

TO: Distribution List Below

FROM: Dr. Solomon Goldberg, Director, Licensing, Certification and Standards

RE: Amendments to the Manual of Standards for Licensure of Long-Term Care Facilities, Manual of Standards for Nursing Homes, and Manual of Standards Intermediate Care Facilities

DATE: June 3, 1982

At the June 3, 1982, meeting, the Health Care Administration Board adopted amendments to N.J.A.C. 8:39 the Manual of Standards for Licensure of Long-Term Care Facilities to delay the effective date of certain standards from July 1, 1982, to June 19, 1983, to delay the expiration of N.J.A.C. 8:30 and N.J.A.C. 8:37 from July 1, 1982, to June 19, 1983, and to apply certain portions of N.J.A.C. 8:30 and N.J.A.C. 8:37 to N.J.A.C. 8:39. These amendments extend until June 19, 1983, the standards that have been in effect for long-term and intermediate care facilities since January 1, 1979. These amendments do not constitute a change in the licensure standards for these facilities. N.J.A.C. 8:39 will expire on June 19, 1983. A copy of the amendments is attached.

SG:MF:jg
Attachment

Distribution List

NJKA/8
#4/N8
1972a

Dr. Koplin
A. Schemelia
Ms. C. Bator
V. D'Alessandro
Mr. Scioli
Dr. Altman
Mr. Dileo
Mr. DiCara
Mr. Buttaci
Mrs. G. Smith
Mr. Hub
Mr. Watson
Dr. Halpin

R. Ulinsky
R. Harder
Dr. Garfield
E. Embessi
Dr. Rednor
Dr. Ziskin
Dr. Gregory
Ms. Kitler
D. Dygas
F. Krichling
Mr. Nickels
Mr. R. Russo
Mr. R. Regan
M. Uhde
Dr. Bonese

Mr. R. Lupp
Mr. White
Mr. T. Russo
Dr. S. Goldberg
F. Hebler
A. DuShane
A. Massei
H. Barnard
M. Fearey
S. Prasad
V. Mack
C. Gill
R. Gore
R. Ivins
J. Gibson

AMENDMENTS ON EFFECTIVE DATES OF PORTIONS OF
STANDARDS FOR LONG-TERM CARE FACILITIES

NOTE: The purpose of these amendments is to continue the exemption of Standards 6.6.15.1, 6.6.15.5, 8.3, 8.5, 8.12, and 10.7 of the Manual of Standards for Licensure of Long-Term Care Facilities (N.J.A.C. 8:39) from July 1, 1982, to June 19, 1983. In addition, the amendments delay the expiration dates of the Manual of Standards for Nursing Homes (N.J.A.C. 8:30) and the Manual of Standards Intermediate Care Facilities (N.J.A.C. 8:37) to June 19, 1983. The amendments also apply certain standards from N.J.A.C. 8:30 and 8:37 to N.J.A.C. 8:39. These amendments do not constitute a change in the licensure standards that have been in effect since January 1, 1979, for long-term care facilities, nursing homes, and intermediate care facilities.

EXEMPTED STANDARDS OF THE MANUAL OF
STANDARDS FOR LICENSURE OF LONG-TERM CARE FACILITIES

N.J.A.C. Citation	Licensure Manual Citation	
8:39-1.14(f)15.i	6.6.15.1	Define the uses of restraints and types of restraints permitted. Restraints shall be applied only by licensed nursing personnel. Restraints shall not be used for punishment or for the convenience of facility personnel;
8:39-1.14(f)15.v	6.6.15.5	Specify that a patient placed in restraint be monitored at least every 30 minutes by licensed nursing personnel, with documentation of this, for each shift, in the patient's medical record; and
8:39-1.16(c)	8.3	At least one registered professional nurse, excluding the director of nursing services, shall be assigned to each nursing unit 24 hours a day, seven days a week. A facility having a nursing unit or units of more than 30 skilled and/or ICF-A patients shall have an additional licensed nurse assigned to each such unit on the day and evening shifts.
8:39-1.16(e)	8.5	Computation of direct care time shall not include the hours of the director of nursing services except in facilities with 30 or fewer patients.

8:39-1.16(1)

8.12

In facilities with more than 240 patients, a full-time supervisor of nurses shall be appointed who shall serve on the day shift and who shall be directly responsible to the director of nursing services. Computation of direct care time shall not include the hours of the supervisor of nurses. The supervisor shall be responsible for, but not limited to, the following:

8:39-1.18(g)

10.7

The facility shall appoint a dietitian on a full-time, part-time or consultant basis. The dietitian shall provide dietary services in the facility two hours per week for the first 16 patients, and an additional hour for each additional 8 patients. Facilities of 240 patients shall have one full-time dietitian. Additional dietitian time shall be provided in the facility proportionate to the number of patients over 240, at a ratio of one additional hour per eight additional patients. The consultant's hours shall be scheduled for different times on successive visits.

(Please note that a revision of N.J.A.C. 8:39-1.18(g) (standard 10.7) was adopted by the Health Care Administration Board on April 1, 1982, and became effective on May 3, 1982. The revised standard was sent to you in a memo dated April 2, 1982.)

Until the exempted standards become effective, the following rules are to remain in effect and shall apply to the Manual of Standards for Licensure of Long-Term Care Facilities (N.J.A.C. 8:39) until June 19, 1983:

N.J.A.C. Citation	Licensure Manual Citation	
8:30	MANUAL OF STANDARDS FOR NURSING HOMES	
8:30-5.1	501-A NURSING SERVICE	
8:30-5.1(a) 2	2. Of the total nursing personnel, the ratio of registered professional nurse hours to auxiliary nursing hours shall not be less than 1 to 5, with 25 percent credit for licensed practical nurse hours.	
8:30-5.1(a) 3	3. Registered or licensed nursing personnel shall be provided around-the-clock on a daily basis. Such personnel shall be currently registered or licensed to practice nursing in New Jersey.	
8:30-5.1(a) 4	4. There shall be no less than one registered professional nurse on the day tour of duty, seven days each week.	

- 8:30-5.1(a)5 5. There shall be available at all times at least two nursing personnel to act effectively in the event of fire or other emergency.
- 8:30-5.1(a)6 6. Professional and licensed nurse personnel shall be distributed on each tour of duty in order to insure that the quality of care required by the patient census is provided.
- 8:30-5.1(a)7 7. The amount of nursing time provided for direct patient care shall be limited to nursing duties.

8:37

MANUAL OF STANDARDS FOR INTERMEDIATE CARE FACILITIES

8:37-1.1

106. DIRECTOR OF DIETARY SERVICES

A Director of Dietary Services is a person who is

1. A qualified ADA dietitian, or
2. A graduate dietitian, or
3. A person suited by training and experience in foods and nutrition, dietetics, quantity food service, or institutional management for planning and supervision of menus and preparation of meal services. This individual if requiring further education and preparation should complete the 90-hour course in dietetic approved by the Department of Health within nine months after assuming her duties.

8:37-6.1(b)

601.

Level A

Level A (Upper level-Medical)

Item IV

IV.

In a Free Standing Facility of less than 50 beds, the hours of care of the Director of Nursing may be counted as direct resident care.

Standard 27.3 of the Manual of Standards for Licensure of Long-Term Care Facilities has been amended as follows:

Additions are underlined thus, deletions are in brackets [thus].

N.J.A.C. Citation	Licensure Manual Citation
----------------------	---------------------------------

8:39-1.35(c)

27.3

For facilities of 45 or fewer beds, the previous manuals, Manual of Standards for Nursing Homes and Manual of Standards Intermediate Care Facilities (N.J.A.C. 8:30 and N.J.A.C. 8:37), shall continue to be the standards for licensure until [July 1, 1982] June 19, 1983.

Initial Adoption by HCAB 4-1-82
Final Adoption by HCAB 6-3-82
Effective 7-1-82



MANUAL OF STANDARDS FOR NURSING HOMES



DECEMBER 1972

NEW JERSEY (STATE) DEPARTMENT OF HEALTH

certain exempt

*NJ/KA8
H4/N8
1972a c.2*

CONTENTS

Page

FOREWORD

The Problems of Operation
Qualities of the Operator
Standards of Operation

SECTION I SPECIAL REGULATIONS FOR NEW NURSING HOMES.....	1
SECTION II OPERATING MANUAL FOR NURSING HOMES.....	3
A. Nursing Home Defined.....	3
B. Objectives of a Nursing Home.....	3
C. Patient Defined.....	3
D. Admission Policy.....	3
E. Organization and Administration.....	4
F. Display of License.....	5
G. Personnel Policies.....	5
H. Medical Care.....	6
I. Records.....	7
J. Diagnostic Facilities.....	8
K. Nursing Service.....	8
L. Storage of Drugs, Medications, etc.....	10
Federal and State Regulations Regarding Narcotics Reproduced for Guidance of Licensees..	12
M. Nursing Care Facilities Guide.....	16
N. Principles Observed in the Care of the Sick.....	17
O. Accident Prevention.....	17
P. Recreational and Diversional Activities.....	18
Q. Social Needs and Activities.....	18
R. Food and Food Service.....	18
S. Sanitation.....	19
T. Heating.....	20
U. Lighting.....	20
V. Laundry.....	21
W. Housekeeping.....	21
X. Physical Therapy Services.....	21
SECTION III BUILDING MANUAL FOR NURSING HOMES.....	24
A. General Consideration.....	24
B. Location of the Nursing Home.....	24
C. Limitation of Occupancy.....	24
D. Preliminary Evaluation of Proposed Structure.....	24
E. Local Approvals and Scale Floor Plans of Proposed Structure.....	25
F. Office Conference.....	26
G. Inspection of Building.....	26

H.	Adaptability of Structure.....	27
1.	Patient Rooms.....	27
2.	Recreation Space.....	27
3.	Plumbing.....	28
4.	Nurses' Station.....	28
5.	Storage Space.....	28
6.	Lighting.....	28
7.	Heating.....	28
8.	Screens.....	28
9.	Kitchen.....	28
10.	Laundry.....	29
I.	Building Maintenance.....	29
J.	Fire Protection.....	29
1.	Fire Detection System.....	29
2.	Horizontal Zoning.....	30
3.	Exit Stairways.....	30
4.	Stair Enclosures.....	31
5.	Dumbwaiters and Laundry Chutes.....	32
6.	Elevator Shafts.....	32
7.	Basements.....	32
8.	Electrical Wiring.....	34
9.	Kitchen.....	34
10.	Laundry.....	35
11.	Fire Extinguishers.....	35
12.	Incinerator.....	35
13.	Instruction of Personnel.....	36
14.	Fire Escape Specifications.....	36
15.	Guide for Revised Regulations on Patient or Resident Smoking.....	37A

SECTION IV	REGULATIONS FOR COMBUSTIBLE AREAS AND FIRE RETARDANT PAINT.....	38
SECTION V	MINIMUM WEEKLY NURSING HOURS.....	44
SECTION VI	REVISED REGULATION ON CARPETING IN LICENSED OR APPROVED MEDICAL FACILITIES.....	48
SECTION VII	REGULATION ON EXTENDED CARE UNITS FOR MANUAL OF STANDARDS FOR LONG-TERM CARE FACILITIES.....	49

HEALTH CARE FACILITIES PLANNING ACT, CHAPTERS 136 and 138,
LAWS OF NEW JERSEY 1971

F O R E W O R D

The nursing home provides a vital community service. Substituting as it does for the actual home of the person who requires continuous medical and nursing care, it fills a specific need which is met by no other type institution and renders a public service of great importance.

