 "Long-term care facility" means an institution or a distinct part of an institution which is licensed by the New Jersey State Department of Health to provide health care under medical supervision for 24 or more consecutive hours to two or more patients who are not related to the governing authority or its members by marriage, blood or adoption. A long-term care facility may be either a skilled nursing facility, where patients receive 2.75 hours of nursing care daily, or intermediate care facility, where patients receive less than 2.75 hours of nursing care daily.

27.4 Procedures; Renewal of License; Initial Application for a License

27.4.1 An applicant seeking or renewing a license as a long-term care facility may be required by the Department to make available a reasonable number of its beds to indigent persons. Such requirement shall constitute a condition of licensure. As an alternative to requiring a reasonable number of indigents, the Department may require a facility to maintain all patients regardless of a change in their economic status. The Department shall notify the facility of the requirement to make available a percentage of its beds to indigent persons 90 days prior to the renewal of a license or upon application for a license for a new facility.

27.4.1.1 The Department of Health shall presume that a charitable and/or nonprofit long-term care facility is meeting its fair share of providing a reasonable number of beds for indigents if such long-term care facility has a policy of accepting patients without regard to economic status and a policy of maintaining patients regardless of a change in their economic status. If implementation of such policy is documented to the satisfaction of the Department, no requirement shall be imposed.

27.4.1.2 No requirement shall be imposed by the Department of Health on a life care community facility which has contracted with its own residents for prior rights to beds in the long-term care facility.

27.4.2 In determining whether to require a long-term care facility to provide a reasonable number of its beds for indigent care or requiring a facility to maintain all patients regardless of their economic status, the Department shall consider but not be limited to the following information:

27.4.2.1 Whether there currently exists a long-term care bed shortage for indigent persons, and if so, the extent and location of the shortage;

27.4.2.2 The State health plan or the plans of the appropriate health systems agencies;

27.4.2.3 The length of time indigent persons must await for placement in a long-term care facility;

27.4.2.4 The costs of providing care to indigent persons in need of nursing care to other health care providers;

27.4.2.5 Whether the nursing home would be able to make a just and reasonable rate on equity if required to accept and care for indigent persons;

27.4.2.6 Whether a certificate of need granted for a new, expanded or modernized long-term care facility included a commitment to provide a specified number of beds for indigent persons.

27.4.3 Any nursing home which feels it cannot make a just and reasonable rate on equity if required to accept indigent persons may request an administrative review of that decision at least 60 days prior to the date for renewal of its license, at which time the facility shall submit to the Department a detailed cost analysis substantiating its claim.

27.4.3.1 If, after an administrative review of the decision, the Department finds against the long-term care facility, it shall notify the facility within 30 days of the date for renewal of its license.

27.4.3.2 Consistent with the Administrative Procedure Act and chapter 136 (Health Care Facilities Planning Act of 1971), the long-term care facility may ask for an administrative hearing within 30 days of the revocation notice from the Department.

27.4.3.3 Applicants for licensure of a new facility shall have the same opportunity for an administrative review and for a hearing on the non-issuance of a license.

27.5 Obligations and Rights of the Long-Term Care Facility

27.5.1 If the Department imposes a requirement on the application for or renewal of a license, the long-term care facility in question shall make each succeeding vacant bed available to indigent persons until it reaches the maximum number of indigent persons required by the Department.

27.5.2 A nursing home shall have the right to refuse to accept a particular indigent patient if:

27.5.2.1 The home does not provide the type of services appropriate for the patient's needs; or

27.5.2.2 The patient may present a danger to himself or others if placed in the home;

27.5.2.3 This right of refusal shall not relieve the nursing home of its obligation to fill the vacancy with an indigent person.

27.5.3 The long-term care facility shall be entitled to a reasonable rate for Medicaid patients consistent with cost and rate evaluation (CARE) system administered by the Department on behalf of the Medicaid program.

27.6 Placement

27.6.1 The Department shall not be responsible for placing indigent persons in long-term care facilities.

27.6.2 If the Department imposes a requirement on the application for or renewal of a long-term care facility license, it shall forward its determination to the State Medicaid office and shall make its determination available upon request to any governmental agency, provider, provider association, planning agency, citizen or citizen's group.

27.7 Remedies

27.7.1 The Department shall receive complaints regarding violations of these regulations from any source which may attempt unsuccessfully to place an indigent person.

27.7.2 The Department may revoke, suspend or take any other appropriate action against the license of a long-term care

facility for intentional and willful violation of these regulations.

