

**CHAPTER 43J**

**STANDARDS FOR LICENSURE OF PEDIATRIC MEDICAL DAY CARE FACILITIES**

**Authority**

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

**Source and Effective Date**

R.2009 d.345, effective November 16, 2009 (operative April 1, 2010).  
See: 40 N.J.R. 6266(a), 41 N.J.R. 4212(a).

**Chapter Expiration Date**

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 43J, Standards for Licensure of Pediatric Medical Day Care Facilities, expires on November 16, 2016. See: 43 N.J.R. 1203(a).

**Chapter Historical Note**

Chapter 43J, Standards for Licensure of Pediatric Medical Day Care Facilities, was adopted as new rules by R.2009 d.345, effective November 16, 2009 (operative April 1, 2010). See: Source and Effective Date.

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### SUBCHAPTER 1. GENERAL PROVISIONS

#### 8:43J-1.1 Purpose and scope

(a) The purpose of this chapter is to establish licensure standards for pediatric medical day care facilities.

(b) A pediatric medical day care facility provides health care services to medically complex or technology-dependent children whose medical condition requires treatment and services beyond the scope provided by day care centers to children with special health care needs.

(c) A pediatric medical day care facility provides a comprehensive program of services designed to meet the medical, developmental, educational, nutritional, and psycho-social needs of the children served.

#### 8:43J-1.2 Definitions

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

“Advanced practice nurse” means an individual certified by the New Jersey State Board of Nursing in accordance with N.J.S.A. 45:11-23 et seq.

“American Academy of Pediatrics” means the entity by that name for which the contact information is American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, IL 60007-1098, (847) 434-4000, [www.aap.org](http://www.aap.org).

“American College of Emergency Physicians” means the entity by that name for which the contact information is American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261-9911, (800) 798-1822, [www.acep.org](http://www.acep.org).

“American Dietetic Association” means the entity by that name for which the contact information is American Dietetic Association, 120 South Riverside Plaza, Suite 2000, Chicago, Illinois 60606-6995, (800) 877-1600, [www.eatright.org](http://www.eatright.org).

“American Heart Association” means the entity by that name for which the contact information is American Heart Association National Center, 7272 Greenville Avenue, Dallas, TX 75231, (800) AHA-USA-1, [www.americanheart.org](http://www.americanheart.org).

“Child” means an individual aged birth through the last day prior to his or her sixth birthday.

“Child life specialist” means:

1. An individual who holds the Certified Child Life Specialist credential issued by the Child Life Council, Inc., which can be contacted at 11820 Parklawn Dr., Suite 240, Rockville, MD 20852-2529, (301) 881-7090, [www.childlife.org](http://www.childlife.org); or

2. Until November 16, 2012, an individual who meets the educational eligibility requirements for certification as a Certified Child Life Specialist by the Child Life Council, Inc., and who has at least one year of full-time experience working with children in a health care or educational setting.

“Class III medical device” means a medical device that the FDA has categorized as “class III” as defined at 21 CFR 860.3.

“Consultant pharmacist” means a pharmacist who has formalized his or her training in pediatric pharmacy through:

1. One year of experience in the full-time practice of pharmacy in a licensed pediatric healthcare facility; and

2. At least 10 hours of continuing education in pediatric pharmacy in his or her last renewal cycle for licensure as a pharmacist.

“Daily census” means the number of children who, during any calendar day, receive services in a facility.

“Department” means the New Jersey Department of Health and Senior Services.

“Device” means a device as that term is defined at Section 201(h) of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. §321(h).

“Direct care staff” means employees of a facility who provide care to children in the facility under the supervision of the nursing director.

“Drug” or “medication” means a substance as defined in the New Jersey State Board of Pharmacy Rules, N.J.A.C. 13:39-1.2.

“Emergency Nurses Association” means the entity by that name for which the contact information is Emergency Nurses Association, 915 Lee Street, Des Plaines, IL 60016-6569, (800) 900-9659, [www.ena.org](http://www.ena.org).

“Facility” means a pediatric medical day care facility.

“Family” means individuals who are related by blood, marriage, civil union, domestic partnership or a legal process.

“Full-time equivalent” means any combination of staff who work part-time on any given day and together provide the same number of working hours as one full-time staff person.

“Initial plan of care” means a care plan based on an initial assessment completed prior to or the day of admission that guides a child’s care until an interdisciplinary plan of care is completed.

“Interdisciplinary plan of care” means an individualized comprehensive plan of medical, nursing, psychosocial, developmental and educational therapies that specifies the goals to be achieved, discharge planning and the disposition to be followed in the event of emergency situations.

“Interdisciplinary team” means those individuals representing different professions, disciplines and services who work together to provide an integrated program of care to a child.

“Licensed nurse” means a registered professional nurse and/or a licensed practical nurse.

“Licensed nursing staff” means registered professional nurses and/or licensed practical nurses under the employ of a facility.

“Licensed practical nurse” or “LPN” means an individual who is licensed by the New Jersey State Board of Nursing pursuant to N.J.S.A. 45:11-27.

“Medicaid” means medical assistance provided under a State plan approved under Title XIX of the Social Security Act or otherwise authorized under Title XIX or Title XXI of the Social Security Act, including Medicaid Waiver programs authorized under §§1115 and/or 1915 of the Social Security Act.

“Medicaid beneficiary” means a child who has been determined by the County Board of Social Services to be financially eligible to participate in Medicaid.

“Medical director” means a physician certified by the American Board of Pediatrics who serves as liaison between a pediatric medical day care facility and the medical community, reviews the quality and appropriateness of pediatric medical day care facility policies and services, and is available for consultation to the pediatric medical day care facility staff.

“Medical record” means all records in a facility pertaining to a child and maintained in accordance with this chapter.

“Medically complex child” means a child who exhibits a severity of illness that requires ongoing skilled nursing intervention.

“Medication administration” means a procedure in which a prescribed medication is given to a child by an authorized person in accordance with all laws and rules governing such procedures.

“National Academy of Sciences” means the entity by that name for which the contact information is National Academy of Sciences, 500 Fifth St. NW, Washington, DC 20001, (202) 334-2000, [www.nationalacademies.org](http://www.nationalacademies.org).

“Neonatal intensive care unit” or “NICU” means a unit that provides “neonatal intensive care” as that term is defined at N.J.A.C. 8:33C-1.2.

“Occupational therapist” means an individual who is licensed by the New Jersey Occupational Therapy Advisory Council in accordance with N.J.S.A. 45:9-37.51.

“Office of Certificate of Need and Healthcare Facility Licensure” means the health care facility licensing unit within the Division of Health Facilities Evaluation and Licensing of the Senior Services and Health Systems Branch of the Department, for which the contact information is Office of Certificate of Need and Healthcare Facility Licensure, Division of Health Facilities Evaluation and Licensing, Department of Health and Senior Services, PO Box 358, Trenton, NJ 08625-0358, (609) 292-5960, website address for forms: [www.nj.gov/health/forms](http://www.nj.gov/health/forms).

“Ongoing” means 24 hours per day, seven days per week.

“Parent” means:

1. A biological or adoptive parent;
2. A foster parent of a child, pursuant to the definition of a “resource parent,” as defined at N.J.A.C. 10:121-1.1;
3. A guardian generally authorized to act as the child’s parent (but not the State if the child is a ward of the State);

4. An individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare;

5. An individual appointed by a court having jurisdiction over the child, pursuant to 34 CFR 300.30(b)(2); or

6. A surrogate parent assigned pursuant to N.J.A.C. 8:17-5.

"Pediatric intensive care unit" means a unit licensed under N.J.A.C. 8:43G-22.

"Pediatric medical day care" or "PMDC" means a health care service designed to meet the medical, developmental, educational, nutritional and psycho-social needs of medically complex and/or technology-dependent children whose medical condition requires treatment and services beyond the scope provided to children with special health care needs by day care centers or preschool programs.

"Pediatric medical day care facility" or "PMDC facility" means a pediatric day health care facility as specified at N.J.S.A. 26:2H-7a.

"Pharmacist" means an individual who is licensed by the New Jersey State Board of Pharmacy, pursuant to N.J.A.C. 13:39-3.

"Physical therapist" means an individual who is licensed by the New Jersey State Board of Physical Therapy Examiners, pursuant to N.J.S.A. 45:9-37.11 et seq.

"Physician" means an individual who is licensed by the New Jersey State Board of Medical Examiners to practice medicine in the State of New Jersey, pursuant to N.J.S.A. 45:9-1 et seq.

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

"Primary health care provider" means a child's physician or advanced practice nurse who provides ongoing medical care, maintains responsibility for the child's overall therapeutic plan, and is available for consultation and collaboration with the pediatric medical day care facility staff.

"Progress note" means a written, signed, and dated notation or, if a computerized medical records system is used, an authenticated electronic notation, summarizing information about care provided and the child's response to it.

"Registered dietitian" means an individual so credentialed by the American Dietetic Association."

"Registered professional nurse" or "R.N." means a person who is licensed as such by the New Jersey State Board of Nursing, pursuant to N.J.S.A. 45:11-26.

"Rehabilitation services" means physical therapy, occupational therapy, and speech-language pathology services.

"Schedule II controlled substance" means a substance so defined pursuant to N.J.S.A. 24:21-6.

"Signature" means, at a minimum, the first initial and full surname and title (for example, R.N., A.P.N., P.A., L.P.N., D.D.S., M.D., D.O.) of a person, legibly written in his or her own hand, or by means of a controlled electronic signature system.

"Skilled nursing intervention" means care that requires the knowledge and experience of licensed nursing staff or a specially trained primary caregiver able to meet the specific needs of the child in the child's home.

"Slots" means the number of children for which a facility is licensed to provide services.

"Social worker" means an individual who is certified or licensed by the New Jersey State Board of Social Work Examiners, pursuant to N.J.S.A. 45:15BB-1 et seq.

"Speech-language pathologist" means an individual who holds a current New Jersey license issued by the Audiology and Speech-Language Pathology Advisory Committee of the Division of Consumer Affairs of the New Jersey Department of Law and Public Safety, pursuant to N.J.S.A. 45:3B-1 et seq.

"Technology-dependent child" means a child who requires a specific class III medical device to compensate for the loss of a vital body function to avert death or further disability and ongoing skilled nursing intervention in the use of the device.

"Toddler" means a child less than three years of age who has not mastered independent ambulation.

"Transportation services" means the conveying of children who require transportation between the facility and the child's home, either directly or through contractual arrangements, in accordance with N.J.A.C. 8:43J-16.

"Unlicensed assistive personnel" means unlicensed individuals to whom selected nursing tasks are delegated.