To provide for the orderly development of nursing homes and to insure adherence to reasonable standards looking toward safe and adequate treatment of patients, the State Legislature has delegated to the Department of Health the responsibility for the establishment and enforcement of basic standards.

The prospective applicant should be thoroughly familiar with all such requirements and should be able to give assurance that standards can and will be maintained at all times.

THE PROBLEMS OF OPERATION

Good patient care is dependent upon the provision of varied services and facilities. Good medical coverage, an adequate and stable nursing staff, efficient domestic employees, essential equipment and safe buildings all contribute to the total welfare of the patient. But since the institution becomes the patient's actual home, it is equally important that the atmosphere be home-like and that the patient is recognized as an individual whose personal interests are to be maintained and developed, and whose personal dignity is to be safeguarded.

QUALITIES OF THE OPERATOR

Great responsibilities fall upon the operator of a nursing home. To meet them successfully, the operator should be experienced in nursing home operation or related fields of work, emotionally stable, in good physical and mental health, discreet, tactful, and a person of integrity, sobriety and good character.

It is important also that the applicant be motivated by a real interest in older people as individuals and a desire to safeguard their interests.

Finally, the applicant should be in a position to underwrite the cost of necessary financial improvements and the expense of employment of essential personnel through the difficult period of early operation. The applicant should also have the ability to operate the home on a businesslike basis so as to merit the confidence of all persons with whom business dealings are essential.

If the applicant has the experience, characteristics and resources described above, it should be possible to operate the nursing home at a high standard so that it reflects credit upon the operator and becomes a valuable resource of the community.

In the case of a nursing home owned by a corporation or partnership, the foregoing is applicable to the individual who has responsibility for management.

The Department is to be notified promptly of change of managers and forms will be provided for the filing of information regarding the new appointee.

STANDARDS OF OPERATION

As a first step, the prospective applicant should study carefully all sections of the following standards to secure a basic understanding of nursing home requirements. Any question which may arise should be carefully noted.

An appointment should then be made with representatives of Community Institutions for a preliminary conference so that the proposed operation can be fully discussed and questionable points clarified.

At this conference the prospective operator will be advised of further steps to be taken and will be given application forms which should be filled out in duplicate and returned as soon as possible to the Department for processing. It should be noted that the issuance of an application form is in no way a guarantee that the application will be accepted or a license given.

NOTE: Wherever the words "the Department" or "this Department" appear in this manual, they indicate the DEPARTMENT OF HEALTH.

SECTION ONE

SPECIAL REGULATIONS FOR NEW NURSING HOMES

(The following requirements apply to all new operations, whether new structures, properties proposed for conversion to nursing homes, or additions to existing licensed premises. They do not apply to existing licensed facilities or to applicants who purchase existing nursing homes and apply for license.)

1. Properties proposed for license shall provide and maintain an unobstructed view of at least 20 feet from any adjacent building and at least 15 feet from public sidewalks. No addition nor other structure shall be built which would lessen the distances set forth.

This regulation shall apply to patient rooms, recreation rooms, and dining areas.

2. No more than 4 patients shall be housed in any one room regardless of its size.
3. No room which is so isolated from the point of central nursing that constant supervision cannot be maintained will be approved for patient occupancy.
4. Corridors leading from patient rooms to exits, recreation facilities and all other related patient service areas shall be at least 4 feet in width.
5. Suitable handrails shall be provided on each side of corridors and stairways utilized by patients.
6. Buildings which have, on any one floor, rooms at different levels, shall be approved for patient use on one level only, unless the other level, or levels, are self-contained units with separate bath and recreation facilities and with at least one exit with direct access to the exterior of the building. The only exception to the above will be made when the various levels can be joined by a ramp, the pitch of which shall not exceed 1 foot in height to each 10 lineal feet.
7. At least one fully equipped utility room, with a minimum area of 75 square feet, shall be provided in each nursing unit. For efficient operation, a nursing unit should contain no less than 10 beds.
8. Adequate storage space must be provided on each floor for wheel chairs, walkers, bedside rails, and other essential patient equipment.

9. Kitchens shall be of adequate size to insure efficient operation and food service. As a guide, it is suggested the kitchen of a nursing home with 30 capacity should be 400 square feet, and 500 square feet for a capacity of 100.
10. Nurses' stations shall be so located that they do not impede normal corridor traffic. The station shall be centrally located and shall be equipped with desk, running water, locked cabinet for medications, chart and record equipment, and storage space.
11. No room shall be approved for patient occupancy unless it meets all specifications of this Manual.
12. All multiple rooms shall be equipped with non-portable cubicle screening.
13. There shall be a non-portable call system available to each patient which shall provide both visual and audible signal to nursing personnel responsible for areas so equipped.
14. There shall be, on each floor occupied by patients, a recreation and dining area (which may be in combination) and which shall meet the requirement of 20 square feet for each bed approved on such floor.
15. The Department shall reserve the right to approve the name of any institution proposed by any new applicant and to reject any designation or name which is deemed to be unsuitable or misleading to the public. Specifically, the name of a private nursing home shall in no way imply facilities and services offered that are not part of the institutions' program or that it is sponsored and supported by the community in which it is located.

SECTION TWO

OPERATING MANUAL FOR NURSING HOMES

(See also Section One)

A. NURSING HOME DEFINED

A nursing home is a community facility providing continuous medical and nursing care to chronic, convalescent and infirm patients in a homelike atmosphere. It serves as a substitute for the patients' own homes, furnishing facilities and comforts normally found in a home but providing in addition such specialized services, equipment and safety features required for safe and adequate care of patients at all times.

B. OBJECTIVES OF A NURSING HOME

1. To provide good medical and nursing care on a continuing basis for persons suffering from long-term illnesses and afflictions.
2. To preserve the dignity of individuals suffering from debilitating, progressive and terminal illnesses.
3. To recreate feeling of security by the use of recreational and occupational therapies.
4. To stimulate as far as possible the rehabilitation of each patient.
5. To add to the information concerning treatment of chronic disease.

C. PATIENT DEFINED

A "patient" is defined as a person admitted to the nursing home because of illness and for whom there is planned continuing medical treatment, including nursing care, directed toward improvement in health, or for whom palliative medical measures are required though improvement in health or recovery cannot be expected.

D. ADMISSION POLICY

Patients suitable for admission to a nursing home include the infirm, chronically ill, and convalescent. The registered professional nurse* in charge should carefully screen patients to be admitted to guarantee that the needed care and treatment is available. It is advisable that an effort be made to select patients who will constitute a homogeneous group.

* See footnote page 8 for definition.

** The capacity of the facility, as set by the Department, shall not be exceeded. In the event of an actual emergency where the operator deems it essential to exceed capacity temporarily, the operator shall notify the Department at once by telephone of the circumstances which led to excess capacity, should advise of the steps being taken to reduce the capacity to its normal point, and indicate the date by which the census will return to that point. Following such telephone notification, these points shall be confirmed in writing so that determination may be made whether the action was justifiable.

E. ORGANIZATION AND ADMINISTRATION

An owner or manager should be familiar with budgetary controls, methods of effective and economical purchase and other functions normally assigned to such an officer. He should be familiar with the broad policies affecting modern patient care, capable of overall planning and supervision, and competent to interpret the needs, progress and goals of the institution.

It is desirable that the owner or manager have a background of institutional administration and experience. The operator should be emotionally stable, in good physical and mental health, a person of integrity and good character, and having a liking for older people.

The qualities now specified for the operator in the "Foreword" of the Manual of Standards shall be made applicable as well to a manager if there is a person acting in such capacity.

Every new applicant for a license or a newly appointed manager shall be required to submit a medical certificate from a licensed practicing physician in New Jersey that he or she is physically and mentally able to operate or manage a nursing home, as the case may be.

With respect to present licensees who operate or manage a nursing home or managers who operate a nursing home on behalf of a licensee, such medical certificate shall be furnished when requested by the Department.

In the event that a licensee, operator or manager is unable to provide a medical certificate as required above, such licensee shall immediately appoint a manager or operator who shall be required to furnish such medical certificate prior to entering his or her duties as such.

** Regulation adopted June 17, 1964

STATE OF NEW JERSEY

Department of Health

PHYSICAL EXAMINATIONS FOR INSTITUTIONAL PERSONNEL

The following regulations on pre-employment and annual physical examinations, adopted by the State Board of Control on January 22, 1969 and effective that date, shall be applicable to all institutional facilities, except hospitals, licensed or approved by the Department. These regulations replace those previously approved by the Department and have been made a part of the Manual of Standards for licensed or approved institutional facilities. Full compliance shall be mandatory by January 22, 1971.

All regularly paid personnel shall have pre-employment physical examinations to include blood serology tests and x-rays of chest or tuberculin tests followed by x-ray of chest if indicated, but in no case shall the completion of the examination take more than two weeks. Since the health of the employees is directly related to the program of the institutional facility or home, these physical examinations shall be repeated and recorded annually.

Personnel absent from duty because of any reportable (*) communicable disease, infection, or exposure thereto shall be excluded from the institution until examined by a physician designated for such purpose and shall be certified by him to the operator as not suffering any condition that may endanger the health of the patients or employees.

(*) "Reportable Diseases" and "Regulations Concerning Isolation of Persons Ill or Infected with a Communicable Disease and Restriction of Contacts with Such Communicable Disease", State Sanitary Code, New Jersey State Department of Health, January 1, 1966 or as amended.

INSERT PAGE

-4A-

In instances where an owner or operator is personally unable to assume active charge of a nursing home, a manager shall be appointed.

An application made by an existing nursing home operator to expand his present facility or to secure a license for an additional nursing home facility may be denied if it appears that the operator-applicant has not demonstrated ability to operate the existing facility satisfactorily and in compliance with established standards for at least one year last past.

This policy shall not be construed so as to prevent the replacement of a structure which in itself is deemed to be unsatisfactory or which in any way has contributed to substandard patient care or safety.

F. DISPLAY OF LICENSE

The license or approval certificate issued by the Department for the operation of any facility shall be posted as to be conspicuously displayed to the public in a public area. Public area is to be interpreted as a lobby or entrance hall, or public lounge, in contrast to the administrator's office, admitting office, or other areas which are not visited by the public in general.

G. PERSONNEL POLICIES

1. The owner or manager shall set up adequate personnel procedures and keep appropriate records for all employees.
2. Rules and regulations, personnel policies and procedures, with which each employee shall be familiar, shall be established and promulgated for the guidance of the personnel.
3. All regular, paid personnel should have pre-employment physical examinations and it is desirable that such examinations include chest X-ray and Wassermanns. Since the health of the employees is directly related to the program of the home, it is strongly advised that regular annual physical examinations be a matter of routine practice.
4. Personnel absent from duty because of any reportable communicable disease, infection or exposure thereto, shall be excluded from the nursing home until examined by a physician designated for such purpose and shall be certified by him to the operator as not suffering any condition that may endanger the health of the patients or employees.
5. In order to attract and retain competent employees, personnel practices should be in accord with those of other institutions in the area.