27.7.3 The Department may refuse to issue a temporary permit or license to any applicant for long-term care facility for intentional and willful violation of these regulations.

APPENDIX

MINIMUM WEEKLY NURSING HOURS REQUIRED

Regardless of the figures below, the following minimum totals* shall be met for Long-Term Care Facilities

	SNF					ICF-A					ICF-B		
Patient Census	Total Hrs.	Total Lic.	Min. RN	LPN	Other	Total Hrs.	Total Lic.	Min. RN	LPN	Other	Total Hrs.	Min. Lic.	Other
*Min Total	336	168	56	112	168	336	168	56	112	168	336	168	168
1.	19	3	2	1	16	18	3	2	1	15	9	2	17
2.	39	7	5	2	32	35	6	5	1	29	18	4	14
3.	58	10	7	3	48	52	9	7	2	43	26	5	21
4.	77	13	10	3	64	70	12	9	3	58	35	7	28
5.	96	16	12	4	80	88	15	11	4	73	44	9	35
6.	116	19	14	5	97	105	18	13	5	87	53	10	43
7.	135	23	17	6	112	123	20	15	5	103	61	12	49
8.	154	26	19	7	128	140	23	17	6	117	70	14	56
9.	173	29	22	7	144	157	26	19	7	131	79	16	63
10.	193	32	24	8	161	175	29	22	7	146	88	18	70
11.	212	35	26	9	177	193	32	24	8	161	96	19	77
12.	231	39	29	10	192	210	35	26	9	175	105	21	84
13.	250	42	31	11	208	228	38	28	10	190	114	23	91
14.	270	45	33	12	225	245	41	31	10	204	123	25	98
15.	289	48	36	12	241	266	44	33	11	222	131	26	105
16.	308	51	38	13	257	281	47	35	12	234	140	28	112
17.	327	55	41	14	272	298	50	37	13	248	147	29	118
18.	347	58	43	15	289	315	53	40	13	262	158	32	126
19.	366	61	45	16	305	333	56	42	14	277	166	33	133
20.	385	64	48	16	321	350	59	44	15	291	175	35	140
21.	404	67	50	17	337	368	62	46	16	306	184	37	147
22.	424	71	53	18	353	381	65	49	16	316	193	39	154
23.	443	74	55	19	369	403	68	51	17	335	201	40	161
24.	462	77	57	20	385	420	71	53	18	349	210	42	168
25.	481	80	60	20	401	438	74	55	19	364	219	44	175
26.	501	84	63	21	417	455	77	58	19	378	228	46	182
27.	520	87	65	22	433	473	80	60	20	393	236	47	189
28.	539	90	67	23	449	490	83	62	21	407	245	49	196
29.	558	93	69	24	465	508	86	64	22	422	254	51	203
30.	578	96	72	24	482	525	88	66	22	437	263	53	210
31.	597	100	75	25	497	543	91	68	23	452	271	54	217
32.	616	103	77	26	513	560	93	70	23	467	280	56	224

	SNF					ICF-A					ICF-B		
Patient Census	Total Hrs.	Total Lic.	Min. RN	LPN	Other	Total Hrs.	Total Lic.	Min. RN	LPN	Other	Total Hrs.	Min. Lic.	Other
33.	635	105	78	27	530	578	96	72	24	482	289	58	231
34.	655	109	82	27	546	595	99	74	25	496	298	60	238
35.	674	112	84	28	562	613	102	76	26	511	306	61	245
36.	693	116	87	29	577	630	105	79	26	525	315	63	252
37.	712	119	89	30	593	648	108	81	27	540	324	65	259
38.	732	122	91	31	610	665	111	83	28	554	333	67	266
39.	751	125	93	32	626	683	114	85	29	569	341	68	273
40.	770	128	96	32	642	700	117	88	29	583	350	70	280
41.	789	132	99	33	657	718	120	90	30	598	359	72	287
42.	809	135	101	34	674	735	123	92	31	612	368	74	294
43.	828	138	103	35	690	753	126	94	32	627	376	75	301
44.	847	141	106	35	706	770	128	96	32	642	385	77	308
45.	866	144	108	36	722	788	131	98	33	657	394	79	315
46.	886	148	111	37	738	805	134	100	34	671	403	81	322
47.	905	151	113	38	754	823	137	103	34	686	411	82	329
48.	924	154	115	39	770	840	140	105	35	700	420	84	336
49.	943	157	118	39	786	858	143	107	36	715	429	86	343
50.	963	161	121	40	802	875	146	109	37	729	438	88	350
51.	982	164	123	41	818	893	149	112	37	744	446	89	357
52.	1001	167	125	42	834	910	152	114	38	758	455	91	364
53.	1020	170	127	43	850	928	155	116	39	773	464	93	371
54.	1040	173	130	43	867	945	158	118	40	787	473	95	378
55.	1059	177	133	44	882	963	161	121	40	802	481	96	385
56.	1078	180	135	45	899	980	163	122	41	817	490	98	392
57.	1097	183	137	46	914	998	166	124	42	832	499	100	399
58.	1117	186	139	47	931	1015	169	127	42	846	508	102	406
59.	1136	189	142	47	947	1033	172	129	43	861	516	103	413
60.	1155	193	145	48	962	1050	175	132	44	875	525	105	420
61.	1174	196	147	49	978	1068	178	133	45	890	534	107	427
62.	1194	199	149	50	995	1085	181	136	45	904	543	109	434
63.	1213	202	151	51	1011	1103	184	138	46	919	551	110	441
64.	1232	205	154	51	1027	1120	187	140	47	933	560	112	448