## SUBCHAPTER 2. LICENSURE PROCEDURES

### 8:43J-2.1 Licensee

(a) The license holder shall have responsibility for the operation, management and financial viability of its facility.

(b) The licensee shall disclose in writing to the Department the ownership of entities that hold the license, any management company hired to operate the facility and the ownership of the property on which the facility operates and shall make ownership information available in the facility on request to any party.

(c) Absent a finding by the Department that the individual is rehabilitated using the standards and procedures at N.J.A.C. 8:43J-2.5(a)2, an individual is ineligible to own or operate a facility in New Jersey if the individual:

1. Has a history of continuing or serious violations of N.J.A.C. 8 or 10;
2. Has engaged in conduct that would constitute continuing or serious violations of N.J.A.C. 8 or 10 if the conduct occurred in New Jersey; or
3. A forum of competent jurisdiction has made a finding of the individual's dishonesty or of unethical conduct in either a civil or a criminal matter.

#### 8:43J-2.2 Licensure application procedures and requirements

(a) A person, organization or corporation desiring to operate a pediatric medical day care facility, or to expand or relocate an existing facility, shall submit a project proposal and a completed Application for a Long Term Care Facility License LCS-9, along with the appropriate licensure fee.

1. The application form can be obtained from the Department's forms website at [nj.gov/health/forms](http://nj.gov/health/forms), or upon request to the following:

Director, Office of Certificate of Need and  
Healthcare Facility Licensure  
Division of Health Care Facilities Evaluation and  
Licensing  
NJ Department of Health and Senior Services  
PO Box 358  
Trenton, NJ 08625-0358

2. The project proposal shall include scaled plans of the proposed facility, for preliminary review.

(b) A person, organization or corporation desiring to operate a pediatric medical day care facility, or to expand or relocate an existing facility, shall submit the following, on the licensure application form provided by the Department:

1. The name the facility shall be operating under;
2. The street address of the facility;
3. The number of slots sought;
4. The name and address of the applicant seeking licensure;
5. Type of business organization;
6. Identification of the ownership of the physical plant;
  - i. If the physical plant is to be leased, a signed copy of the lease;
7. Identification of any management company that will be operating the facility, including the entity's name and

address and the name, title and telephone number of a contact person;

8. Identification of 100 percent of the proposed owners, including the names and addresses of all principals (that is, individuals and/or entities with a 10 percent or more interest);

9. Whether any person mentioned in the application has ever had any interest in any application for a health care facility in New Jersey or any other state, which was denied or revoked.

- i. If yes, provide whom and the details;

10. Whether any of the principals have an ownership, management, or operational interest in a licensed health care facility in New Jersey, or any other state.

- i. If yes, indicate whom and submit a listing of the licensed health care facilities;

11. Whether any person mentioned in the application is related to any person who now operates or has operated a health care facility in New Jersey or any other state.

- i. If yes, indicate whom, the relationship, and a listing of the licensed health care facilities;

12. Whether any principals, owners, operators or managers of the facility have ever been found guilty of a criminal or administrative charge of fraud, abuse and/or neglect of a resident, participant and/or patient.

- i. If yes, indicate whom and provide details;

13. Whether any principals, owners, operators or managers of the facility have ever been indicted for or convicted of a felony crime.

- i. If yes, indicate whom and provide details;

14. The name and address of an agent in the State of New Jersey for service of process; and

15. A certification, signed by the applicant that states:

- i. All the information submitted is true and correct to the best of the applicant's knowledge and belief and that willful misrepresentation of the facts contained in the application shall make the applicant subject to civil penalties;

- ii. The governing body of the applicant has duly authorized the application; and

- iii. The applicant shall operate the facility in accordance with applicable licensing requirements.

(c) Approval of a project proposal is contingent upon a review of the applicant's track record, in accordance with N.J.A.C. 8:43E-5.1(b), and compliance with this chapter.

(d) Any proposed pediatric medical day care facility shall submit plans to the Health Care Plan Review Unit, Division

of Codes and Standards, New Jersey Department of Community Affairs, PO Box 815, Trenton, NJ 08625-0815, for review and approval prior to the initiation of construction, renovations or expansion.

1. Construction of freestanding facilities for new buildings and alterations, renovations, and additions to existing buildings for freestanding pediatric medical day care facilities shall comply with N.J.A.C. 8:43J-13.

2. Construction of facilities within long-term care facilities for new buildings and alterations, renovations, and additions for pediatric medical day care facilities in existing buildings, which are part of long-term care facilities shall comply with N.J.A.C. 8:43J-13.

(e) The Department recommends that applicants contact the Office of Certificate of Need and Healthcare Facility Licensure prior to the submission of construction plans to the Department of Community Affairs, as the Department of Community Affairs reviews construction plans for compliance with building code standards, and not for compliance with the physical plant standards contained in this chapter to schedule a functional review of their proposed projects, including, but not limited to:

1. Physical plant plans;
2. Policies and procedures;
3. Licensing protocols; and
4. Applicable rules and regulations.

(f) When a newly constructed facility is approximately 80 percent complete or when an applicant's estimated date of opening is within 30 days, the applicant shall schedule a preliminary conference with the Department's Assessment and Survey Program for review of the conditions for licensure and operation.

(g) In accordance with N.J.A.C. 8:43J-2.5, the Department shall not license a facility until the owners, administrators, volunteers and employees of the facility have clearance from the Department's Criminal Background Investigation Unit.

(h) An application for a license or change in service shall be denied if the applicant cannot demonstrate that the premises, equipment, personnel, including principals and management, finances, rules and bylaws and standards of health care are fit and adequate and that the facility will be operated in accordance with this chapter.

### 8:43J-2.3 License

(a) The Department shall issue a license to the operator of the facility when:

1. The applicant submits the following documents to the Office of Certificate of Need and Healthcare Facility Licensure:

- i. A copy of the certificate of occupancy from the local authority;
- ii. Documentation of a satisfactory fire safety inspection by the local fire authority; and

iii. A copy of the written final release of the physical plant construction plans by the Health Care Plan Review Unit, Division of Codes and Standards, New Jersey Department of Community Affairs, if applicable; and

2. A survey by Department staff indicates that the facility complies with this chapter and N.J.S.A. 26:2H-1 et seq.

(b) A facility shall be licensed for a maximum of 27 slots.

(c) A facility shall exceed its licensed capacity only to the extent that a facility's on-site daily census may be three children more than the number of slots for which the facility is licensed for provided that:

1. The facility is appropriately staffed and meets the physical plant requirements for the number of children present; and

2. The facility maintains an on-site average daily census of the number of slots the facility is licensed for or fewer children.

- i. Average daily census shall be calculated each calendar quarter beginning on January 1 of the calendar year.

(d) A facility shall provide only one session each calendar day.

(e) A license shall be granted for a period of one year.

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

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

### 8:43J-2.4 Fees

(a) The Department shall charge the following nonrefundable fees:

1. Application for licensure .....\$1,500 plus \$10.00 per slot
2. Annual renewal fee.....\$1,500 plus \$10.00 per slot
3. Addition of program slots.....\$1,500 plus \$10.00 per slot
4. Reduction of program slots .....\$375.00
5. Relocation of existing facility.....\$375.00
6. Transfer of ownership application...\$1,500
7. Inspection fee (initial) .....\$450.00
8. Inspection fee (biennial).....\$450.00

(b) Failure to pay any of the applicable fees shall result in nonrenewal of the license for existing facilities and the refusal to issue an initial license for new facilities.

#### 8:43J-2.5 Requirement for criminal background investigation

(a) The Department shall not issue or continue licensure for the operation of a pediatric medical day care facility unless, in accordance with N.J.S.A. 30:5B-6.10 et seq., current or prospective staff members, administrators, and individuals seeking employment at or ownership of a pediatric medical day care facility, including volunteer staff, shall have obtained clearance from the Department's Criminal Background Investigation Unit, prior to respectively, owning, operating, administering, volunteering or working for a pediatric medical day care facility.

1. In accordance with N.J.S.A. 30:5B-6.14, the Department shall not issue clearance to own, operate, administer, volunteer or work for a pediatric medical day care facility to a person who has been convicted of any of the following crimes and offenses:

- i. A crime against a child, including endangering the welfare of a child and child pornography, pursuant to N.J.S.A. 2C:24-4;
- ii. Child molestation, pursuant to N.J.S.A. 2C:14-1 et seq.;
- iii. Abuse, abandonment or neglect of a child, pursuant to N.J.S.A. 9:6-3;
- iv. Endangering the welfare of an incompetent person, pursuant to N.J.S.A. 2C:24-7;
- v. Sexual assault, criminal sexual contact or lewdness, pursuant to N.J.S.A. 2C:14-2 through 2C:14-4, inclusive;
- vi. Murder, pursuant to N.J.S.A. 2C:11-3 or manslaughter, pursuant to N.J.S.A. 2C:11-4;
- vii. Stalking, pursuant to N.J.S.A. 2C:12-10;
- viii. Kidnapping and related offenses, including criminal restraint, false imprisonment, interference with custody, criminal coercion or enticing a child into a motor vehicle, structure or isolated area, in violation of any crime established in Chapter 13 of Title 2C of the Revised Statutes of New Jersey (N.J.S.A. 2C:13-1 et seq.);
- ix. Arson, pursuant to N.J.S.A. 2C:17-1 or causing or risking widespread injury or damage that would constitute a crime of the second degree or higher, pursuant to N.J.S.A. 2C:17-2;
- x. Terroristic threats, pursuant to N.J.S.A. 2C:12-3; and

xi. An attempt or conspiracy to commit any of the crimes or offenses listed in (a)1i through x above.

2. For convictions of crimes and offenses other than those listed in (a)1i through xi above, the Department shall issue clearance to own, operate, administer, work or volunteer to work for a pediatric medical day care facility to a person if the Department determines that the person has demonstrated clear and convincing evidence of the person's rehabilitation, upon the Department's consideration of the following:

- i. The nature and responsibility of the position that the applicant would hold or currently holds at the facility, as the case may be;
- ii. The nature and seriousness of the offense;
- iii. The circumstances under which the offense occurred;
- iv. The date of the offense;
- v. The age of the person when the offense was committed;
- vi. Whether the offense was an isolated or repeat incident;
- vii. Any social conditions that may have contributed to the offense; and
- viii. Any evidence of rehabilitation, including good conduct in prison or in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs or the recommendation of those who have had the person under their supervision.

3. For convictions occurring in any other state or jurisdiction, conduct that, if committed in New Jersey, would constitute any of the crimes or offenses described in (a)1 above.