H. MEDICAL CARE

To insure the best possible care and treatment program for patients, medical policies should be formulated to include those here set forth:

1. Every patient in a nursing home shall be under the care of a physician licensed to practice medicine in New Jersey.
2. The medical services provided shall in turn limit admission to those for whom service is available.
3. All medical orders shall be signed by the attending physician.
4. A medical examination shall be made and recorded on the records of the nursing home within 48 hours after admission.
5. There shall be provision for specialists' services, laboratory and x-ray work as needed. In rare instances, the large nursing home may wish to provide x-ray equipment. However, it is strongly advised that this service be secured by formal arrangement with a local hospital since it is not practical or efficient in the average nursing home.
6. A physician shall be called in emergencies, when patient is in extremis, and shall pronounce death.
7. Death certificate stubs or copies of death certificates shall be kept on file.

Bodies of deceased persons shall not be released to the undertaker until death has been certified by the physician.

8. Provision should be made for regular dental care as well as dental service in an emergency.
9. Patients should be permitted free choice of a physician.
10. The nursing home operator shall be responsible for making an arrangement with a doctor to be available for emergencies.
11. The operator shall also establish a procedure for securing a doctor and effecting the transfer of a patient to a hospital or other facility as promptly as needed.
12. All patients shall be seen at least every two months by a physician and a progress note entered, the only exception being that a physician may designate, in writing, the periodic intervals (longer than two months) at which in his opinion the patient should be examined.

I. RECORDS

Good maintenance of medical records is a protection both to the patient and to the nursing home. There are several methods of maintaining satisfactory records. If the home desires, individual folders or bound books may be used. If bound books are used, individual sections shall be set up for each patient. In any event, the following records shall be maintained and kept available for review at any time by representatives of the Department of Health.

1. Medical Records

- a. History and physical on admission
- b. Progress notes
- c. Written orders signed by a physician for all medications and treatments
- d. Signed record of any x-ray or laboratory findings

2. Nurses' Records

Pertinent data relating to general condition of patients, special treatments and special medications shall be recorded. This can be done by maintaining individual patient charts or by Day and Night Report Record. In all instances, a detailed report is required on acutely ill, temporarily disturbed, and terminal cases.

A card index or other similar system should be used as a safeguard in the dispensing of medications.

3. Narcotic and Hypnotic Record

All such drugs shall be recorded on an individual patient prescription. It is suggested that an index be used to identify each patient.

4. Patient Register

5. Clothing Record

This shall include all personal articles belonging to patient.

6. Incident Reports

7. Personnel Records

J. DIAGNOSTIC FACILITIES

1. X-ray

Provision shall be made for diagnostic service as needed by formal arrangement with a community hospital.

2. Clinical Laboratory

Provision shall be made for diagnostic service as needed by formal arrangement with a laboratory legally authorized to give such service on an out-patient basis.

K. NURSING SERVICE

1. In all nursing homes there should be a sufficient number of nursing personnel to provide a minimum of two and one-half hours of care for each patient during a 24-hour period.
2. Of the total nursing personnel, the ratio of registered professional nurses* to subsidiary employees should not be less than 1 to 5**.
3. In instances where the total nursing personnel is great enough in number to require the employment of two or more registered professional nurses, such nurses shall be distributed to provide maximum coverage.

* A registered professional nurse is defined as a nurse who is a graduate of an accredited school of professional nursing, giving a course of at least two years, and who has been licensed (registered) by State examination, or by original waiver.

** The above ratios are to be used as a guide but a number of factors will influence the number of total nursing personnel needed. Among these are: the degree of helplessness of patients, the physical layout and facilities provided by the structure, the need for occupational and recreational progress to prevent physical and emotional regression of patients, and the age, physical condition, training, and ability of the nursing staff itself.

4. All nursing homes should provide supervision throughout the 24 hours of each day by registered professional nurses. However, because of the shortage of such personnel and the inability of very small nursing homes to employ them, the following temporary minimum standard has been adopted for the present and must be met in any nursing home no matter how small that home may be:
 - a. Patient care shall be under the direction of a registered professional nurse at least 8 hours of each day. (In a small home where there is only one professional nurse, a second relief professional nurse must be employed to cover the days when the regular nurse is off duty and preferably the same relief nurse should be employed each week for that purpose.)
 - b. In every nursing home there shall be a registered professional nurse to assume the duties and responsibilities of the "charge nurse". If the licensee is a registered professional nurse, she may, if she so desires, assume those responsibilities, providing that she has sufficient time available.
5. Every nursing home, regardless of size, shall have on duty or available at all times, at least two persons able to act effectively in the event of fire or other emergency. In those instances where only one person is actually assigned to a tour of duty, the second person or persons shall be available on the premises or if not, preferably within 300 feet of the nursing home. In such instances, there shall be a mechanical alert system (other than normal telephone service) to summon such second person or persons.
6. Duties of the Charge Nurse

The charge nurse will assume responsibility for patient care and should be responsible for:

- a. Approval of all nursing care personnel employed.
- b. Orientation and supervision of all personnel concerned with patient care.
- c. Assignment of all nursing personnel to suitable tours of duty.

- d. Decision, or advice to the licensee, as to the suitability of individual patients admitted to make certain that the nursing home is able to provide the type of care needed. Decision or advice as to the need of transferring from the nursing home those patients who, for one reason or another, cannot be properly cared for.
- e. Planning and handling of special diets.
- f. Performance of such technical procedures for which other personnel have not had sufficient training.
- g. Maintenance of good morale among patients and nursing personnel.
- h. Suggestions concerning development of the program in the nursing home.

7. Other Principles to be Followed

- a. Nursing personnel should not be required to take time off from their duties for non-nursing service.
- b. Nursing home policies and nursing care procedures should be established and made available to the nursing personnel in writing.
- c. Every effort shall be made to provide sufficient nursing personnel and other necessary personnel on all shifts to eliminate the need for a night nurse to prepare patients for breakfast before 7 A.M. or for day nurses to prepare patients for bed before 7 P.M. if the individual patient's health and preference make it possible for him to retire at a later time.
- d. The nursing home should avoid an unreasonable schedule concerning hours at which patients are prepared for the day and expected to retire at night. Those individuals who are physically able to enjoy some form of early evening recreation or diversion should be permitted to do so.

L. STORAGE OF DRUGS, MEDICATIONS, ETC.

- 1. All drugs shall be dispensed from a central medicine supply area which shall be lighted and located outside of traffic areas.

2. Biologicals requiring cold storage shall be re-grig-erated.
3. All medicinal preparations shall be clearly labeled.
4. Handling of Narcotics

There shall be compliance with Federal and State regulations governing narcotics. (See page 12)

5. Handling of Hypnotics

There shall be compliance with State regulations governing hypnotics.

- a. Hypnotics shall be prescribed by a licensed physician to the individual patient and a complete record shall be kept.
- b. It is strongly advised that no large stock supply of hypnotics be kept on hand and that hypnotics be purchased on individual prescription of small amounts to avoid accumulation.

FEDERAL AND STATE REGULATIONS REGARDING NARCOTICS
REPRODUCED FOR GUIDANCE OF LICENSEES

(See Item 4, Page 11)

A. PURCHASE AND DISPOSAL

1. All narcotic drugs are to be purchased by individual prescription. The drug so obtained cannot legally be administered to any other patient.
2. Any portion of a narcotic drug prescription, the use of which has been permanently discontinued (the patient gone from the home), is to be sealed in its original container and held for return to the office of the Federal Bureau of Narcotics.
3. No discontinued narcotic drugs are to be retained in the nursing home longer than six months. Community Institutions, Department of Health, is to be notified by the nursing home each time drugs are returned to the Bureau of Narcotics.

B. SURRENDERED DRUGS

All nursing homes or institutions located in counties of Bergen, Passaic, Sussex, Essex, Hudson, Hunterdon, Middlesex, Morris, Somerset, Union and Warren, otherwise known as Northern New Jersey, should direct all surrendered drugs to the District Supervisor, 90 Church Street, New York, New York. All others in Southern New Jersey should direct surrendered drugs to the District Supervisor, U.S. Bureau of Narcotics, 605 U.S. Customs House, Philadelphia 6, Pennsylvania, in the manner outlined above.

Narcotic drugs to be surrendered should first be properly inventoried on Treasury Department Form #142 in quadruplicate, and signed where indicated by a person in authority. The package of drugs should then be delivered or shipped (the mails may not be used) charges prepaid, direct to the office of the District Supervisor, U.S. Bureau of Narcotics, 90 Church Street, New York, New York.

Forms #142 and/or accompanying documents should not be enclosed in the package but mailed separately. All four copies of form #142 should be mailed or delivered to the District Supervisor.

An acknowledgement of receipt of the shipment will be made on one copy of the inventory (form #142) and returned to the shipper. Forms #142 may be obtained by writing to the U.S. Bureau of Narcotics, 90 Church Street, New York, New York, or at any of the branch offices in Newark, New Jersey, and Paterson, New Jersey.

C. EXCEPTION

In rare instances, a nursing home may be supplied with narcotic drugs by a physician who has obtained a tax-free stamp for exclusive use in the nursing home. In this instance, the physician assumes responsibility for the inventory of stock supply. A nurse may be assigned to act as his agent in dispensing from stock to the nursing unit.

D. ADMINISTRATION

1. No narcotic drug is to be administered without a properly executed order by the physician. Such order should be specific, giving the exact frequency with which the drug can be repeated.
2. Every effort should be made to avoid the use of long standing orders without signed confirmation.

E. STORAGE

1. All narcotic drugs are to be kept in a locked metal box, bolted to the shelf, and in a well illuminated locked medicine cabinet. The keys are to be carried by the nurse in charge on each tour of duty.
2. No other drugs are to be kept in the narcotic box.
3. All narcotic drugs are to be kept in their original containers.

F. RECORDS

1. The record of administration of narcotic drugs shall be kept on an individual basis. (See Sample I - page 14)
2. The record of administration shall be made by the nurse who gave the drug immediately after it is given.
3. Narcotics on hand are to be checked at the end of each tour of duty by both nurses responsible.
4. When a prescription is renewed, the amount received is to be entered on the record and the number added to the amount still on hand if any remains.
5. The record of drugs administered from stock supply is to be kept according to Sample II. (See page 15)

Name of Patient

Physician

Drug	Date Received		Amount Received	
Date of Administration	Dosage	Hour of Administration	Nurse	Amount on Hand

Name of Drug

Name of Patient	Physician	Date	Hour	Dosage	Nurse	Amount on Hand

M. NURSING CARE FACILITIES GUIDE

To insure efficient nursing care the patient areas should be set up in nursing units. A complete nursing unit contains the following:

1. Hospital beds with Gatch frames (for bed patients) and a bedside chair for each bed. Beds spaced at least three feet apart. However, only the spaces unobstructed by doors, windows, radiators, etc., are suitable for placement of beds. There must be a minimum of 3 feet on each side of beds for proper attendance by personnel and for placement of necessary bedside tables and chairs.
2. Individual bedside cabinets. Individual toilet equipment shall be stored in cabinets of all patients requiring bedside care. In addition to cabinets, closets or storage space should be provided for storage of personal belongings.
3. Built in cubicles, adjustable curtains or movable screens in rooms with two or more beds.
4. Signal system. Adequate electric outlets for lighting, heating, heating pads, etc.
5. Utility room for each nursing unit (hopper, hand sink, non-pressure sanitizer, work table, cabinets). A non-pressure sanitizer is defined as "not operated by steam under pressure".
6. Tables, or other suitable equipment shall be provided to hold food trays of patients who require such service.
7. A sufficient number of bed rails shall be provided for use of all patients in need of such protection.
8. Nurses' station (desk, available running water, cabinet with lock for medications).
9. Nursing equipment - treatment trays, clinical thermometers, ice caps, hot water bags, etc.
10. Wheel chairs and stretchers.
11. Linen storage space.
12. Provision shall be made for single room accommodation which shall be designated as a "quiet room". Such accommodation shall be used for the care of patients during critical or terminal illnesses or to provide privacy for a temporarily disturbed or poorly adjusted patient.