	SNF					ICF-A					ICF-B		
Patient Census	Total Hrs.	Total Lic.	Min. RN	LPN	Other	Total Hrs.	Total Lic.	Min. RN	LPN	Other	Total Hrs.	Min. Lic.	Other
65.	1251	209	157	52	1042	1138	190	142	48	948	569	114	455
66.	1271	212	159	53	1059	1155	193	145	48	962	578	116	462
67.	1290	215	161	54	1075	1173	196	147	49	977	586	117	469
68.	1309	218	163	55	1091	1190	198	148	50	992	595	119	476
69.	1328	221	166	55	1107	1208	201	151	50	1007	604	121	483
70.	1348	225	169	56	1123	1225	204	153	51	1021	613	123	490
71.	1367	228	171	57	1139	1243	207	155	52	1036	621	124	497
72.	1386	231	173	58	1155	1260	210	157	53	1050	630	126	504
73.	1405	234	175	59	1171	1278	213	160	53	1065	639	128	511
74.	1425	238	178	60	1187	1295	216	162	54	1079	648	130	518
75.	1444	241	181	60	1203	1313	219	164	55	1094	656	131	525
76.	1463	244	183	61	1219	1330	222	166	56	1108	665	133	532
77.	1482	247	185	62	1235	1348	225	169	56	1123	674	135	539
78.	1502	250	187	63	1252	1365	228	171	57	1137	683	137	546
79.	1521	254	190	64	1267	1383	231	173	58	1152	691	138	553
80.	1540	257	193	64	1283	1400	233	175	58	1167	700	140	560
81.	1559	260	195	65	1299	1418	236	177	59	1182	709	142	567
82.	1579	263	197	66	1316	1435	239	180	59	1196	718	144	574
83.	1598	266	200	66	1332	1453	242	183	62	1211	726	145	581
84.	1617	270	202	68	1347	1470	245	183	62	1225	735	147	588
85.	1636	273	205	68	1363	1488	248	186	62	1240	744	149	595
86.	1656	276	207	69	1380	1505	251	189	62	1254	753	151	602
87.	1675	279	209	70	1396	1523	254	192	62	1269	761	152	609
88.	1694	282	212	70	1412	1540	257	192	65	1283	770	154	616
89.	1713	286	214	72	1427	1558	260	195	65	1298	779	156	623
90.	1733	289	217	72	1444	1575	263	198	65	1312	788	158	630
91.	1752	292	219	73	1460	1593	266	201	65	1327	796	159	637
92.	1771	295	221	74	1476	1610	268	201	67	1342	805	161	644
93.	1790	298	224	74	1492	1628	271	204	67	1359	814	163	651
94.	1810	302	226	76	1508	1645	274	207	67	1371	823	165	658
95.	1829	305	229	76	1524	1663	277	207	70	1386	831	166	665
96.	1848	308	231	77	1540	1680	280	210	70	1400	840	168	672
97.	1867	311	233	78	1556	1698	283	213	70	1415	849	170	679
98.	1887	315	236	79	1572	1715	286	216	70	1429	858	172	686
99.	1906	318	238	80	1588	1733	289	216	73	1444	866	173	693
100.	1925	321	241	80	1604	1750	292	219	73	1458	875	175	700