(b) In accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1, the Department shall give any individual disqualified from owning, operating, administering, volunteering or working for a pediatric medical day care facility pursuant to (a)1 above an opportunity to challenge the accuracy of the disqualifying criminal history record prior to being permanently disqualified from participation.

(c) The Department shall give an individual disqualified from owning, operating, administering, volunteering or working for a pediatric medical day care facility pursuant to (a)1 above the opportunity to challenge the accuracy of the disqualifying criminal history record or the denial of a determination of rehabilitation pursuant to (a)1i through viii above.

(d) Pursuant to N.J.S.A. 30:5B-6.13, a staff member who has been fingerprinted and is awaiting the results of the criminal background investigation may begin employment, as long as the staff member is not left unsupervised with children.

1. A staff member awaiting the results of a criminal background investigation shall not count towards the facility's staffing level.

### 8:43J-2.6 Facility standards

(a) Any existing or proposed facility with a construction program shall submit plans to the Health Care Plan Review Unit, Division of Codes and Standards, New Jersey Department of Community Affairs, PO Box 815, Trenton, NJ 08625-0815, for review and approval prior to the initiation of construction, renovations or expansion.

1. Construction of freestanding facilities for new buildings and alterations, renovations, and additions to existing buildings for freestanding facilities shall comply with N.J.A.C. 8:43J-13.

2. Construction of facilities within long-term care facilities for new buildings and alterations, renovations and additions for facilities in existing buildings that are part of long-term care facilities shall comply with N.J.A.C. 8:43J-13.

3. The physical standards of an existing building that a facility intends to locate or relocate to shall comply with N.J.A.C. 8:43J-13.

### 8:43J-2.7 Surveys

(a) When the Department approves an initial licensure application and the facility is ready for occupancy, representatives of the Department shall conduct a survey of the facility to determine if the facility adheres to this chapter.

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

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

3. The facility shall employ professional personnel in accordance with the staffing requirements in this chapter.

(b) No facility shall admit children to the facility until the Office of Certificate of Need and Healthcare Facility Licensure issues a license to operate the facility.

(c) Authorized representatives of the Department may make survey visits to a facility at any time.

1. Such visits may include, but not be limited to, the review of all facility documents and children's records and conferences with children and their parents and with staff.

(d) The Department shall conduct an ongoing evaluation of the pediatric medical day care facility by on-site visits and shall inform the facility, in writing, of the results of the on-site evaluation.

(e) The Department may request a plan of correction if the Department finds the facility to be in noncompliance with this chapter or otherwise violating any applicable laws, in which request the Department shall specify a date on which the facility's plan of correction is due to the Department.

1. The facility shall submit by the requested date a plan of correction that addresses deficiencies noted by the Department staff.

i. If a follow-up on-site visit by the Department reveals that the facility is not implementing the plan of correction, the Department shall take enforcement action in accordance with N.J.A.C. 8:43E, General Licensure Procedures and Standards Applicable to all Licensed Facilities.

ii. Non-compliance with this chapter may result in the Department's imposition of sanctions and remedies upon a facility in accordance with N.J.A.C. 8:43E, General Licensure Procedures and Standards Applicable to all Licensed Facilities.

2. Facilities wishing to contest decisions made by the Department pursuant to this section may request a hearing pursuant to the procedures set forth in N.J.A.C. 8:43E, General Licensure Procedures and Standards Applicable to all Licensed Facilities.

### 8:43J-2.8 Licensure renewal

(a) The Department shall issue to the facility a renewal application form pursuant to (c) below and a licensure fee request form requiring submission of the information in (c) and the renewal fee 30 days prior to the expiration of the facility license unless the Department has suspended or revoked the license.

(b) The Department shall not issue a renewed license until the Department receives a completed renewal application and the appropriate licensure renewal fee.

(c) A facility desiring to renew its license shall submit the following, on a licensure renewal application form that the Department provides pursuant to (a) above:

1. The name under which the facility has been operating;
2. The street address of the facility;
3. The number of slots;

4. The name and address of the applicant seeking renewal;
5. The type of business organization;
6. Identification of the ownership of the physical plant.
  - i. If the physical plant is to be leased, a signed copy of the lease;
7. Identification of any management company that will be operating the facility, including the entity's name and address and the name, title and telephone number of a contact person;
8. Identification of 100 percent of the proposed owners, including the names and addresses of all principals (that is, individuals and/or entities with a 10 percent or more interest);
9. Whether any person mentioned in the renewal application has ever had any interest in any application for a health care facility, in New Jersey or any other state, which was denied or revoked.
  - i. If yes, indicate whom and the details;
10. Whether any of the principals have an ownership, management or operational interest in a licensed health care facility in New Jersey or any other state.
  - i. If yes, indicate whom and provide a list of the licensed health care facilities;
11. Whether any person mentioned in the renewal application is related to any person who now operates or has operated a health care facility in New Jersey or any other state.
  - i. If yes, indicate whom, the relationship, and provide a list of the licensed health care facilities;
12. Whether any principals, owners, operators or managers of the facility have ever been found guilty of a criminal or administrative charge of fraud, abuse and/or neglect of a resident, a participant and/or a patient.
  - i. If yes, indicate whom and provide details;
13. Whether any principals, owners, operators or managers of the facility have ever been indicted for or convicted of a felony crime.
  - i. If yes, indicate whom and provide details;
14. The name and address of an agent in the State of New Jersey for service of process; and
15. A certification, signed by the applicant that states:
  - i. All the information submitted is true and correct, to the best of the applicant's knowledge and belief, and that willful misrepresentation of these facts may make the applicant subject to civil penalties;

- ii. The application has been duly authorized by the governing body of the applicant; and
- iii. The facility has been operated in accordance with applicable licensing requirements.

(d) The license shall not be renewed if local rules, regulations, and/or requirements are not met.

#### **8:43J-2.9 Surrender of license**

(a) The facility shall notify the Department, each child's parent, the child's primary health care provider and any guarantors of payment:

1. At least 30 days prior to the voluntary surrender of a license or relocation of a facility; or
2. As the Department directs in an order of revocation or suspension or in a notice of refusal to renew.

(b) The facility shall return the license to the Office of Certificate of Need and Healthcare Facility Licensure within seven working days after the voluntary surrender or the revocation, suspension or non-renewal of its license.

#### **8:43J-2.10 Action against a licensee**

(a) Pursuant to N.J.S.A. 26:2H-1 et seq., the Commissioner or his or her designee may impose all enforcement actions permitted under N.J.A.C. 8:43E for violation of this chapter or other laws.

(b) Enforcement actions include civil monetary penalty, curtailment of admissions, appointment of a receiver, revocation of a license, order to cease and desist operation of an unlicensed health care facility and other remedies for violations of law.

#### **8:43J-2.11 Hearings**

If the Department proposes to revoke, deny or refuse to renew a license, or to assess a monetary penalty pursuant to N.J.A.C. 8:43E, the licensee or applicant may request a hearing, which shall be conducted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1 et seq. and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

#### **8:43J-2.12 Transfer of ownership**

(a) Prior to transferring ownership of a facility, the prospective owner shall apply to the Office of Certificate of Need and Healthcare Facilities Licensure for approval of the transfer by submitting the following:

1. A cover letter stating the proposed owner's intention to purchase the facility, identifying the facility by name, address and county and stating the licensed child capacity (that is, the number of licensed slots);

2. A written description of the proposed transaction, including:

- i. Identification of the current owners of the facility;
- ii. Identification of 100 percent of the proposed owners, including the names and addresses of all principals (that is, individuals and/or entities with a 10 percent or more interest); and
- iii. If applicable, a copy of an organizational chart, including parent corporations and wholly owned subsidiaries of the proposed owner;

3. A copy of the agreement of sale and, if applicable, a copy of any lease; and

4. The names of any licensed health care facilities and states in which they are located that the proposed owner or any of the principals own, operate or manage in New Jersey or any other state.

- i. If the proposed owner or any of its principals own, operate or manage facilities in other states, the proposed owner shall submit letters from the state health departments or applicable regulatory agencies in each of the respective states, verifying that the facilities have operated in substantial compliance during the last 12-month period and have had no enforcement actions imposed during that period of time.

(b) The Department shall review the request for authorization to transfer ownership, which review shall include an evaluation of the applicant's track record, in accordance with N.J.A.C. 8:33-4.10 and 8:43E-5.1, and clearance from the Criminal Background Investigation Unit.

(c) When the Department has reviewed the request for authorization to transfer ownership and deemed it acceptable, the Office of Certificate of Need and Healthcare Facility Licensure shall send a letter approving the transfer and licensure application forms to the proposed owner.

(d) After the transaction has been completed, the new owner shall submit the following documents to the Office of Certificate of Need and Healthcare Facilities Licensure:

1. A complete licensure application and the annual licensure fee;
2. A notarized letter stating the date on which the transaction occurred; and
3. A copy of a certificate of continuing occupancy from the local municipality or a letter from the municipality verifying a policy of not issuing any such document for changes of ownership.

(e) The Department shall not issue a license to the new owner until the Department receives the items required pursuant to (d) above.

(f) For Medicaid provider enrollment, the new owner shall contact Unisys for an application for Medicaid participation at (609) 588-6036 or access the application on the Internet at [www.njmmis.com](http://www.njmmis.com).

#### 8:43J-2.13 Waiver of licensing standards

(a) The Commissioner or his or her designee, in accordance with the general purposes and intent of N.J.S.A. 26:2H-1 et seq. and this chapter, may waive provisions of this chapter if, in his or her opinion, such waiver would not render the premises, equipment, personnel, finances, rules and by-laws and standards of health care at a facility unfit or inadequate.

1. A facility seeking a waiver of these rules shall apply in writing to the Director of the Office of Certificate of Need and Healthcare Facility Licensure of the Department.

2. A written request for a waiver shall include the following:

- i. A citation to the specific rule or part of the rule for which a waiver is requested;
- ii. Reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the facility upon adherence;
- iii. An alternative proposal that would ensure the care and safety of the children in the facility; and
- iv. Documentation to support the request for a waiver.

3. The Department may request additional information before processing a request for waiver.

#### 8:43J-2.14 Duty to update information

(a) Whenever any information included in a license or renewal application changes, the licensee shall provide that information to the Office of Certificate of Need and Healthcare Facility Licensure, in writing, within 10 calendar days of the change.

(b) Failure to comply with the requirements of this chapter may result in penalties being assessed against a facility pursuant to N.J.A.C. 8:43E.

### SUBCHAPTER 3. ADMINISTRATION

#### 8:43J-3.1 Appointment of the administrator

(a) The license holder shall appoint an administrator who is a full-time employee of the facility.