13. The ratio suggested for toilet and bath facilities to beds is as follows:

- a. Baths (shower or tub): 1-20
- b. Toilets : 1-12
- c. Lavatories : 1-12

In some instances it may be necessary to provide additional toilet and bath facilities for men and women.

N. PRINCIPLES OBSERVED IN THE CARE OF THE SICK

1. Formal arrangements shall be made for the transfer to a general hospital of patients with any condition requiring hospital care unless acceptable facilities are available within the institution.
2. Transfer to a hospital or sanitarium of patients suffering with mental illness, active tuberculosis or other communicable disease.
3. Immediate examination and appropriate treatment by a physician of patients who have had accidents and a recording in the physician's progress notes of such injuries and treatments. A report of any such incident shall be forwarded to the Bureau of Community Institutions.
4. Every precaution shall be taken to prevent patients from locking themselves in rooms and bathrooms.

O. ACCIDENT PREVENTION

1. Every reasonable and essential means of avoiding accidents shall be provided.
2. Adequate protective devices and practices shall be developed and carried out.
3. Immediate investigation of the cause of any accident shall be instituted and corrective measures adopted.
4. Periodic inspection shall be made of all physical facilities, equipment and machinery to determine whether hazards exist and if maintenance is safe.
5. Establishment of a formal safety plan.
6. Smoking may be permitted only where proper facilities are provided. Smoking shall not be permitted in sleeping quarters, except at such times as supervision is provided.
7. If an electrical panel board is located on any floor used by patients, the door of the panel board shall be equipped with a lock.

P. RECREATIONAL AND DIVERSIONAL ACTIVITIES

Although the primary function of a nursing home is the medical and nursing care of long-term patients, this care should not be limited to the physical aspects only. Diversion and recreation are essential in meeting the emotional as well as the physical needs of the patients.

1. The nursing home has a definite responsibility to provide some form of diversion for all patients. A careful evaluation of each patient will indicate the type of diversion best suited to the individual.
2. Every nursing home, no matter how small and regardless of the degree of infirmity of its people, shall have a recreation area or areas accessible to all patients. For those patients unable to use the recreation areas, some diversional activity should be provided at the bedside.

Q. SOCIAL NEEDS AND ACTIVITIES

1. The nursing home must meet the religious needs of its patients on an individual basis and the clergy of the community is always willing and able to give suggestions and assistance.
2. Since it is of paramount importance to help the patient to keep contact with his family and the community, rigidity in the arrangement of visiting hours should be avoided. Flexibility in visiting periods usually results in shorter and more frequent visits. Such visits are less tiring to the patient and encourage greater continuity in family and other relationships.

R. FOOD AND FOOD SERVICE

1. The food provided must meet the basic nutritional requirements as recommended by the Department.
2. Food should be well prepared and three well-balanced meals per day served on a regular schedule.
3. There should be a lapse of at least 10 hours between breakfast and supper.
4. At least one hot dish shall be served at two of the three meals. Coffee, tea, or other beverages shall not be construed to be a hot dish.

5. In situations where it is absolutely necessary to serve the evening meal before 5:00 P.M., provision must be made for the regular serving of additional nourishment before the patients are asleep for the night.
6. Food served shall be adjusted to meet the physical needs of the patients and provision should be made for special diets when prescribed by a physician.
7. The kitchens shall be adequately equipped to serve properly prepared food.
8. Kitchens, pantries and all storage space shall be free from vermin and maintained in sanitary conditions at all times.

S. SANITATION

1. The nursing home and its equipment shall be kept in a sanitary condition at all times.
2. An adequate and continuous supply of hot water shall be available at all times for bathing, dishwashing, laundry, general cleaning, etc.
3. Water supply shall be of safe and sanitary quality, suitable for drinking purposes. If the institution is not serviced by public water supply and sewage disposal system, written approvals of these services shall be secured from the local health department. If a local service is not available, approval shall be secured from the district office of the State Department of Health, Division of Environmental Sanitation. Information concerning the officers and location of the district health offices will be furnished by Community Institutions upon request.
4. Suitable facilities shall be provided for collection, storage and disposal of garbage.
5. Incineration facilities shall be provided for the disposal of infected dressings and other wastes. Other refuse shall be stored and removed from premises in a manner which does not create a nuisance and is consistent with approved hygienic practice.
6. Every precaution shall be taken to guard against the presence of flies and other insects and vermin.

7. Toilet and hand washing facilities shall be provided for employees. No toilet room shall open directly into the food preparation area.
8. Soiled linen shall not be transported through food preparation and storage areas. Soiled linen shall be collected and handled in a sanitary manner.
9. Toilet equipment used in the care of patients shall not be sterilized in the kitchen.
10. In nursing homes where floors may be unsatisfactory due to unevenness or to absorption qualities, such areas shall be covered wall-to-wall with linoleum or some equivalent non-absorbent material. This applies to all patient rooms, utility rooms, bathrooms, and to kitchens. (Reception areas, recreation rooms, and dining rooms may be exempted if floors in such areas are well maintained, and present no particular problems).

T. HEATING

The heating plant shall be adequate for maintaining a temperature of 75 degrees Fahrenheit during the coldest weather.

U. LIGHTING

1. Artificial lighting shall be by electricity only.
2. The individual rooms used for sleeping purposes by patients shall have sufficient natural light and suitable artificial lighting.
3. All rooms used by patients, including hallways and stairways, shall be lighted by natural light or electricity at all times.
4. All patient rooms, corridors, bathrooms, and stairways shall be equipped with proper night lights.
5. Battery type emergency lights shall be available at all times.
6. At least one permanently installed electric outlet shall be accessible at each patient bed.

7. Every patient room shall be equipped with lighting facilities which will permit the furnishing of adequate light for the treatment and handling of a single patient without disturbing the remaining patients in the same room and no patient room shall be dependent merely upon single or multiple over-head lighting.
8. Individual bed lamps shall be provided for every patient who is in such physical condition that he can benefit by such equipment.

V. LAUNDRY

1. Every home should make provision for regular laundering of personal clothing of patients.
2. If laundry is done on premises, ample equipment shall be available.
3. An adequate supply of bed linen shall be available for use at all times.

W. HOUSEKEEPING

1. All rooms in the nursing home shall be kept clean and orderly. Regular cleaning shall be done by the house-keeping staff.
2. Every effort should be made to keep the nursing home as attractive and comfortable as possible.

X. PHYSICAL THERAPY SERVICES

General Statement

The physical therapy section of a nursing home should provide quarters of sufficient size to permit provision of parallel bars, shoulder wheel, steps with rail, posture mirror and any other equipment essential to carry out the orders of individual physicians. The physical therapy unit should also have hand rails around all walls for protection of patients. The nursing home shall also provide such cubicle curtaining as is essential to provide proper privacy as needed by patients receiving treatments.

If it is the intent of the nursing home to provide physical therapy for ex-patients or out-patients, the following physical features should be required:

1. There shall be a separate entrance for use by out-patients so as to avoid interference of any type with activities of in-patients within the home.

2. If the unit is not at ground level, separate elevator service shall be provided unless the unit can be reached by a ramp, the pitch of which shall not exceed 1 ft. in height for each 10 lineal feet. The surfaces of such ramps shall be constructed and maintained in such manner as to prevent slipping thereon, and such ramps shall have a minimum width of 72 inches in the clear and shall be equipped with a suitable hand rail on each side.
3. The entrance shall be provided with a single door which shall open outward to a level platform at least 6 ft. square and shall provide a clear passage of at least 3 ft. 8 inches in width.
4. There shall be a separate reception or waiting room for out-patients and this shall be of sufficient size to accommodate the maximum number of out-patients seeking such services at any given time.
5. There shall be separate toilet and lavatory facilities within the out-patient area.
6. There shall be dressing cubicles in such number as to properly accommodate the maximum number of out-patients seeking services at any given time.
7. Quarters utilized by out-patients seeking physical therapy treatment shall be separated by a corridor door or other effective means to discourage and prevent traffic by out-patients through any in-patient area.

Other Requirements

1. Responsibility for physical therapy treatment of both in and out-patients shall be the sole responsibility of the nursing home licensee who shall be held accountable for full compliance with the letter and the intent of these regulations.
2. The care of in-patients should have priority and out-patient visits shall be so scheduled as to avoid any conflict with services being provided to in-patients.

3. Personnel employed by the nursing home for care of in-patients shall not be diverted from their regular assignments to provide service for out-patients. However, this regulation shall not apply to persons regularly employed within the physical therapy department.
4. The physical therapy unit, when used for ex-patients or out-patients, shall be limited exclusively to providing physical therapy services.

Professional Requirements

1. Physical therapy as a service shall be under the supervision and direction of a qualified physician, preferably a physiatrist or an orthopedist.
2. All patients being afforded this service shall first be examined by the supervising physician prior to treatment. (An examining room shall be made available for this physician to conduct this necessary evaluation in privacy before such services are initiated.)
3. All physical therapy services shall be provided only on the written prescription of said physician.
4. All physical therapy services shall be provided by a physical therapist duly registered in the State and preferably by a graduate of an approved school of physical therapy.
5. A record of all physical therapy treatments, with progress notes shall be kept current for each patient.
6. Each patient shall be re-evaluated at least every three months and new orders for continuing therapy written as indicated.

Application of Requirements

The physical therapy services as described in these regulations may be made available to out-patients as well as ex-patients. However, the regulations should not be construed as preventing a physical therapist from carrying out such treatment for in-patients in a facility having no separate physical therapy section provided that such treatment is given on written prescription of a physician and under conditions affording proper privacy.

SECTION THREE

BUILDING MANUAL FOR NURSING HOMES

(See also Section One)

A. GENERAL CONSIDERATION

A suitable structure is essential to safe and efficient operation of a nursing home. Real care should be exercised in selecting a structure which appears readily adaptable to the requirements of this Manual and which provides such patient capacity as to insure sound financial operation.

Under no circumstances should a building be purchased or leased until plans have been reviewed by Community Institutions and tentative approval of the structure given.

B. LOCATION OF THE NURSING HOME

The location of the proposed home is important. Preferably, it should not be in a congested area but, on the other hand, it should be easily accessible from centers of population.

The availability of a public water supply and public sewage disposal system is also important, for non-public facilities of this type must be individually approved.

C. LIMITATION OF OCCUPANCY

No structure licensed as a nursing home may be utilized for any other purpose. This regulation shall not be retroactive; neither shall it be construed to eliminate housing quarters of the owner or his family, the manager, or other staff members.

D. PRELIMINARY EVALUATION OF PROPOSED STRUCTURE

The prospective applicant should make a preliminary evaluation of the proposed building giving special attention to the following factors:

1. The suitability of the structure for good patient care.
(See pages 24 to 26)

In this connection, appraisal will be made of the adequacy of space available for patient housing and recreation, plumbing, facilities for proper nursing service, food preparation and other details essential to efficient operation.

2. The fire protection measures required for safe housing of patients. (See pages 26 to 34)

3. The extent of renovations necessary to provide adequate facilities and fire protection.
4. The estimated patient capacity. (See page 24) Final capacity will be determined at the time of actual licensing.

E. LOCAL APPROVALS AND SCALE FLOOR PLANS OF PROPOSED STRUCTURE

If, in the opinion of the applicant, the building proposed for use is satisfactory (or could be made satisfactory) the following should be secured:

1. Local approvals should be secured in writing and filed with the Department of Health. The following local approvals are necessary:
 - a. Zoning Authority
A written statement attesting that the proposed use of the structure is not in conflict with zoning regulations.
 - b. Building Inspector
A written statement attesting to the structural safety of the building.
 - c. *Fire Department
A written statement from local fire authorities to the effect that, in their opinion, the building is satisfactory for the proposed occupancy.
 - d. Local Health Department
A written statement attesting that the building and its facilities meet local health requirements.
 - e. Water Supply and Sewage Disposal
If the building is not serviced by a public water supply and public sewage disposal system, the local health department shall be requested to inspect these services and submit a written statement of approval which shall be filed with the Bureau of Community Institutions. If such local inspection and approval is not available, inspection of such facilities shall be made by the proper District State Health Office of the State Department of Health. (Information regarding location of such district offices can be secured from the Bureau of Community Institutions.)

*The Department of Health reserves the right to require fire protection measures which may go beyond the requirements of municipalities.

2. Scale floor plans of the proposed structure

- a. The applicant should secure a scale floor plan of the basement and each floor of the building. Best results will be secured when plans are drawn by a registered architect.
- b. Such plans should be secured in duplicate so that a copy may be placed on file with the Department of Health. In addition to the plans, photographs showing at least three sides of the building should be secured.
- *c. When an applicant for nursing home license presents architectural plans or sketches for Departmental approval or when a licensed operator seeks approval of plans or sketches for an addition to an existing licensed facility or for renovation within an existing licensed facility, such approval, when given, shall be null and void unless actual construction begins within a period of one year. In the event that such applicant or licensee does not begin construction within the time specified and intends to do so at a later date, such plans and sketches must be resubmitted for approval.

F. OFFICE CONFERENCE

When the scale plans and local approvals have been secured, an appointment should be made in advance with representatives of the Bureau of Community Institutions to discuss both the building under consideration and the other matters affecting proper operation of the home.

At this conference floor plans of the building will be reviewed and every possible assistance given to the prospective operator to plan the structure for efficient patient care.

In the event that renovations are essential, recommendations will be outlined in writing. Such renovations should be planned and supervised by a registered architect and shall not deviate from the recommendations outlined by this Department unless written approval is secured.

G. INSPECTION OF BUILDING

An inspection of the property may be made by representatives of the Department after local approvals have been filed. Upon completion of renovations the applicant shall be given written notification that the work has been completed in accord with specifications of the Department.**

*Regulation adopted July 26, 1961.

**No further structural changes may be made without pre-approval of the Department.

An inspection of the premises will then be made and if completed work appears satisfactory, the building will be approved.

The applicant should understand that approval of the structure does not, in itself, constitute permission to accept patients. Such permission will be based in part upon other factors such as adequacy of personnel, equipment, etc.

H. ADAPTABILITY OF STRUCTURE

The structure shall provide for the proper care and comfort of patients.

1. Patient Rooms

- a. All patients' rooms shall be located in areas providing direct natural light and ventilation.
- b. All rooms occupied by patients shall have direct access to corridors and toilet facilities without the necessity of passage through rooms of other patients, kitchen or dining areas, recreation rooms, reception rooms, etc.
- c. There must be a minimum of 3 feet on each side of beds for proper attendance by personnel and for placement of necessary bedside tables and chairs. Only the spaces unobstructed by doors, windows, radiators, etc., are suitable for placement of beds.
- d. As noted in the OPERATING MANUAL (page 15) adequate single room accommodation must be provided for all patients in critical condition.
- e. Any substandard room which has been approved as a quiet room only shall not be included in the capacity of the nursing home and shall not be used for any other than the intended purpose.

2. Recreation Space

- a. Suitable recreation space should be provided so that patients may have the advantage of recreation outside their sleeping areas.
- b. Suitable sitting room should be provided for each floor where patients are housed. However, in instances where elevator service is provided, individual exceptions to this requirement may be made if circumstances warrant.

3. Plumbing

- a. There shall be adequate hand washing, bathing and toilet facilities on each floor used for patients. In addition, provision of additional plumbing necessary to provide good care for patients of each sex may be required.
- b. Proper toilet facilities shall be provided for personnel.
- c. As noted in the OPERATING MANUAL (page 15) each nursing unit should be provided with a utility room containing hopper, hand sink, utensil sanitizer, work table, and cabinets.

4. Nurses' Station

Adequate and well located space shall be allowed for the supervising nurse, and her station should include a desk, available running water and locked cabinets for medications. (See page 15 of the OPERATING MANUAL).

5. Storage Space

Sufficient enclosed space, adequately lighted, shall be available for proper storage of linens, drugs, supplies and patients' clothing.

6. Lighting

Artificial lighting shall be by electricity only.

7. Heating

The heating plant shall be adequate to maintain a temperature of 75 degrees Fahrenheit during the coldest weather.

An electrical emergency switch for the oil burner shall be provided on the first floor and not permitted in the basement area itself.

8. Screens

The institution shall be equipped with screening for all windows adequate to keep the quarters free of insects at all times.

9. Kitchen

The kitchen shall be acceptably located and shall be of sufficient size to sustain proper food service.

The laundry shall be separate from the kitchen and other working areas of the nursing home and shall have an entrance which does not require transportation of soiled linen through food preparation and food storage areas.

I. BUILDING MAINTENANCE

Both the interior and the exterior of a nursing home must be maintained in good condition at all times to insure an attractive appearance, to provide a pleasant atmosphere, and to safeguard against deterioration of the premises. Surrounding grounds should also be maintained in a neat and orderly manner at all times.

J. FIRE PROTECTION

Buildings of fireproof construction are to be preferred. In buildings of ordinary construction, patients may not be housed above the second floor.*

The operator should make every effort to secure the interest and cooperation of the local fire department in planning for protection of the nursing home, in the instruction of employees in use of fire fighting equipment and means of evacuation of the building, in checking fire extinguishers and insuring their proper placement. The advice of local officials often proves of great value.

1. Fire Detection System

Every existing nursing home shall be required by January 1, 1961, to have completely installed and in operation a fire detection system of a type approved by the State Fire Marshal. No such installation shall be made without written approval of the Fire Marshal.

(The Fire Marshal will undertake at once an examination of fire detection systems already installed in nursing homes to determine whether they are acceptable).

* Bedridden and helpless patients should preferably be housed in the first floor quarters.

2. Horizontal Zoning

To provide horizontal fire zoning, all floors above the first floor of any non-fireproof building which is occupied by patients, and which exceeds 3000 square feet in area, shall be divided into separate areas by barriers of at least one-hour fire-resistance rating. Specifications on materials which provide such rating may be obtained from the Fire Insurance Rating Organization of New Jersey, Newark. All doors provided in such barriers shall have a fire-resistance rating of at least one hour, shall be equipped with a positive latch, and with a self-closing device so installed that the door or doors may normally be held open but will close automatically (or may be released manually) to self-closing action. Such doors should be at least 42 inches wide to permit the passage of a bed. Doors in fire-resistance barriers, to meet the one-hour rating requirement, must be:

- a. Metal doors, or
- b. Solid wood doors of the flush type not less than 1 3/4 inches thick, or
- c. Metal-covered doors. Where doors are to be protected by metal cover, sheet steel not less than #28 U. S. gauge shall be used and such sheet steel must be securely fastened by bolts or screws.

Such doors should preferably have a panel for clear vision and all such panels shall have clear wired glass.

3. Exit Stairways

- a. Two satisfactory and easily available means of egress, remote from each other and preferably at opposite ends of the building, must be provided from each floor occupied by patients and these should lead directly to the exterior of the building. Such stairways and hallways leading to the exterior shall be kept free and clear of obstructions at all times.
- b. All exit doors to such stairways shall be clearly marked.
- c. In any nursing home approved for occupancy by 30 or more patients, the two main exits on the first floor shall open outward.
- d. No stairway referred to as a "winder" will be accepted as satisfactory.

- e. In the event that a fire escape is necessary to provide acceptable egress, it shall be constructed in conformity with standards of the Department. (See pages 33 and 34 for such specifications).

4. Stair Enclosures

- a. All stairways leading from the first to the second floor shall be properly enclosed to prevent upward spread of smoke, flame and fumes.* Such enclosures may be erected at either the first or second floor but first floor enclosures are usually preferred.
- b. In instances where owners or personnel are housed above the second floor, their quarters shall also be protected by stair enclosures or shut-offs, and a second means of egress shall be provided from such quarters.
- c. Enclosures shall have a one-hour fire-resistance rating. They may be constructed of 3/4 inch gypsum plaster on metal lath on each side of 2 x 4 wood studs, or equivalent, or of wired glass in metal framework. All construction proposed as "equivalent" shall be approved by the Department. In enclosures there shall be no movable transoms or movable interior windows and all transoms and interior windows shall be of wired glass in metal frame.
- d. Doors in enclosures shall be:
- (1) Metal doors, or
 - (2) Metal covered doors, ** or
 - (3) Solid wooden doors of the flush type not less than 1 3/4 inches thick.

Such doors should be at least 36 inches wide. Any glass in such doors shall be transparent wired glass. All such doors shall be self-closing, shall be tight-fitting, shall open in the direction of egress and shall be equipped with positive latches. Double doors are undesirable since in such installations fire regulations call for one such door to be kept latched in a closed position and compliance with this regulation frequently interferes with normal traffic.

* In fireproof buildings occupied above the second floor upper floors must be similarly protected.

** Where doors are to be protected by metal covering, sheet steel not less than #28 U.S. gauge shall be used and such sheet steel must be securely fastened by bolts or screws.

- e. Landings adjacent to all doors in stair enclosures should be at least the width of the door.

5. Dumbwaiter and Laundry Chutes

- a. All dumbwaiters, laundry chutes or other vertical openings which are not fireproof shall be enclosed with 3/4 inch gypsum plaster on metal lath on each side of the studs, or equivalent. The top of the opening should be sealed with material having a fire resistance rating of not less than one hour.
- b. All doors in such shafts shall be metal, or metal covered*, or solid wood doors of the flush type not less than 1 3/4 inch nominal thickness and all such doors shall be tight-fitting and equipped with self-closing devices.
- c. If the foregoing protective measures are not feasible, dumbwaiter shafts and laundry chutes should be properly sealed at each floor (with material equivalent in fire resistance to the floor construction) and abandoned, or the space converted to other purposes.

6. Elevator Shafts

Elevator shafts shall be fireproof, or shall be protected in accord with regulations listed for stairway enclosures and enclosure for dumbwaiters and laundry chutes.

7. Basements

- a. Doors at the head of basement stairways shall be:
 - (1) Metal doors, or
 - (2) Metal covered doors, or
 - (3) Solid wood doors of the flush type not less than 1 3/4 inch nominal thickness.

Metal coverings for doors shall be of sheet steel, not thinner than #28 U.S. gauge, securely attached on the basement side with bolts or screws. Such doors shall be tight-fitting, of the self-closing type and equipped with positive latch.

* Where doors are to be protected by metal covering, sheet steel not less than #28 U.S. gauge shall be used and such sheet steel must be securely fastened by bolts and screws.