(b) A facility shall designate an alternate in writing to act in the absence of the administrator.

1. The designated alternate shall meet the qualification standards for an administrator at N.J.A.C. 8:43J-3.2.

(c) The administrator, or the designated alternate, shall be available on the premises of the facility during the hours when pediatric medical day care services are being provided.

(d) The administrator, or the designated alternate who is functioning as the administrator, shall not perform the duties of any other position at the facility.

### 8:43J-3.2 Qualifications of the administrator of a pediatric medical day care facility

(a) The administrator or designated alternate of a pediatric medical day care facility shall:

1. Have a master's degree from a college or university approved by a state department of education and at least one year of full-time administrative or supervisory experience in a licensed health care facility;

2. Have a baccalaureate degree from a college or university approved by a state department of education and three years of full-time experience in a licensed health care facility, at least one year of which shall have been in a full-time administrative or supervisory capacity; or

3. Have at least one year of full-time administrative or supervisory experience in a licensed health care facility and be:

- i. A physician;
- ii. A licensed social worker;
- iii. A licensed clinical social worker;
- iv. A registered professional nurse with either a Master of Science (MS) degree or a Bachelor of Science in Nursing (BSN) degree; or
- v. An advanced practice nurse (APN).

(b) In addition to meeting the criteria in (a) above, the administrator of a pediatric medical day care facility shall have had at least one year of experience in the last five years in the care of children with special health care needs.

### 8:43J-3.3 Responsibilities of the administrator

(a) The administrator shall be responsible for, at minimum, the following:

1. Ensuring the development, implementation and enforcement of all policies and procedures, including child rights;

2. Planning and administering the operational, managerial, fiscal and reporting components of the facility;

3. Participating in the quality improvement program for child-care and staff performance;

4. Ensuring that all personnel are assigned duties based upon their education, training, competencies and job descriptions;

5. Ensuring the provision of staff orientation, staff education and ongoing staff training in accordance with this chapter;

6. Establishing and maintaining liaison relationships and communication between facility staff and services providers and with a child's parent; and

7. Ensuring that each child satisfies N.J.A.C. 8:43J-6.1(c) prior to admission.

- i. For purposes of this paragraph, the administrator may rely on an authorization letter from the fiscal agent reflecting a determination of eligibility pursuant to N.J.A.C. 8:87-3.4(c)5i.

### 8:43J-3.4 Administrative policies and procedures

(a) If a health care facility licensed by the Department provides pediatric medical day care in addition to other health care services, the facility shall adhere to this chapter and to the applicable rules for licensure of facilities providing the other health care services.

(b) The facility shall adhere to applicable Federal, State and local laws.

(c) The facility shall develop, implement and review, at intervals specified therein, a policy and procedure manual for the organization and operation of the facility.

(d) Each review of the manual shall be documented and the manual(s) shall be available in the facility to representatives of the Department at all times.

(e) The manual shall address at least the following:

1. The program's philosophy and objectives and the services provided by the facility;

2. An organizational chart delineating the lines of authority, responsibility and accountability for the administration and child care services of the facility;

3. Specifications for each therapeutic intervention for use by all staff involved in the care of the children;

- i. With respect to this requirement, the facility shall review the manual every six months to assure that the facilities procedures conform to prevailing and acceptable treatment practices.

4. The maintenance of an admission register listing children admitted by name with identifying information about each, the referral source, family contacts and emergency contacts;

5. The maintenance of a discharge register with final disposition and the discharge date;

6. The maintenance of a daily census record;
7. The maintenance of an accident and incident record;
8. The maintenance of an individual record for each child that contains:
  - i. Identifying data;
  - ii. All details of the referral and admission;
  - iii. Correspondence;
  - iv. Payer status; and
  - v. Medical history, signed and dated in ink by the health professional providing the service, which contains allergies, special precautions, an immunization record, the initial plan for care and updates, physician's orders, progress notes and medications dispensed;
9. Referral procedure to other health care providers in a manner that ensures the provision of a continuum of care for the child;
10. The conduct of an interdisciplinary review of each child's interdisciplinary plan of care every two months, which requires, at a minimum, that the facility share the interdisciplinary plan of care summary and recommendations with the primary health care provider, who shall approve or modify any changes in writing, and which requires the facility to give a copy of the interdisciplinary plan of care summary and recommendations to the child's parent;
11. Discharge procedures that require, at a minimum, that the facility conduct a conference involving pediatric medical day care facility staff, the child's parent and staff of other agencies involved in the child's care to discuss post-discharge care and follow-up and which require the facility to develop a written discharge summary and to enter it in the child's record within 10 business days following discharge;
12. A quality improvement program for child-care and staff performance;
13. Facility operation hours and days on which services are provided;
14. The maintenance of personnel records for each employee, which require, at a minimum, the employee's name, address, previous employment, educational background, credentials, license and/or certification and/or registration number, as applicable, with the effective date and date of expiration, and the results of the criminal background investigation;
15. The content and frequency of physical examinations, upon employment and subsequently, for employees and for other persons providing direct care services to children;
16. Procedures for follow-up of a child in the event that a child does not appear for services on scheduled days and

for documentation of the follow-up in the child's medical record; and

17. Procedures for compliance with applicable statutes and protocols to report abuse or mistreatment of children, elopement, sexual abuse, specified communicable diseases, poisonings, birth defects and unattended or suspicious deaths, which shall address, at a minimum, the following:

- i. The notification of any suspected case of child abuse or exploitation to the New Jersey Department of Children and Families, Division of Youth and Family Services;
- ii. The development of written protocols for the identification and the treatment of children who are abused and/or neglected;
- iii. The provision at least annually of education and/or training programs to appropriate persons regarding the identification and reporting of diagnosed and/or suspected cases of sexual abuse, domestic violence, child abuse and the facility's policies and procedures;
- iv. Communicable disease reporting, in accordance with N.J.A.C. 8:57; and
- v. Birth defect reporting, in accordance with N.J.A.C. 8:20.

(f) The policy and procedure manual shall be available and accessible to children's parents, staff and the public.

(g) The facility shall have a written agreement for services not directly provided by the facility.

1. The written agreement, or its equivalent, shall specify that the facility retain administrative responsibility for services rendered and shall require that services be provided in accordance with this chapter.

(h) Each facility shall maintain at least one bulletin board in a conspicuous location in the facility in an area accessible to the public upon which the facility shall place all notices this chapter requires to be posted.

#### **8:43J-3.5 Childcare policies and procedures**

(a) The facility shall develop, implement and review, at intervals specified in its policies and procedures, a manual of policies and procedures for the care of medically complex or technology-dependent children.

(b) Each review of the manual shall be documented and the manual shall be available in the facility to representatives of the Department at all times.

(c) The manual shall address at least the following:

1. Emergency care of children, which includes a disposition procedure to be followed in the event of a medical emergency, which includes notification of the child's parent;

2. Child instruction and health education, including the provision of printed and/or written instructions and information for a child's parent, with multilingual instructions, as indicated;

3. Advance directives, including, but not limited to, the following:

i. Routine inquiry, at the time of admission and at such other times as are appropriate under the circumstances, of a child's parent of the existence of an advanced directive;

ii. Requirements for provision of a written statement of a child's rights regarding advance directives, approved by the Commissioner or his or her designee, to such child's parent; and

iii. Requirements for documentation in the medical record;

4. The prohibition of smoking in the facility in accordance with N.J.S.A. 26:3D-55 et seq.;

5. Discharge, transfer, and readmission of children, including criteria for each; and

6. Exclusion of children and staff from the facility, and authorization to return to the facility, for children and staff with acute infectious diseases.

#### 8:43J-3.6 Mandatory notification

(a) The facility shall notify the Department immediately by telephone at (609) 633-9034, or (609) 392-2020 after business hours, followed by written confirmation within 72 hours, of the following:

1. Termination of employment of the administrator and the name and qualifications of the administrator's replacement;

i. If a new administrator cannot be designated within 72 hours, the facility shall notify the Department in writing and the facility shall make arrangements, which are acceptable to the Department, for administrative supervision; and

ii. A new administrator shall be appointed within 30 days; and

2. Termination of employment of the nursing director and the name and qualifications of the nursing director's replacement;

i. If the facility cannot designate a new nursing director within 72 hours, the facility shall notify the Department in writing and the facility shall make arrangements that are acceptable to the Department for nursing supervision by a registered professional nurse; and

ii. The facility shall appoint a new nursing director within 30 days.

(b) The facility shall report in writing any change in the hours of operation to the Office of Certificate of Need and Healthcare Facility Licensure.

(c) The facility shall post on the bulletin board required in N.J.A.C. 8:43J-3.4(h) a notice that the following information is available in the facility to the public:

1. All waivers granted by the Department in accordance with N.J.A.C. 8:43J-2.2;

2. The list of deficiencies from the last annual licensure inspection and the list of deficiencies from any valid complaint investigation during the past 12 months;

3. The policies and procedures regarding child rights; and

4. An address and phone number at which the license holder may be contacted.

#### 8:43J-3.7 Financial arrangements

(a) The facility shall:

1. Inform a child's parent in writing of the fees for services and supplies for which a fee is charged;

2. Maintain a written record of all financial arrangements with the child's parent and furnish a copy of the record to the child's parent;

3. Assess no additional charges, expenses or other financial liabilities in excess of the daily, weekly or monthly rate included in the admission agreement, except:

i. Upon written approval and authority of the child's parent, who shall be given a copy of the written approval;

ii. Upon written orders of the child's primary health care provider, specifying services and supplies not included in the admission agreement;

iii. Upon 15 days' prior written notice to the child's parent of additional charges, expenses or other financial liabilities due to the increased cost of maintenance and/or operation of the facility; and/or

iv. In the event of a health emergency involving the child and requiring immediate special services or supplies to be furnished during the period of the emergency.

#### 8:43J-3.8 Denial of admission

If a facility denies admission to a child, the administrator shall give the child's parent the reason for such denial in writing, signed by the administrator, within 15 days of the denial determination.

#### 8:43J-3.9 Involuntary discharge

(a) The administrator shall provide written notice to a child's parent of a decision to involuntarily discharge the

child from the facility at least 30 days prior to the proposed discharge date.

1. The notice shall state the reason for discharge, the right to appeal the determination, and the procedure by which to make such an appeal.

2. A copy of the notice shall be entered in the child's medical record.

(b) The child's parent shall have the right to appeal to the administrator any involuntary discharge from the facility.

1. The appeal shall be in writing and a copy shall be included in the child's medical record with the disposition or resolution of the appeal.