- b. Basement ceilings shall be protected with metal lath and plaster, or equivalent construction approved by the Department, except in cases where such ceilings are already covered with plaster (on wood lath) in good condition. In all cases hollow partitions shall be effectively fire-stopped with material of at least one-hour resistance rating. Such walls and ceilings enclosing basement stairways shall be protected in the same manner as basement ceilings.*
- c. Paint and other highly inflammable material should preferably be stored outside the building but minimum supplies may be kept in basements if stored in closed metal cabinets or containers.
- d. Basements shall be kept in good order and reasonably clear of excess furniture and equipment, and shall never be used for indiscriminate storage. However, neat stocks in original containers will be permitted in basement storerooms.
- e. All basement electrical wiring shall be in BX cable or equivalent and all outlets shall be of approved type.
- f. All ashes shall be kept in metal containers.
- g. Smoke pipes from heaters to chimneys shall not pass within 18 inches of ceilings even though the ceiling may have been protected with metal lath and plaster. (If it is not possible to remove the smoke pipe 18 inches from such ceiling, other adequate protective measures will be recommended by the Department.)
- h. In all new installation of oil furnaces and equipment, tanks should be located outside the building. In cases where oil burning equipment has already been installed in properties, the vent pipe and fill pipe should be located outside the building.

*Provisions of this paragraph may be waived by the Department if all heating units, motors and similar hazardous devices are isolated in ventilated rooms of non-combustible construction having a fire resistance rating of not less than one hour, and providing that doors to such rooms have a similar rating.

- i. All unnecessary combustible partitions within the basement should be removed.

8. Electrical Wiring

- a. There shall be no temporary wiring in the institution except approved appliances equipped with heavy duty cord in good condition.
- b. The operator shall, on or before January 1st of each year, submit a written statement by a qualified electrician that the electrical circuits and wiring are satisfactory. His report should include the date of inspection and should give assurance that circuits are not overloaded, that all wiring and permanent fixtures are in good condition and that all portable electrical appliances, including lamps, are equipped with heavy duty cord in good condition.
- c. The operator is responsible for the maintenance of satisfactory standards in the above respects at all times.

9. Kitchens

- a. Since kitchens constitute hazardous areas, they shall be isolated insofar as possible, from other quarters. Doors leading to adjacent areas shall swing in one direction only, shall be self-closing, tight-fitting, and equipped with positive latch.
- b. Such doors shall be:
 - (1) Metal doors, or
 - (2) Metal covered doors*, or
 - (3) Solid wood doors of the flush type not less than 1 3/4 inches thick.
- c. Kitchen exhaust fans and metal ducts shall be kept free of grease and dirt at all times, and metal ducts from such fans shall extend at least 2 feet beyond the building. Areas around kitchen ranges shall be kept free of grease at all times.

* Where existing doors are to be protected by metal covering, sheet steel not less than #28 U.S. gauge shall be used and such sheet steel must be securely fastened in place with bolts or screws.

- d. In the event that metal hoods and exhaust ducts are installed directly over kitchen ranges, construction standards of the National Board of Fire Underwriters shall be complied with. (Pamphlet 91).

10. Laundry

Because of the type equipment involved, the laundry constitutes a hazardous area which should be segregated and protected with materials of one-hour fire resistance rating unless equipment is limited to ordinary household types.

11. Fire Extinguishers

- a. There shall be an adequate number of fire extinguishers in the basement and on each floor of the building, all of which should bear the seal of the Underwriters' Laboratories.
- b. Extinguishers should be conspicuously hung and kept easily accessible and all shall be recharged and inspected in accord with the Manufacturer's specifications. Each shall be labeled to show the date of such inspection and re-filling.
- c. The following types of extinguishers should be provided:
 - (1) In kitchen areas (because of the danger of grease fires), extinguisher should be a 5-lb. CO₂ or 4 1/2-lb. dry chemical.
 - (2) In the basement area, extinguisher should be a 5-lb. CO₂ if oil is used as a fuel. If coal is used, soda-and-acid extinguishers are recommended.
 - (3) Generally throughout the house, 2 1/2 gal. pressure-operated cartridge type extinguishers should be provided.

12. Incinerator

Where it is planned to install an incinerator in any nursing home, fire protection of at least 3-hour fire-resistance rating shall be provided on the entire shaft and all openings.

13. Instruction of Personnel

The operator shall be responsible for instruction of all personnel in fire prevention, in use of fire protection equipment and devices, and for development of procedures to be followed in event of emergency. Such instruction should be given all employees prior to their assignment to duty and should be repeated at necessary intervals.

14. Fire Escape Specifications*

a. Wood Fire Escapes

- (1) Outside stringers must be of the closed type, 3 inches by 12 inches, and there must not be less than 3 string pieces. Treads must be 2 inches by 10 inches, not less than 48 inches in the clear and properly supported on pieces 2 inches by 4 inches well spliced to stringers.
- (2) All platforms must be supported by uprights not less than 4 inches by 4 inches, properly braced.
- (3) The fire escape should be directly accessible from the interior and so arranged as to make clear the direction of egress.
- (4) All exit doors to fire escapes shall be clearly marked.
- (5) Fire escape stairways should lead away from the building and run alongside.
- (6) All doors leading to fire escape shall swing outward and should lead to a platform, level with the door, and the width of the platform shall not be less than 48 inches square.
- (7) Runways, stairs and all landings shall not be less than 48 inches in the clear to permit the carrying of helpless patients, and all shall be equipped with a suitable hand rail braced at every third tread and with an intermediate guard rail.
- (8) The rise of steps must not exceed 7-1/2 inches. The treads of steps must not be less than 9-1/2 inches exclusive of nosing.

*SPECIAL NOTE: Plans for all fire escapes must be approved by the Department of Health prior to any actual construction and must show in detail all buildings adjacent to fire escapes.

- (9) No run of steps shall have more than 17 risers unless an intermediate platform is provided.
- (10) No counter-balanced fire escape is acceptable but all shall be permanently fixed in place.
- (11) All fire escapes shall have concrete footings extending at least 3 feet below grade.

b. Steel Fire Escapes

- (1) Steel fire escapes shall provide the same characteristics of the wooden fire escapes.
- (2) Such escapes shall have no member less than 1/4 inch thick. Where such escapes are fastened to building, bolts must run clear through wall and any member passing through wall must be protected against corrosion. All stairs, platforms, landings, and balconies must be constructed to sustain a live load of at least 100 pounds per square foot with a factor of safety of 6, also a concentrated load of 200 pounds at the center of each tread.

c. Existing Fire Escapes

No fire escape will be accepted if it does not meet the presently specified regulations.

(Present exemptions for existing fire escapes are eliminated.)

STATE OF NEW JERSEY

Department of Health

GUIDE FOR REVISED REGULATIONS ON PATIENT
OR RESIDENT SMOKING

The following guide for revised regulations on patient or resident smoking, adopted by the State Board of Control on October 30, 1968, and effective on that date, are applicable to all medical and residential insitutional facilities licensed or approved by the Department. These regulations replace those previously approved by the Department on April 24, 1968 and have been made a part of the Manuals of Standards for licensed or approved institutional facilities.

1. As provided in the rules of the National Fire Codes, smoking regulations shall be adopted and shall include the following minimal provisions:
 - a. Smoking shall be prohibited in any room, ward, or compartments where inflammable liquids, combustible gases, or oxygen are used or stored and in any other hazardous locations. Such areas shall be posted with NO SMOKING signs.
 - b. Smoking by patients or residents classified as not responsible shall be prohibited.
 - c. Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.
 - d. Metal containers with self-closing cover devices shall be provided in all areas where smoking is permitted. The most rigid discipline with regard to prohibition of smoking may not be nearly so effective in reducing incipient fires from surreptitious smoking as the open recognition of smoking. Proper education and training of the staff and attendants in the ordinary fire hazards and their abatement is unquestionably essential. The problem is a broad one, variable with different types of arrangements and buildings, and the effectiveness of rules of procedures, necessarily flexible, depends in large part upon the management.

INSERT PAGE

2. Since the removal of cigarette vending machines does not seemingly decrease smoking or the smoking hazard, they should be retained or replaced, but have affixed to each a prominent sign emphasizing the dangers of smoking in a medical or residential facility. Sales in medical facilities should be limited to vending machines or coffee shops, not carts.
 3. Educational programs for personnel, patients or residents, employing pictures, pamphlets, and lectures should be instituted.
 4. Physicians, nurses, and other personnel should be instructed not to smoke in the lobby, in the corridors, or in the presence of patients or residents.
 5. Smoking areas for physicians, employees, visitors, residents and ambulatory patients should be designated.
 6. Smoking by patients in bed shall be permitted by order of the physician and under regulations promulgated for the safety and welfare of the patient. In all cases, the bedside table should have an ashtray large enough to retain a smoldering cigarette however it may fall after it burns.
-

SECTION IV

REGULATIONS REGARDING THE REMOVAL OF CERTAIN COMBUSTIBLE AREAS IN ALL LICENSED FACILITIES OR THEIR PROTECTION BY APPLICATION OF APPROVED FIRE RETARDANT PAINT.

(Recommended by the Hospital Licensing Board on January 10, 1963, and approved by the State Board of Control on January 23, 1963.)

Institutions considering themselves free of conditions covered in the regulations listed below shall place on file with the Office of the State Fire Marshal, not later than January 15, 1965, a letter to that effect stating reasons why the institution is considered free of conditions listed below, the letter to be signed by the owner or his delegated representative.

Otherwise, licensees shall commence not later than January 30, 1965 to comply with the following regulations which shall be full complied with not later than January 1, 1968.

1. Perforated and non-perforated combustible acoustical ceiling tiles (wood-fibre and sugar-cane types).
 - a. Remove and replace with incombustible acoustical tiles (mineral fibre types); or, as an alternative,
 - b. coat all existing tiles with approved fire retardant paint.
2. Combustible wainscoating (in hallways, lobbies, vestibules, corridors, stairways and auditoriums only.)
 - a. Remove wainscoating down to incombustible backing; and, if desired by owner, replace with incombustible wainscoating material; or, as an alternative,
 - b. coat all existing wainscoating with approved fire retardant paint.
3. Combustible partitions (in hallways, lobbies, vestibules, corridors, stairways and auditoriums only.)
 - a. Remove and replace with incombustible partitions; or as an alternative,
 - b. coat existing partitions with approved fire retardant paint.
4. Wallpaper.
 - a. Single layer of wallpaper on incombustible backing. No corrective action required.
 - b. Wallpaper on combustible backing (i.e. fibreboard, etc.)
 - (1) Remove combustible backing and replace with incombustible backing; or, as an alternative,

c. Multiple layers of wallpaper on incombustible backing.
This is in violation of requirements.

(1) Remove wallpaper to incombustible backing and repaper with one layer of wallpaper; or, as an alternative,

(2) coat existing surfaces with approved fire retardant paint.

5. Wallcoverings (other than wallpaper).

a. Cloth wallcoverings

(1) Remove down to incombustible backing; or, as an alternative,

(2) coat existing surface with approved fire retardant paint.

b. Plastic wallcoverings.

(1) If U.L. rated and listed flamespread of wallcovering is "25" or less, no corrective action is required.

(2) If there is no U.L. rating or listing, or the U.L. rating and listing of the wallcovering is in excess of "25", then:

(a) remove wallcovering down to incombustible backing; or, as an alternative,

(b) coat existing wallcovering surfaces with approved fire retardant paint.

6. Wooden basement and cellar ceilings.

a. Install ceiling of not less than 5/8 inch U.L. rated plasterboard, nailed to joists, cemented and taped at joints; or, as an alternative,

b. coat all ceiling wood (including joists and cross-bars) with approved fire retardant paint. Plug or seal all vertical openings prior to painting.

Note: If there exists a wood-lath or metal-lath ceiling under the joists and the plaster on such ceilings is broken or deteriorated, replaced with sound plaster facing, or tear down broken lath and plaster to exposed wooden joists and proceed as per a. or b. above.

SPECIAL NOTES:

- A. If compliance of the above requirements is accomplished by means of applying approved fire retardant paint, all such surfaces when being repainted in the future, must be repainted with approved fire retardant paint.
- B. Sprinklers.
1. Except as provided in 2. below, licensed facilities protected with a comprehensive automatic sprinkler system, shall be exempt from these regulations.
 2. Automatic sprinklers in areas where combustible acoustical tiles exist, shall be of a jet-nozzle type. If they are not of a jet-nozzle type, they shall be changed to the proper type nozzle, or the acoustical tiles shall be removed and replaced, or coated with approved fire retardant paint, as provided in Paragraph 1, a. and b.
- C. "Approved" fire retardant paint shall mean a product meeting the minimum requirements set forth in the attached specifications, and which product has been approved by the Office of the State Fire Marshal, State Department of Treasury, Division of Purchase and Property, State House, Trenton, New Jersey 08625.

Procedure for Compliance:

1. Prior to commencement of compliance work, institutions shall forward to the Office of the State Fire Marshal a complete proposal listing: (See Insert Page 42.)
 - a. Premises affected.
 - b. Specific areas of institution affected by this regulation and which areas shall be described as to: Type of finish (or construction) currently existing; number of square feet.
 - c. Method of compliance intended. If fire retardant paint is intended as method of compliance, trade name of paint to be used and approximate number of gallons of this paint expected to be applied.
 - d. Intended starting and completion dates.
2. No such work shall begin until the Office of the State Fire Marshal shall have forwarded to the institution a preliminary written approval of the methods intended to comply with the requirements listed above.

3. Upon full completion of compliance work in accordance with the proposal submitted by the institution and with the preliminary approval of the Office of the State Fire Marshal, the institution shall notify the Office of the State Fire Marshal in writing to that effect. In the event that fire retardant paint has been used as a means of compliance, a paint certificate furnished by the supplier of the paint, shall accompany the letter. Paint certificate shall show:
 - a. Trade name of paint supplied to institution.
 - b. Number of gallons sold to institution.
 - c. Name of buyer.
 - d. Date(s) of sale(s).
4. Upon the receipt of full compliance letter (and paint certificate where called for) and upon subsequent inspection by the Office of the State Fire Marshal, a letter of final approval shall be issued to the institution.

NOTE: Please address any questions or inquiries to:

Mr. John McOuade
 State Fire Marshal and Safety Director
 State Department of Treasury
 Division of Purchase and Property
 State House
 Trenton, New Jersey 08625

REQUIREMENTS FOR APPROVAL OF FIRE RETARDANT PAINT

1. Fire retardant paint shall be of the "intumescent" type.
2. Fire retardant paint shall have been tested by Underwriters Laboratories (ASTM Method E-84-59T; NFPA Standard 255) and shall be rated by U.L., as having the following minimum ratings on wood:
 - Flamespread.....not to exceed "25"
 - Smoke developed.....not to exceed "50"
3. As many coats of fire retardant paint shall be applied to the U.L. specified coverage rate to bring the surface to the flamespread classification shown in Paragraph 2. above.

4. All cans of fire retardant paint shall bear U.L. production inspection labels.
5. Fire retardant paint shall be washable. When tested in accordance with Paragraph 4.5.5. of Federal Specification TT-P-0026b, the paint film shall not break down for a minimum of 2,000 strokes (1,000 cycles).
6. When subjected to a leaching test, the painted panels shall show an average weight loss of not more than 15 grams and a char volume no greater than 4.5 cubic inches, as specified in Paragraph 4.5.8. of Federal Specification TT-P-0026b.
7. Where fire retardant paint is not washable or leach resistant as per requirements above, an overcoat specified by the manufacturer of the fire retardant paint may be used over the fire retardant paint; provided, however, that the system of fire retardant paint plus overcoat is rated by Underwriters Laboratories as a system with minimum ratings as shown in Paragraph 2. above; and provided that the system shall meet washability and leaching tests as required in Paragraphs 5. and 6. above.
8. No fire retardant paint having a solvent with a flash point below 80 degrees F. shall be acceptable.
9. PAINTS APPROVED IN ONE-COAT APPLICATION.
 - a. ALBI-107A. Approved in one coat at 175 sq. ft. per gallon. (Albi Manufacturing Co., Inc., Rockville, Conn.)
 - b. FLAME-CRETE 321. Approved in one coat at 215 sq. ft. per gallon. (Flame-Crete Co. of America, Inc., Niagara Falls, New York)
 - c. OCEAN 900. Approved in one coat at 175 sq. ft. per gallon (Ocean Chemicals, Inc., Niagara Falls, New York)

PAINTS APPROVED IN TWO-COAT APPLICATION

- d. SAF 303 - SAF 202. Meets requirements when one coat SAF 303 is applied at 150 sq. ft. per gallon coverage rate, over-coated with one coat SAF 202 at 500 sq. ft. per gallon coverage rate. (Manufactured by Baltimore Paint and Chemical Corp., Baltimore, Md.)

INSERT PAGE

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

August 26, 1966

TO: ALL LICENSED NURSING HOMES
ALL APPROVED PUBLIC MEDICAL INSTITUTIONS
ALL APPROVED HOMES FOR AGED WITH LICENSED NURSING UNITS

RE: MINIMUM WEEKLY NURSING HOURS REQUIRED FOR NURSING HOMES,
PUBLIC MEDICAL INSTITUTIONS AND NURSING UNITS OF HOMES
FOR AGED.

The Hospital Licensing Board, on June 10, 1966, recommended approval of a regulation to permit a registered nurse ratio of 1 to 5 with 25% credit for licensed practical nurses in the above-mentioned licensed and approved facilities in the State.

The recommendation was subsequently approved by the State Board of Control on June 22, 1966, with the regulation to become effective July 1, 1966.

This regulation, which has been made a part of the standards applicable to the above-mentioned facilities, is attached. We request that you acknowledge its receipt by signing and returning the form attached for this purpose.

In reference to this regulation, it will be noted that with the 25% credit for licensed practical nurses, around-the-clock coverage by licensed personnel on a daily basis is required. However, in keeping with the provisions of R.S. 30:11-1.0, all existing facilities affected by the new regulation will have until June 30, 1968, in which to be in full compliance with the new standards. During the period between July 1, 1966, and June 30, 1968, this Department will accept nurse staffing in existing facilities which meets either the old or the new standards. However, all new facilities licensed or approved on or after July 1, 1966, will be required to meet the new standards.

INSERT PAGE

- 44 -

In addition, effective July 1, 1966, this Department will discontinue the use of the personnel sheet for registered professional nurses except for new nurse directors. In place of the personnel sheet, however, each licensed or approved facility will be required to maintain an available file on the current license numbers of registered professional nurses and licensed practical nurses employed by the facility. Since such licenses are renewed annually, each facility should assume the responsibility for checking current license numbers on an annual basis (by January 31 of each year).

Any question regarding this communication or the regulation should be directed to Community Institutions.

Attachments 2

Acknowledgement Form

Regulation Regarding Minimum Weekly Nursing Hours

INSERT PAGE

STATE OF NEW JERSEY
 Department of Health
 Bureau of Community Institutions
 Trenton

**MINIMUM WEEKLY NURSING HOURS REQUIRED FOR NURSING HOMES,
 PUBLIC MEDICAL INSTITUTIONS AND NURSING UNITS OF HOMES FOR AGED***
 (2½ hours of care per patient per day; round-the-clock coverage
 by licensed personnel; R.N. ratio of 1 to 5 with 25% credit for
 L.P.N.s; minimum of 8 hours of R.N. daily coverage)
IMPORTANT: SEE FOOTNOTE BELOW BEFORE UTILIZING THIS TABLE

Census	Tot. Hrs.	Tot. Lic.	Min. R.N.	L.P.N.	Other	Census	Tot. Hrs.	Tot. Lic.	Min. R.N.	L.P.N.	Other
1 - 9	168	168	56	112	0	30	525	168	66	102	357
10	175	168	56	112	7	31	543	168	69	99	375
11	193	168	56	112	25	32	560	168	69	99	392
12	210	168	56	112	42	33	578	168	72	96	410
13	228	168	56	112	60	34	595	168	75	93	427
14	245	168	56	112	77	35	613	168	75	93	445
15	263	168	56	112	95	36	630	168	78	90	462
16	280	168	56	112	112	37	648	168	81	87	480
17	298	168	56	112	130	38	665	168	84	84	497
18	315	168	56	112	147	39	683	168	87	81	515
19	333	168	56	112	165	40	700	168	87	81	532
20	350	168	56	112	182	41	718	168	90	78	550
21	368	168	56	112	200	42	735	168	93	75	567
22	385	168	56	112	217	43	753	168	96	72	585
23	403	168	56	112	235	44	770	168	96	72	602
24	420	168	56	112	252	45	788	168	99	69	620
25	438	168	56	112	270	46	805	168	102	66	637
26	455	168	57	111	287	47	823	168	102	66	655
27	473	168	60	108	305	48	840	168	105	63	672
28	490	168	63	105	322	49	858	168	108	60	690
29	508	168	63	105	340	50	875	168	111	57	707

IN CALCULATING THE REQUIRED NURSING HOURS IN ANY INSTITUTIONS OVER 100 BEDS, DO NOT, UNDER ANY CIRCUMSTANCES, ADD THE FIGURES IN THE 1 TO 57 CENSUS SINCE THEIR USE WILL DISTORT THE ESSENTIAL COVERAGE.

***Approved by State Board of Control 6/22/66 - Effective 7/1/66**

Census	Tot. Hrs.	Tot. Lic.	Min. R.N.	L.P.N.	Other	Census	Tot. Hrs.	Tot. Lic.	Min. R.N.	L.P.N.	Other
51	893	168	111	57	725	76	1330	222	168	54	1108
52	910	168	114	54	742	77	1348	225	168	57	1123
53	928	168	117	51	760	78	1365	228	171	57	1137
54	945	168	120	48	777	79	1383	231	174	57	1152
55	963	168	120	48	795	80	1400	233	174	59	1167
56	980	168	123	45	812	81	1416	236	177	59	1182
57	998	168	126	42	830	82	1435	239	180	59	1196
58	1015	169	126	43	846	83	1453	242	183	59	1211
59	1033	172	129	43	861	84	1470	245	183	62	1225
60	1050	175	132	43	875	85	1483	248	186	62	1240
61	1068	178	135	43	890	86	1505	251	189	62	1254
62	1085	181	135	46	904	87	1523	254	192	62	1269
63	1103	184	138	46	919	88	1540	257	192	65	1283
64	1120	187	141	46	933	89	1558	260	195	65	1298
65	1138	190	144	46	943	90	1575	263	198	65	1312
66	1155	193	144	49	962	91	1593	266	201	65	1327
67	1173	196	147	49	977	92	1610	268	201	67	1342
68	1190	198	149	49	992	93	1628	271	204	67	1357
69	1208	201	150	51	1007	94	1645	274	207	67	1371
70	1225	204	153	51	1021	95	1663	277	207	70	1386
71	1243	207	156	51	1036	96	1680	280	210	70	1400
72	1260	210	159	51	1050	97	1698	283	213	70	1415
73	1278	213	159	54	1065	98	1715	286	216	70	1429
74	1295	216	162	54	1079	99	1733	289	216	73	1444
75	1313	219	165	54	1094	100	1750	292	219	73	1458

Insert Page

SECTION VI

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

REVISED REGULATION ON CARPETING
IN LICENSED OR APPROVED MEDICAL FACILITIES

The following regulation of the U. S. Public Health Service on carpeting, adopted by the State Board of Control on January 22, 1969 and effective April 1, 1969, shall be applicable to all medical facilities licensed or approved by the Department. This regulation shall apply only to new installations of carpeting and shall not be retroactive, with the understanding that the use of carpeting as a floor finish material shall be optional and not mandatory. This regulation replaces the regulation to permit carpeting in licensed and approved facilities adopted by the State Board of Control on June 22, 1966.