(c) An involuntary discharge for reasons of the welfare of the child or other children shall comply with N.J.A.C. 8:43J-4.2(a)4.

1. A facility shall not retain a child who manifests a degree of behavioral disorder that causes the facility to reasonably believe that the child is a danger to himself or herself or others or whose behavior would interfere with the health or safety or well-being of other children.

#### 8:43J-3.10 Interpretation services

The facility shall demonstrate the ability to provide a means to communicate with children and/or their parents who are non-English speaking and/or have communication disabilities, using available community or on-site resources.

#### 8:43J-3.11 Notification of parent

The facility shall notify the child's parent in the event that the child sustains an injury, or an accident or incident occurs, immediately after the occurrence and shall document the notification in the child's medical record immediately following such notification.

#### 8:43J-3.12 General record policies

(a) The facility shall maintain the following records:

1. A chronological listing of children admitted and discharged, including the destination of children who are discharged; and

2. Statistical data concerning use of program services and demographic information related to children.

#### 8:43J-3.13 Required documents

(a) All facilities shall have the following documents on the premises and available to staff:

1. This chapter;
2. N.J.A.C. 8:43E;
3. N.J.A.C. 8:87;

4. N.J.A.C. 10:122; and

5. The facility's policy and procedure manual(s).

(b) Information on ordering the New Jersey Administrative Code is available:

1. On the Internet at [lexisnexis.com](http://lexisnexis.com);

2. By writing to LexisNexis® Matthew Bender®, 744 Broad Street, Newark, NJ 07102; or

3. By telephoning LexisNexis® at (973) 820-2000 or (800) 252-9257.

### SUBCHAPTER 4. CHILD RIGHTS

#### 8:43J-4.1 Policies and procedures regarding the rights of children

(a) The facility shall establish and implement written policies and procedures regarding the rights of children, which shall be available to the child's parent, staff and the public and shall post them in a conspicuous location in the facility in English and the primary language(s) of the children's parents.

(b) The facility shall provide staff with in-service education concerning the implementation of policies and procedures regarding child rights.

(c) The facility shall notify the Department of Children and Families, Division of Youth and Family Services, of any suspected child abuse.

(d) The facility shall comply with all applicable laws concerning child rights.

#### 8:43J-4.2 Rights of each child

(a) The facility shall establish policies and procedures to protect the rights of each child, that require, at a minimum, that children's parents:

1. Are informed of these rights, as evidenced by the execution of a written acknowledgement of receipt of this information prior to or upon admission, in terms that the child's parent understands;

2. Are informed of services available in the facility and of the names and professional status of the personnel providing and/or responsible for the child's care and receive a written statement of fees and related charges, including the payment, fee, deposit and refund policy of the facility, any charges for services not covered by sources of third-party payment or by the facility's basic rate and any special payment plans established by the facility;

3. Are assured of the child's care in accordance with the interdisciplinary plan of care, is informed of the inter-

disciplinary plan of care, and have the opportunity to participate in the planning of the child's care;

4. Are advised that the facility shall transfer or discharge the child for medical reasons or for the welfare of the child or of other children only upon the written order of the child's primary health care provider, as documented in the child's medical record, except in an emergency situation, in which case the administrator shall notify the primary health care provider and the child's parent immediately following the transfer and document the reason for the transfer in the child's medical record.

i. If the facility requests a transfer or discharge on a non-emergency basis, including transfer or discharge for nonpayment for services (except as prohibited by sources of third-party payment), the child's parent shall be given at least 30 days advance written notice of such transfer or discharge;

5. Have access to and/or may obtain a copy of the child's medical record, in accordance with the facility's policies and procedures;

6. Are assured that the child shall be free from mental and physical abuse, exploitation and the use of chemical and physical restraints, unless the use of restraints are authorized by a written order from the child's primary health care provider and that medications shall not be used for punishment or for convenience of facility personnel;

7. Are assured that the child's records and disclosures shall receive confidential treatment and that the parent shall have the opportunity to approve or refuse their release to any individual in writing, except in the case of the child's transfer to another health care facility or as required by law or third-party payment contract;

8. Are advised that the child shall be treated with courtesy, consideration, respect and full recognition of the child's dignity, individuality and right to privacy, including, but not limited to, auditory and visual privacy and confidentiality concerning treatment and disclosures and that the privacy of the child's body shall be maintained during toileting, bathing and other activities of personal hygiene;

9. Are advised that the child shall not be deprived of any constitutional, civil and/or legal rights;

10. Are informed that every parent has the right, personally or through others, to present grievances to local or State authorities without reprisal, interference, coercion or discrimination of the child as a result of such grievance or suggestion;

11. Are informed that, in the case of a Medicaid beneficiary, the determination of eligibility to receive services is not permanent and that redeterminations will be made on the basis of subsequent assessments pursuant to N.J.A.C. 8:87.

i. An acknowledgement of this shall be signed by the parent and retained in the child's permanent record; and

12. Are informed of the availability of regular day care or preschool if the child's condition improves sufficiently to no longer require pediatric medical day care facility services.

(b) The administrator shall provide the child's parent with the name, address and telephone number of the following offices with which complaints may be lodged:

Division of Health Care Facilities Evaluation and Licensing  
New Jersey Department of Health and Senior Services  
PO Box 367  
Trenton, NJ 08625-0367  
Telephone: (800) 792-9770

Division of Medical Assistance and Health Services  
New Jersey Department of Human Services  
PO Box 712  
Trenton, NJ 08625-0712  
Telephone: (609) 588-3828

Division of Youth and Family Services  
New Jersey Department of Children and Families  
PO Box 717  
Trenton, NJ 08625-0717  
Telephone: (609) 292-6920 or (800) 792-8610.

(c) The administrator shall provide the child's parent with the telephone number of the applicable local office of the Division of Youth and Family Services, Child Abuse Control Office.

(d) The telephone numbers in (b) and (c) above, shall be posted in the facility at every public telephone and on all bulletin boards used for posting public notices.

## SUBCHAPTER 5. CHILD ASSESSMENT AND INTERDISCIPLINARY PLAN OF CARE

### 8:43J-5.1 Pre-admission assessment

(a) A facility shall conduct a pre-admission assessment to screen the child for PMDC clinical eligibility pursuant to N.J.A.C. 8:43J-6.1(c), which shall consist of a review of the child's medical records by the facility's nursing director and a home visit by a member of the interdisciplinary team and which shall address the child's:

1. Medical history;
2. Developmental status;
3. Nutritional status;

4. Use of assistive devices;
5. Treatment procedures; and
6. Medications.

(b) Based on the information obtained in the preadmission assessment, the administrator, in consultation with the nursing director and the medical director, shall:

1. For a Medicaid beneficiary who, based upon the preadmission assessment, meets the clinical eligibility requirements for PMDC, adhere to the procedure in N.J.A.C. 8:87-3 and either admit the child or deny admission; or
2. For a child whose participation at the facility would be paid from private funds, based upon the preadmission assessment, either admit the child if the child is clinically eligible for PMDC, or deny admission if the child is not clinically eligible for PMDC.

(c) A facility shall not admit a child who manifests a degree of behavioral disorder that causes the facility to reasonably believe that the child is a danger to himself or herself or others, or whose behavior would interfere with the health or safety or well-being of other children.

#### 8:43J-5.2 Admission procedure

(a) The administrator or his or her designee shall conduct an interview with the child's parent prior to or at the time of the child's admission that addresses, at a minimum, the matters in (a)1 through 5 below, and shall summarize the interview in the child's medical record:

1. An orientation of the facility's policies and services;
2. Hours and days on which services are provided;
3. The fee schedule;
4. The child's rights; and
5. Criteria for attendance, treatment and discharge.

(b) At the time of admission, the child's parent shall execute a PMDC facility consent form addressing the purpose of PMDC services, family responsibilities, authorized treatment, applicable liability releases and emergency disposition plans.

#### 8:43J-5.3 Initial assessment and initial plan of care

(a) A registered professional nurse shall complete an initial assessment no earlier than five working days prior to, or upon, the day of admission for each child, which shall address, at minimum, the child's personal hygiene, immediate dietary needs, procedures, medications and diagnosis.

(b) A registered professional nurse shall develop a written initial plan of care that is based on the initial assessment within two business days of admission.

(c) The facility shall have a copy of a history taken and a report of a physical examination performed by the child's primary health care provider within 30 days prior to, or upon, admission to the facility.

(d) The facility shall have orders in place from a child's primary health care provider on the day of admission.

(e) The nursing, dietary, social work, developmental, rehabilitation, and/or pharmacy services, as applicable, and in accordance with professional standards of practice, shall execute each primary health care provider's order.

#### 8:43J-5.4 Development and implementation of interdisciplinary plan of care and discharge planning

(a) A registered professional nurse shall develop a written interdisciplinary plan of care within 15 business days of the date of admission, which shall address, at a minimum:

1. The child's scheduled days of attendance;
2. The specific goals of care;
3. The time frames for achieving the goals and the schedule for evaluation of progress;
4. The interventions needed to accommodate the medical, nursing, psychosocial and educational needs of the child and family;
5. The child's needs and preferences as identified by the child's parent;
6. The orders for treatment, services, medications and diet;
7. The time intervals at which the facility shall review the child's response to treatment; and
8. Specific discharge criteria.

(b) In developing the written interdisciplinary plan of care the registered professional nurse shall base the written interdisciplinary plan of care on the assessments provided by nursing, dietary, child life specialist and social work staff, and, if ordered by the child's primary health care provider, other health professionals.

(c) The interdisciplinary plan of care shall contain measurable objectives with interventions based on the child's care needs and means of achieving each goal and shall address, as appropriate, rehabilitative and/or restorative measures, preventive intervention and training and teaching of personal care.

(d) The interdisciplinary plan of care shall contain discharge planning that takes into account the child's changing clinical and/or financial status as it may affect the child's continued eligibility for PMDC.

1. The facility shall involve, to the fullest extent possible, the child's parent in developing the discharge plan.

(e) The facility's interdisciplinary care team shall review the child's interdisciplinary plan of care at least every 60 days, or more often, if indicated by a change in the child's medical condition.

(f) The implementation of the interdisciplinary plan of care is contingent upon the approval of the child's primary health care provider.

(g) The facility shall give a copy of the interdisciplinary plan of care to the child's parent and shall maintain the parent's signed acknowledgment of receipt thereof in the child's medical record.

(b) All facilities shall have, in addition to the nursing director, a minimum of two registered professional nurses on site at all times when children are present.

(c) The facility shall maintain a staffing ratio of one direct care staff member for every three children in attendance.

(d) As part of the staffing ratio in (c) above, the facility shall also maintain a ratio of one licensed nurse for every six children in attendance.