Floor finish materials shall have a flame spread rating of not more than 75. Flame spread ratings for each specific product shall be determined by an independent testing laboratory in accordance with ASTM Standard No. E 84-61.

INSERT PAGE

SECTION VII

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

REGULATION ON EXTENDED CARE UNITS FOR MANUAL OF
STANDARDS FOR LONG-TERM CARE FACILITIES

The following regulation, adopted by the State Board of Control on November 23, 1966 with an effective date of December 1, 1966, is applicable to all licensed and approved long-term care facilities in the State.

A long-term care facility, as defined in this Manual, shall be permitted to operate an extended care unit in the same manner as it operates a patient nursing unit.

The extended care unit may be part of the long-term care facility structure, but shall be organized as an identifiable unit. Prior to transfer of patient nursing unit beds to extended care beds, approval of the Hospital Licensing Board is required.

If extended care beds are not utilized for extended care patients, these beds may be utilized for regular nursing home care patients.

The extended care unit shall meet all applicable construction and operation requirements of the State of New Jersey for long-term care facilities and the Conditions of Participation for Extended Care Facilities under the Social Security Act Amendments of 1965.

For purposes of this regulation, a long-term care facility is defined as a nursing home, public medical institution, or nursing unit of a home for the aged.

INSERT PAGE



New Jersey State
Department of Health
John Fitch Plaza, P. O. Box 1540
Trenton, New Jersey 08625

CHAPTERS 136 & 138, LAWS OF NEW JERSEY 1971 HEALTH CARE FACILITIES PLANNING ACT

(Chapter 136)
(NJSA 26:2H-1 et seq.)

(Chapter 138)
(NJSA 26:2H-8)

Approved May 10, 1971

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

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

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

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

a. "Health care facility" means the facility or institution whether public or private, engaged principally in providing services for health maintenance organizations, diagnosis or treatment of human disease, pain, injury, deformity or physical condition, including, but not limited to, a general hospital, special hospital, mental hospital, public health center, diagnostic center, treatment center, rehabilitation center, extended care facility, skilled nursing home, nursing home, intermediate care facility, tubercu-

losis hospital, chronic disease hospital, maternity hospital, out-patient clinic, dispensary, home health care agency, boarding home or other home for the sheltered care of adult persons and bioanalytical laboratory or central services facility serving one or more such institutions but excluding institutions that provide healing solely by prayer.

b. "Health care service" means the preadmission, out-patient, in-patient and post-discharge care provided in or by a health care facility, and such other items or services as are necessary for such care, which are provided by or under the supervision of a physician for the purpose of health maintenance organizations, diagnosis or treatment of human disease, pain, injury, disability, deformity or physical condition, including, but not limited to, nursing service, home care nursing and other paramedical service, ambulance service, service provided by an intern, resident in training or physician whose compensation is provided through agreement with a health care facility, laboratory service, medical social service, drugs, biologicals, supplies, appliances, equipment, bed and board, but excluding services provided by a physician in his private practice or by practitioners of healing solely by prayer.

c. "Construction" means the erection, building, or substantial acquisition, alteration, reconstruction, improvement, renovation, extension or modification of a health care facility, including its equipment, the inspection and supervision thereof; and the studies, surveys, designs, plans, working drawings, specifications, procedures, and other actions necessary thereto.

d. "Board" means the Health Care Administration Board established pursuant to this act.

e. "Government agency" means a department, board, bureau, division office, agency, public benefit or other corporation, or any other unit, however described, of the State or political subdivision thereof.

f. "State Health Planning Council" means the existing State Health Planning Council formed under the provisions of Federal Law 89-749, as amended and supplemented.

g. "Comprehensive area-wide health planning agency" means an officially recognized health planning agency formed under the provisions of Federal Law 89-749, as amended and supplemented.

h. "Area planning council" means a voluntary, non-profit organization composed of persons representative of hospitals, nursing homes, and consumers of medical care

services, formed for the purpose of planning the health facilities in a definite geographical area which is recognized by the commissioner through referral of applications for certificate of need as provided by this act.

i. "Department" means the State Department of Health.

j. "Commissioner" means the State Commissioner of Health.

3. The commissioner shall recognize the State Health Planning Council, the comprehensive area-wide health planning agencies and area planning councils as the recommending agencies in carrying out the purpose of this act. The State Health Planning Council shall act as the coordinating agency for the comprehensive area-wide health planning agencies and area planning councils in all matters, including but not limited to, comprehensive studies of requirements in various areas of the State for health care facilities.

4. There shall be in the State Department of Health, a Health Care Administration Board which shall consist of 13 members, 11 of whom shall be appointed by the Governor with the advice and consent of the Senate, and representative of medical and health care facilities and services, labor, industry and the public at large, and two of whom shall be ex-officio members. The State Commissioner of Health and the Commissioner of Insurance or their designated representatives, shall be ex-officio voting members of the board and shall serve on the board during their respective terms of office. Of the original members appointed to the board, four shall be appointed for terms of 3 years, four for terms of 2 years, and three for terms of 1 year. Following the expiration of the initial terms, members of the board shall be appointed for terms of 4 years. Any vacancy occurring in the membership of the board shall be filled in the same manner as the original appointment, but for the unexpired term only. The board shall meet at least quarterly and at such other times as its rules may prescribe or as in its judgment, may be necessary. The appointive members of the board shall serve without compensation but shall be reimbursed for necessary expenses incurred in the performance of their duties.

5. a. The commissioner, to effectuate the provisions and purposes of this act, shall have the power to inquire into health care services and the operation of health care facilities and to conduct periodic inspections of such facilities with respect to the fitness and adequacy of the premises, equipment, personnel, rules and bylaws and the adequacy of financial resources and sources of future revenues.

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

c. The commissioner may enter into contracts with any government agency, institution of higher learning, voluntary nonprofit agency, or appropriate planning agency or council; and such entities are authorized to enter into contracts with the commissioner to effectuate the provisions and purposes of this act.

d. The commissioner may provide consultation and assistance to health care facilities in operational techniques, including but not limited to, planning, principles of management, and standards of health care services.

e. At the request of the commissioner, health care facilities shall furnish to the Department of Health such reports and information as it may require to effectuate the provisions and purposes of this act, excluding confidential communications from patients.

f. The commissioner may institute or cause to be instituted in a court of competent jurisdiction proceedings to compel compliance with the provisions of this act or the determinations, rules, regulations and orders of the commissioner.

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

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

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

Chapter 138

In the case of an application by a health care facility established or operated by any recognized religious body or denomination the needs of the members of such religious body or denomination for care and treatment in accordance

with their religious or ethical convictions may be considered to be public need.

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

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

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

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

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

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

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

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

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

b. (1) Application for a license for a health care facility shall be made upon forms prescribed by the department. The department shall charge such nonrefundable fees, not less than \$50.00 and not more than \$250.00 for the filing of an application for a license and any renewal thereof, as it shall from time to time fix in rules or regulations. The application shall contain the name of the health care facility, the kind or kinds of health care service to be provided, the location and physical description of the institution, and such other information as the department may require. (2) A license shall be issued by the department upon its findings that the premises, equipment, personnel, including principals and management, finances, rules and bylaws, and standards of health care service are fit and adequate and there is reasonable assurance the health care facility will be operated in the manner required by this act and rules and regulations thereunder.

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

13. In addition to authority granted to the department by this act or any other law, the department after serving the licensee with specific charges in writing, may assess penalties and collect the same within the limitations imposed by this act, deny, place on probationary or provisional license, revoke or suspend any and all licenses granted under authority of this act to any person, firm, partnership, corporation or association violating or failing to comply with the provisions of this act, or the rules and regulations promulgated hereunder.

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

or provisional license, or revocation may be held in abeyance until the hearing has been concluded and a final decision rendered.

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

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

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

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

15. Whenever a boarding home for sheltered care, boarding house or rest home or facility or institution of like character, not licensed hereunder, by public or private advertising or by other means holds out to the public that it is equipped to provide postoperative or convalescent care for persons mentally ill or mentally retarded or who are suffering or recovering from illness or injury, or who are

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

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

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

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

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

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

18. a. No government agency and no hospital service corporation organized under the laws of the State shall purchase, pay for or make reimbursement or grant-in-aid for any health care service provided by a health care facility unless at the time the service was provided, the health care facility possessed a valid license or was otherwise authorized to provide such service.

b. Payment by government agencies for health care services provided by a health care facility shall be at rates established by the commissioner, based on elements of costs approved by him.

c. The Commissioner of Health in consultation with the Commissioner of Insurance shall determine and certify the

costs of providing health care services, as reported by health care facilities, which are derived in accordance with a uniform system of cost accounting approved by the Commissioner of Health. Said certification shall specify the elements and details of costs taken into consideration.

d. Payment by hospital service corporations, organized under the laws of this State, for health care services provided by a health care facility shall be at rates approved as to reasonableness by the Commissioner of Insurance with the approval of the Commissioner of Health. In establishing such rates, the commissioners shall take into consideration the total costs of the health care facility.

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

20. Employees of the present Bureau of Community Institutions in the Department of Institutions and Agencies responsible for administration of laws governing and concerning boarding homes for the sheltered care of adult persons, private mental hospitals, convalescent homes, private nursing homes and private hospitals are hereby transferred to the State Department of Health. Persons so transferred shall be assigned such duties as the State Commissioner of Health shall determine.

21. All functions, powers, duties, records, and property of the Department of Institutions and Agencies, and personnel of the Bureau of Medical Facilities Construction and Planning relating to receipt of money from the Federal Government for the purpose of making payments for construction of hospitals, including public health centers and related facilities within the State, and for an inventory and survey in connection therewith under or pursuant to any Federal law providing for the payment of such moneys as established and authorized by the provisions of c.83,

P.L. 1947 (C.30:1-19 et seq.), are hereby transferred to the State Department of Health.

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

23. With respect to the functions, powers and duties of the State Board of Control, the Commissioner of Institutions and Agencies and the Department of Institutions and Agencies, which are herein transferred and vested in the Department of Health, whenever in any law, rule, regulation, contract, document or otherwise, reference is made to the State Board of Control or the Department of Institutions and Agencies the same shall be deemed to mean and refer to the Department of Health, and reference to the Commissioner of Institutions and Agencies in connection therewith shall be deemed to mean and refer to the Commissioner of Health.

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

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

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

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

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

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

service corporation to any subscriber. The basis and extent of payment, if any, by such hospital service corporation under agreement with nonprofit hospital service plans of other states shall be subject to the approval of the Commissioner of Insurance.

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

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

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