(e) The nursing director shall increase the number of licensed nurses providing direct care when necessary based on the medical needs of the children being served.

(f) Transportation staff shall not count as direct care staff for purposes of satisfying the staffing ratio, except during any hours that they spend in the facility providing direct care to the children.

## SUBCHAPTER 6. GENERAL SERVICES

### 8:43J-6.1 General services provided

(a) A facility shall provide, in accordance with this chapter, therapeutic, rehabilitative and developmental services to children for a minimum of six consecutive hours per day, each day the facility is open, exclusive of the transportation time referred to in N.J.A.C. 8:43J-16.1.

(b) Facilities shall comply with the requirements at N.J.A.C. 10:122, the Manual of Requirements for Child Care Centers.

1. Where the provisions of this chapter differ from those of N.J.A.C. 10:122, the requirements of this chapter shall govern.

(c) Regardless of the payer source, children attending pediatric medical day care shall be technology-dependent or medically complex.

1. For children who are Medicaid beneficiaries, the facility shall comply with N.J.A.C. 8:87.

(d) The facility shall maintain a daily record of child attendance for each day during which services are provided, in accordance with N.J.A.C. 8:87-2.1(a)4.

(e) Each facility shall have a system to ensure that each child's nutritional needs are met, based upon the child's interdisciplinary plan of care.

(f) A facility shall plan and implement a diversified program of activities for the child, based upon the child's interdisciplinary plan of care.

### 8:43J-6.2 General staffing requirements

(a) Only direct care staff members, excluding volunteers, of a facility shall count towards the staffing level.

1. The time spent driving children to or from a facility shall not count as direct care staff hours.

(g) All direct care staff shall:

1. Have had pediatric care experience or shall receive training from the facility in the care, growth and development of children with special needs; and

2. Receive ongoing training from the facility regarding children with special needs.

(h) All direct care staff shall have current certification in pediatric cardio-pulmonary resuscitation (CPR) and the use of an automatic external defibrillator (AED).

(i) At all times when children are present in the facility, at least one staff member shall be on-site who:

1. Is certified by the American Heart Association in pediatric advanced life support;

2. Is certified by the American Academy of Pediatrics or American College of Emergency Physicians in advanced pediatric life support; or

3. Has completed the emergency nursing pediatric course offered by the Emergency Nurses Association.

### 8:43J-6.3 Personnel

(a) The facility shall make reasonable efforts to ensure that all staff providing direct care to children in the facility are in good health and are concerned for the safety and well-being of children;

1. A staff member who has been fingerprinted and is awaiting the results of the criminal background investigation may begin employment, as long as the staff member is not left unsupervised with children.

i. A staff member awaiting the results of a criminal background investigation shall not count toward a facility's staffing level.

(b) The facility shall develop written job descriptions and ensure that personnel are assigned duties based upon their education, training and competencies and in accordance with their job descriptions.

(c) The facility shall ensure that all personnel who require licensure, certification or authorization to provide care to children shall hold current licensure, certification or authorization, in good standing, under the appropriate laws or rules of the State of New Jersey.

(d) The facility shall maintain written staffing schedules that the facility shall implement in a manner that ensures continuity of care.

(e) The facility shall develop and implement a staff orientation plan and a staff training and education plan, including plans for each service and designation of person(s) responsible for providing ongoing training.

1. All staff shall receive orientation at the time of employment and a monthly ongoing in-service training.

i. At least once annually, the monthly in-service training shall address emergency plans and procedures, infection prevention and control, child rights and identification of child abuse.

ii. The facility shall document the orientation and the monthly ongoing in-service training of all staff.

(f) Facilities shall maintain employee health records for each employee in a confidential manner and separate from personnel records and shall ensure that the records contain documentation of the performance and the results of all required medical screening tests.

(g) The facility shall develop personnel policies and procedures that identify the minimum content of an employee's personnel file and that require each employee's personnel file to contain, at a minimum, an employee's:

1. Current licensure information as applicable;
2. Position description;
3. Clearance from the Department's Criminal Background Investigation Unit; and
4. Signed acknowledgement of receipt of the applicable policies for the performance of overtime, compensatory time, performance evaluations and termination of employment.

## SUBCHAPTER 7. NURSING SERVICES

### 8:43J-7.1 Designation of nursing director

(a) A facility shall designate in writing a nursing director, who shall be a registered professional nurse who meets the criteria at N.J.A.C. 8:43J-7.2.

1. The facility shall designate in writing a registered professional nurse to act in the event of the nursing director's absence.

(b) The nursing director shall be a full-time employee of the facility and on duty at all times when children are present in the facility.

(c) The nursing director shall not perform the functions of any other position and shall not count toward the facility's staffing level while functioning as the nursing director.

1. A registered professional nurse acting in the nursing director's absence shall not perform the functions of any other position and shall not count toward the facility's staffing level while functioning as the nursing director.

### 8:43J-7.2 Qualifications of nursing director

(a) The nursing director shall be a registered professional nurse who, in the five years prior to being named nursing director, has had:

1. At least three years of full-time pediatric nursing experience, of which at least one of those years shall have been in:

- i. A pediatric intensive care unit;
- ii. A neonatal intensive care unit;
- iii. A pediatric nursing home;
- iv. Pediatric home care;
- v. A pediatric medical day care facility; or
- vi. An in-patient pediatric rehabilitation hospital; and

2. One year of full-time experience in nursing supervision and/or administration in a licensed health care facility.

### 8:43J-7.3 Responsibilities of the nursing director

(a) The nursing director shall be responsible for:

1. The supervision of all nursing staff and unlicensed assistive personnel;

2. The direction, provision and quality of nursing services provided to children;

(b) Each facility shall ensure that staff are trained in the use of emergency equipment.

(c) Each child shall have an emergency plan developed by the child's primary care provider, which addresses the content of the Emergency Information Form for Children with Special Needs developed by the American Academy of Pediatrics, incorporated herein by reference, as amended and supplemented, available at <http://www.aap.org/advocacy/blankform.pdf>.

1. As appropriate, a child's medical record shall contain standing orders from each child's primary health care provider for the use of emergency medications, which orders shall conform to the rules of the New Jersey Board of Medical Examiners, the New Jersey Board of Nursing and a facility's medical policies.

(d) A facility shall have copies of the following reference sources on site:

1. "Childhood Emergencies in the Office, Hospital, and Community" (2000), as amended and supplemented, also known as "The Blue Book," published by The American Academy of Pediatrics; and

2. "The American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" (2005), as amended and supplemented.

## SUBCHAPTER 9. PHARMACEUTICAL SERVICES

### 8:43J-9.1 Designation and responsibilities of consultant pharmacist

(a) The facility shall designate a consultant pharmacist.

(b) The designated consultant pharmacist shall be responsible, in accordance with N.J.A.C. 13:39, for the following:

1. Establishing written policies and procedures to ensure the safe use, labeling, storage, integrity, administration, control and accountability of all medications stored or administered by the facility;

2. Reviewing the records of all children in the facility at least once every 60 days to assure that the medication records are accurate and up-to-date and indicate that medications are administered in accordance with the orders of the child's primary health care provider;

3. Reviewing a child's records at least every 60 days to assure that the facility is monitoring a child's medication regimens, laboratory tests, special dietary requirements and foods or natural or herbal medicines used and/or administered concomitantly with other medications to the same child for potential adverse reaction, allergies, medication interaction, contraindications, rationality, medication evaluation and test modification; and that the facility docu-

ments irregularities and/or changes the consultant pharmacist recommends in the child's record and reports these irregularities and/or recommended changes to the nursing director and the child's primary health care provider; and

4. Providing and documenting in-service training and consulting with facility staff to assure pharmaceutical and utilization compliance.

### 8:43J-9.2 Medication administration policies and procedures

(a) Registered professional nurses or licensed practical nurses acting under direction pursuant to N.J.S.A. 45:23-11b and, as applicable, delegation in accordance with N.J.A.C. 13:37-6.2, shall accurately administer medications and shall ensure that the right medication is administered to the right child in the right dose through the right route of administration at the right time only upon a written order from the child's primary health care provider, except that verbal or telephone medication orders may be taken if:

1. The facility has defined in the facility's policies and procedures when verbal or telephone orders may be accepted by a registered professional nurse acting within his or her authorized scope of practice who shall write the order into the child's medical record; and

2. The facility ensures that, within 72 hours, the order is:

i. Countersigned by the prescriber; or

ii. Documented by the original written order or a plain-paper (non-thermal paper) faxed copy.

(b) The facility shall establish a system of medication administration, which includes:

1. Removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container);

2. Verifying it with the prescriber's orders;

3. Giving the individual dose to the child;

4. Observing that the medication is taken; and

5. Recording the required information, including the method of administration.

(c) The facility shall establish a system to accurately identify a child before any medication is administered.

(d) Medication errors and adverse reactions shall be reported immediately upon discovery to the nursing director.

1. The nursing director shall:

i. Immediately notify the child's primary health care provider of the medication error or adverse reaction;

- ii. Enter a description of the medication error or adverse reaction into the child's medical record;
- iii. Notify the child's parent; and
- iv. If the event was a medication error that originated in the pharmacy, notify the pharmacy.

#### 8:43J-9.3 Pharmacy reporting policies and procedures

(a) The consultant pharmacist shall report any irregularities to the nursing director, who shall:

- 1. Report the irregularity to the administrator and the child's primary health care provider; and
- 2. Act on the report.

(b) A registered professional nurse shall document a child's medication allergies in the child's medical record and on its outside front cover.

(c) The administrator shall notify the Drug Control Division, New Jersey Department of Law and Public Safety of any theft or unexplained loss of any controlled substances, syringes, and/or needles within 48 hours of discovery of such loss or theft.

#### 8:43J-9.4 Pharmacy control policies and procedures

(a) All prescription medication shall be supplied to the facility by the child's parent, in the original, labeled containers.

(b) Each child's individual medication container or package shall be labeled in accordance with N.J.A.C. 13:39-5.9.

(c) The facility may keep over-the counter (OTC) medications as stock, as approved by the pharmacy consultant who is to monitor the OTC medications for accountability.

- 1. OTC medications labels are to include the medication name, strength, manufacturer's name, lot number, expiration date, recommended dosage for OTC use (if repackaged), and applicable cautionary and/or accessory labeling.

(d) The facility shall store all medications in a locked cabinet, located in or convenient to the nurse's station or center.

(e) The facility shall keep Schedule II controlled substances in separately locked, securely fixed boxes or drawers in the locked medication cabinet, that is, under two locks.

(f) The facility shall store medications intended for external use separately from other medications.

(g) The facility shall keep medications requiring refrigeration in a locked box in the refrigerator and separate from food.

### SUBCHAPTER 10. DIETARY SERVICES

#### 8:43J-10.1 General requirements for dietary services

(a) Dietary services shall be under the direction of a dietitian who meets the requirements in N.J.A.C. 8:43J-10.2.

(b) The dietitian shall assess the nutritional status and dietary needs of each child as part of the interdisciplinary plan of care and every 60 days thereafter, or more often, if medically necessary.

- 1. The assessment shall address the presence of:

- i. Food allergies;
- ii. Metabolic disorders; and
- iii. Any special needs related to feeding.

- 2. The dietitian shall document the results of each assessment in the child's medical record.

(c) Unless dictated otherwise by the child's interdisciplinary plan of care, the facility shall provide a minimum of one meal per day, as well as nutritionally appropriate snacks.

(d) The facility shall provide special diets and supplemental feedings when ordered by the child's primary health care provider.

(e) The facility shall not accept food provided by the child's parent, unless medically indicated and a current, signed agreement exists between the facility and the child's parent addressing the provision of food from sources other than the facility.

(f) The facility shall serve all food and formula under the supervision of the nursing director.

- (g) The dietary service shall comply with N.J.A.C. 8:24.

(h) The facility shall make available a current diet manual to personnel in the facility and, if applicable, to the off-site food provider.

(i) The facility shall ensure that meals are planned, prepared and served in accordance with, but not limited to, the following:

- 1. Menus shall be prepared with regard for the nutritional and therapeutic needs, cultural backgrounds, food habits and personal food preferences of a child and his or her parent;

- 2. Written, dated menus shall be planned at least 14 days in advance for all diets.

- i. The same menu shall not be used more than once in any continuous seven-day period;

- 3. Current menus with portion sizes and any changes in menus shall be posted in the food preparation and/or

serving area and kept, with changes, on file in the dietary service for at least 30 days;

4. Diets served shall be consistent with the diet manual and shall be served in accordance with physicians' orders;

5. Food shall be prepared by cutting, chopping, grinding, or blending to meet the needs of each child;

6. Nutrients and calories shall be provided for each child, as ordered by a physician, based upon Recommended Dietary Allowances, 10th Edition (1989), incorporated herein by reference, as amended and supplemented, Food and Nutrition Board of the National Academy of Sciences, Commission on Life Sciences, National Research Council, adjusted for age, sex, weight, physical activity, and therapeutic needs of the child;

7. Designated staff shall observe meals refused and/or missed and shall document the name of the child and the meal refused and/or missed;

8. Designated staff shall provide assistance with eating, when necessary;

9. The facility shall provide self-help feeding devices;

10. All meals shall be attractive when served to children;

11. The facility shall maintain a record in the serving area for each child, identifying the child by name, and including diet order, known allergies and other information, such as meal patterns when on a calculated diet;

12. The facility shall ensure that all food served is stored and prepared in accordance with acceptable professional standards and at appropriate temperatures; and

13. The facility shall provide a speech-language pathologist to evaluate and monitor a child's ability to chew and swallow food when ordered by the child's primary health care provider.

(j) If food is prepared off-site, the facility shall have a system to inform the caterer each day of the number and types of meals required and any substitutions;

1. Minimum supplies of food (for example, cereal, peanut butter, tuna, canned fruits and vegetables and juices) shall be maintained in facilities with an off-site food preparation system so that simple meals can be prepared in the event there are last-minute requests or emergency situations.

#### **8:43J-10.2 Qualifications of the dietitian**

The dietitian shall be a registered dietitian.

#### **8:43J-10.3 Qualifications of the food service supervisor**

(a) The food service supervisor shall:

1. Be a dietitian;

2. Be a graduate of a dietetic technician or dietetic assistant training program approved by the American Dietetic Association; or

3. Be a graduate of a New Jersey State-approved course in food service management and have at least one year of full-time, or full-time equivalent, experience as a food service supervisor in a licensed health care facility.

#### **8:43J-10.4 Administrator's responsibilities for dietary services**

(a) If meals are prepared in the facility, the administrator shall designate a food service supervisor who shall be present in the facility during food preparation and service.

1. If the food service supervisor is not a dietitian, then:

i. The food service supervisor shall have scheduled consultations with a dietitian; and

ii. The administrator shall designate a consultant dietitian who shall review the dietary services at a minimum, every 60 days, make recommendations, assess the nutritional needs of the children and provide nutritional counseling.

(b) If meals are prepared off-site or catered, the administrator shall be responsible for the direction, provision, and quality of the dietary services.

1. The administrator shall appoint a consultant dietitian who shall review the dietary services on a regularly scheduled basis, make recommendations, assess the nutritional needs of each child and provide nutritional counseling.

2. If the off-site catering service does not employ a food service supervisor who is qualified in accordance with N.J.A.C. 8:43J-10.2, the administrator shall specify the facility's needs, assess the quality of the services, and ensure that the services conform to the standards of this chapter.

3. If the off-site catering service employs a food service supervisor who is qualified in accordance with N.J.A.C. 8:43J-10.3, the administrator shall verify the credentials of the food service supervisor.

### **SUBCHAPTER 11. DEVELOPMENTAL AND REHABILITATION SERVICES**

#### **8:43J-11.1 Developmental services**

(a) A facility shall employ full-time a child life specialist.

(b) A facility shall have each child assessed by a child life specialist to determine the child's present performance level in the following developmental domains:

1. Gross motor;

2. Fine motor;
3. Cognitive; and
4. Social.

(c) The child life specialist, in consultation with the rehabilitation specialist, shall make recommendations for developmentally appropriate activities and measurable goals in each developmental domain, which shall be included in the child's interdisciplinary plan of care and provided on-site.

(d) The child life specialist shall participate in regularly scheduled interdisciplinary staff meetings.

(e) The facility shall provide a program for parents to assist them in meeting the medical, developmental and psychosocial needs of their child at home.

1. To ensure continuity of care, the child's parent shall be included in care-related conferences.

#### 8:43J-11.2 Rehabilitation services

(a) The facility shall provide rehabilitation services on-site to those children whose need for these services has been documented in the child's interdisciplinary plan of care and ordered by the child's primary health care provider.

(b) The facility shall provide a speech-language pathology, physical therapy and/or occupational therapy evaluation when ordered by the child's primary health care provider.

1. The facility shall transmit a report of evaluations and recommendations to the child's primary health care provider and a copy shall remain a part of the child's medical record.

(c) The orders of a child's primary health care provider for physical and occupational therapy and speech-language pathology services shall be specific as to goals and the frequency of treatment and shall be incorporated into the child's interdisciplinary plan of care.

(d) Therapists shall make written progress notes that the facility shall maintain as part of the child's medical record.

(e) Physical therapists, occupational therapists and speech-language pathologists shall collaborate with nursing personnel and the certified child life specialists to integrate therapeutic interventions in daily activities, as appropriate.

(f) To the extent possible, a child's therapist(s) shall participate in the interdisciplinary review of the child's interdisciplinary plan of care.

1. The updated recommendations of the therapist(s) shall be incorporated in the child's interdisciplinary plan of care.

#### 8:43J-11.3 Rehabilitation supplies and equipment

(a) When clinically indicated, the facility shall provide visual privacy and provisions for auditory privacy for children during evaluation and rehabilitation treatment.

(b) The facility shall ensure that the following therapy equipment, in a quantity appropriate to meet the needs of the children present, is available:

1. Pediatric therapy table with mat;
2. Therapy rolls and half-rolls of varying sizes;
3. Nesting benches of varying heights;
4. A wooden weighted push cart;
5. A toddler's swing;
6. A floor mirror;
7. Therapy balls of varying sizes;
8. Steps;
9. Climbing equipment; and
10. Other medically indicated equipment.

### SUBCHAPTER 12. SOCIAL WORK SERVICES

#### 8:43J-12.1 Qualifications of social workers

(a) All social workers shall:

1. Be licensed or certified by the New Jersey State Board of Social Work Examiners, pursuant to N.J.S.A. 45:15BB-1 et seq.; and
2. Have at least one-year of experience in providing social work services for children.

#### 8:43J-12.2 Provision of social work services

(a) The facility shall arrange for the provision of social work services to children and their parents who require them, in accordance with N.J.S.A. 45:15BB-1 et seq. and N.J.A.C. 13:44G.

(b) Social workers shall provide at least the following social services:

1. Interviewing the child's parent to obtain a social assessment and evaluation of needs and problems;
2. Providing, or arranging for the provision of individual, family and group counseling that addresses the psychological, social, financial, legal and educational needs of the child and where appropriate, the child's parent;

(b) If the nurse's office will also serve as the pharmaceutical area, then the facility shall provide a minimum of 120 square feet of space for the combined use area.

(c) The facility shall provide the following for pharmaceutical services:

1. A dispensing area with a sink for handwashing;
2. A locked storage cart or locked cabinets; and
3. A separate lockable refrigerator or a locked box within a refrigerator for storage of medications.

(d) The facility shall provide a storage area for equipment and supplies.

(e) The facility shall provide an examination room or private treatment space that has a minimum floor area of 80 square feet, including an area for the storage of child charts, a sink for handwashing and a counter or shelf space for writing.

(f) If a facility combines the nursing office, pharmacy space and examination room, then the facility shall provide a minimum of 150 square feet for the combined use area.

#### 8:43J-13.12 Dietary service area

(a) The construction, equipment and installation of food service facilities shall meet the requirements of the functional program.

(b) Services shall consist of an on-site conventional food preparation system, a convenience food service system, a catering service or an appropriate combination thereof.

(c) The facility shall provide the following to implement the food service selected:

1. If food is prepared on-site:
  - i. A conventional food preparation system with space and equipment for preparing, cooking, baking and serving meals; or
  - ii. A convenience food system, such as frozen prepared meals, bulk packaged entrees, individually packaged portions and contractual commissary services with space and equipment for thawing, portioning, cooking and/or baking; or
2. If food is prepared off-site and catered:
  - i. A control station for receiving food supplies.

(d) All facilities shall have the following:

1. Storage facilities for food supply, including cold storage items;
2. Handwashing sink(s) that are located in the food preparation area;

3. Warewashing space that is located in the kitchen or an alcove separate from the food preparation and serving area;

4. Waste storage facility(ies) that are located in a separate room easily accessible to the outside for direct waste pickup or disposal; and

5. Office or desk space for the dietitian or the food service manager.

(e) The provision of nutritional counseling shall occur in the dietitian's office or in a conference room, based on program requirements.

#### 8:43J-13.13 Physical therapy service area

(a) The facility shall provide:

1. A designated area for the provision of physical therapy with a sink for handwashing.
  - i. The area may be within the child care areas;
2. Desk space for physical therapy staff; and
3. Storage space for physical therapy supplies and equipment.

#### 8:43J-13.14 Speech-language pathology services area

(a) The facility shall provide:

1. A designated area for the provision of speech-language pathology services.
  - i. The area may be within the child care areas;
2. Desk space for therapy staff; and
3. Storage space for speech-language pathology supplies and equipment.

#### 8:43J-13.15 Laundry service area

(a) If the facility provides laundry services on-site, the following areas shall be provided:

1. A laundry processing room;
2. Separate, clearly identified covered waste containers for soiled linens and/or soiled disposables in a designated area away from child activities and dining areas;
3. Storage for laundry supplies; and
4. A clean linen or disposables storage, issuing and holding room or area.

(b) If linen is processed off-site, the facility shall provide the following areas:

1. A receptacle for holding soiled linen; and
2. A clean linen and/or disposables receiving, holding, inspection, issuing and storage room(s) or area(s).

**8:43J-13.16 Emergency plans and procedures**

(a) The facility shall develop written emergency plans, policies and procedures to be followed in case of medical emergency, equipment breakdown, fire and other disasters, that address, at a minimum, the following:

1. Persons to be notified;
2. Process of notification and verification of notification;
3. Locations of emergency equipment and alarm signals;
4. Evacuation routes;
5. Procedures for evacuating children;
6. Procedures for reentry and recovery;
7. Frequency of fire drills; and
8. Tasks and responsibilities assigned to all personnel.

(b) The facility shall post emergency plans, including a written evacuation diagram specific to the unit that includes evacuation procedure, location of fire exits, alarm boxes and fire extinguishers and all emergency procedures in conspicuous locations throughout the facility.

(c) The facility shall train all employees as part of their initial orientation and at least annually thereafter in:

1. The procedures to be followed in the event of a fire, including evacuation; and
2. The instructions for the use of fire-fighting equipment.

(d) In the event that the facility is unable to provide services to children as scheduled due to the occurrence of an emergency, the facility shall immediately notify the children's parent of the change in schedule.

(e) The facility shall conduct drills of emergency plans at least four times a year and shall document the following in regard to each drill:

1. Date and hour;
2. Type;
3. Participating staff; and
4. Signature of the person in charge.

(f) Of the four drills, at least one drill shall address separately each of the following:

1. Fire; and
2. Emergencies due to another type of disaster, such as storm, flood, other natural disaster, bomb threat or nuclear accident.

(g) All staff shall participate in at least one drill annually and children may take part in drills.

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**SUBCHAPTER 14. MEDICAL RECORDS**
**8:43J-14.1 Maintenance of medical records**

(a) The facility shall maintain a current, complete medical record for each child.

(b) The facility shall develop and implement written objectives, policies, a procedure manual, an organizational plan and a quality improvement program for medical record services.

(c) The facility shall maintain a record system in which the child's complete medical record is filed as one unit in one location within the facility.

(d) The facility shall protect the medical record from loss, destruction or unauthorized use.

(e) The facility shall retain medical records in accordance with N.J.S.A. 26:8-5.

**8:43J-14.2 Assignment of responsibility**

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

**8:43J-14.3 Contents of medical records**

(a) The child's complete medical record shall include, but not be limited to, the following:

1. Child identification data, including:
  - i. Name;
  - ii. Date of admission;
  - iii. Address;
  - iv. Date of birth;
  - v. Race;
  - vi. Religion (if parent elects to provide);
  - vii. Sex;
  - viii. Referral source;
  - ix. Payment plan;
  - x. Travel directions to the child's home;
  - xi. Name, address and contact telephone number of the child's parent; and

- xii. Name, address and contact telephone number of the person(s) to be notified in an emergency;
2. The parent's signed acknowledgment that the facility has informed them of, and given them a copy of, the child's rights pursuant to N.J.A.C. 8:43J-4;
  3. The preadmission assessment of the child's home environment pursuant to N.J.A.C. 8:43J-5.1;
  4. A summary of the admission interview pursuant to N.J.A.C. 8:43J-5.2;
  5. Documentation of the child's immunization record, medical history and physical examination, signed and dated by the child's primary health care provider;
  6. The information required pursuant to N.J.A.C. 8:43J-8.4(b);
  7. Advance directives and related documentation, as applicable, pursuant to N.J.A.C. 8:43J-3.5(c);
  8. Assessments developed by each service providing care to the child;
  9. Initial and interdisciplinary plans of care;
  10. Clinical notes, which shall be entered on the day service is rendered;
  11. Concise, accurate and initialed case notes reflecting progress toward goal achievement or reasons for lack of progress;
  12. A record of medications administered, including the name and strength of the medication, date and time of administration, dosage administered, method of administration and legible signature of the person who administered the medication;
  13. Documentation of allergies and any special precautions to be taken in the medical record and on its outside front cover;
  14. Any signed written informed consent forms;
  15. All orders for treatment, medication, therapy and diets, signed by the prescriber.
    - i. Orders for speech-language pathology, physical therapy and occupational therapy services shall include specific modalities and the frequency of treatment;
  16. An attendance record listing all of the days on which the child was in the facility;
  17. A current photograph of the child;
  18. Documentation of Department determination of Medicaid clinical eligibility for PMDC services pursuant to N.J.A.C. 8:87, as applicable; and
  19. The discharge summary, in accordance with N.J.S.A. 26:8-5 et seq.

**8:43J-14.4 Medical records policies and procedures**

(a) All orders for child-care shall be prescribed in writing and signed and dated by the prescriber.

1. All medication orders shall be in compliance with N.J.A.C. 8:43J-9.2.

(b) All entries in the child's medical record shall be written legibly in ink, dated and signed by the recording person or, if a computerized medical records system is used, authenticated.

1. If an identifier, such as a master sign-in sheet is used, initials may be used for signing documentation, in accordance with applicable professional standards of practice.

2. If computer-generated orders with an electronic signature are used, the facility shall develop a procedure to assure the confidentiality of each electronic signature and to prohibit the improper or unauthorized use of computer-generated signatures.

3. If a telefacsimile communications system is used, entries into the medical record shall be in accordance with the following procedures:

- i. The prescriber shall sign the order, history and/or examination at an off-site location;

- ii. The order or document shall be transmitted by telefacsimile to the facility for inclusion into the medical record;

- iii. The prescriber shall submit the original order or document for inclusion into the medical record within seven days; and

- iv. The original order or document shall replace the order or document transmitted by telefacsimile.

- (1) If the order or document transmitted by telefacsimile is produced by a plain-paper telefacsimile process that produces a permanent copy, the plain-paper order or document may be used as part of the medical record, as an alternative to replacement of the original order or document.

(c) If a child's parent requests in writing a copy of the child's medical record, the facility shall provide a legible photocopy of the record within 30 days of request at a fee based on actual cost, which shall not exceed prevailing community rates for photocopying.

1. The facility shall establish a policy assuring access to copies of medical records for children whose parents do not have the ability to pay.

2. The facility shall establish a fee policy providing a means for use of abstracts or summaries of medical records, provided the child and/or his or her authorized representative shall have a right to receive a full copy of the medical record.

(d) The facility shall establish policies regarding the specific period of time within which the medical record shall be completed following child discharge and disciplinary action for non-compliance.

(e) The facility shall develop a procedure for the transfer of child information when the child is transferred to another health care facility.

(f) If the facility plans to cease operation, it shall notify the Department in writing, at least 14 days before cessation of operation, of the location at which medical records will be stored and of methods for their retrieval.

## SUBCHAPTER 15. INFECTION CONTROL, SANITATION AND HOUSEKEEPING

### 8:43J-15.1 Administrator's responsibilities for infection control

(a) The administrator shall ensure the development and implementation of an infection prevention and control program.

(b) The administrator shall designate a person who shall be responsible for the direction, provision and quality of infection prevention and control services, and who shall:

1. Have education, training, experience and completed course work in infection control or epidemiology;
2. Be responsible for developing and maintaining written objectives for infection prevention and control services;
3. Be responsible for developing a policy and procedure manual for infection prevention and control services; and
4. Be responsible for developing an organizational plan and a quality improvement program for infection prevention and control services.

### 8:43J-15.2 Child immunization

Each facility shall ensure that each child is immunized in accordance with N.J.A.C. 8:57.

### 8:43J-15.3 Infection control policies and procedures

(a) The facility shall develop, implement and review, at least annually, written policies and procedures regarding infection prevention and control that are consistent with the following:

1. Guideline for Hand Hygiene in Health-Care Settings: Recommendation of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force, published in the Morbidity and Mortality Weekly Report at MMWR 2002;

51 (No. RR-16), incorporated herein by reference published by the Coordinating Center for Health Information and Service, available at <http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf> and at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm>; and

2. The standard precautions for Bloodborne Pathogens at 29 CFR 1910.1030, incorporated herein by reference.

(b) The written infection control policies and procedures of the facility shall include, but not be limited to, policies and procedures for the following:

1. In accordance with N.J.A.C. 8:57, a system for investigating, reporting and evaluating the occurrence of all infections or diseases, which are reportable or conditions which may be related to activities and procedures of the facility and maintaining records for all children or personnel having these infections, diseases or conditions;
2. Exclusion from work, and authorization to return to work, for personnel with communicable diseases;
3. Surveillance techniques to minimize sources and transmission of infection;
4. Techniques to be used during each child contact, including handwashing before and after caring for a child;
5. Protocols for identification of children with communicable diseases and education of children regarding prevention and spread of communicable diseases;
6. The prevention of diaper rash; and
7. Cleaning, sterilization and disinfection practices and techniques to be used in the facility, that address, but are not limited to, the following:
  - i. Care of utensils, instruments, solutions, dressings, articles and surfaces;
  - ii. Selection, storage, use and disposition of disposable and nondisposable child care items and the fact that disposable items are not to be reused;
  - iii. Methods to ensure that sterilized materials are packaged, labeled, processed, transported and stored to maintain sterility and to permit identification of expiration dates; and
  - iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment and other devices and equipment that provide a portal of entry for pathogenic microorganisms.

(c) The facility shall use disinfection techniques for all reusable respiratory therapy equipment and instruments that touch mucous membranes consistent with the Centers for Disease Control requirements in the Guideline for Environmental Infection Control in Health-Care Facilities: Recommendation of the CDC Healthcare Infection Control Practices Advisory Committee (HICPAC), 2003, incorporated herein by reference, as amended and supplemented, available at