



New Jersey, Department of Institutions and Agencies,
DIVISION OF MENTAL RETARDATION

STANDARDS
FOR
PUBLIC INSTITUTIONS

Revised July 1, 1973

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FOREWORD

Title 30:1-15 and 30:1-15.1 invests the Commissioner and the State Board of Institutional Trustees with the responsibility for inspection of all residential facilities within the State. As a prerequisite of this responsibility, the Commissioner is required to set standards and to assign its agents to make on-site inspections, at least once a year, of "all residential facilities which provide diagnosis, care or treatment of the mentally ill or mentally retarded, whether State, county, municipal, public or private, in order to determine the conditions under which such persons are lodged, cared for, maintained or treated, and to assure that adequate standards of care and treatment are maintained, that civil liberties of individuals receiving care are preserved, and that the public may be informed of the adequacy of these facilities."

In accordance with this mandate, the State Board of Institutional Trustees has invested the operating Divisions of the Department of Institutions and Agencies with the responsibility for developing a set of standards designed to meet the objectives described in statutes. Consequently, the standards presented in this statement have as their primary goals the preservation of human rights and dignity, the safety, health, welfare, and development of the innate mental and physical potential of persons entrusted in New Jersey's public institutions for the retarded.

PREFACE

The initial set of standards for public residential facilities was developed by the Division of Mental Retardation in March, 1968 and subsequently revised in June, 1969. In each instance the standards for public institutions developed by the American Association for Mental Deficiency, published in 1964, served as the Division's guidelines.

Promulgation of standards for residential facilities for the mentally retarded adopted in May, 1971 by the Joint Commission on Accreditation of Hospitals, Accreditation Council for Facilities for the Mentally Retarded, provide a new dimension to the fundamental concept of specifying the nature and level of services that are to be provided to the mentally retarded by combining them with a formal accreditation program for residential facilities. In this latest revision, the Division of Mental Retardation has endeavored to reinforce those aspects of the Joint Commission Standards that will serve to emphasize and reaffirm implementation of the principles of human rights and dignity for every resident receiving services in our State Schools. These principles perceive a handicapped person's right to be equivalent to that of any citizen for the opportunity to develop in mind and body to enable the individual to grow, to learn, and to cope with his human condition so that he might achieve a fulfilling life experience.

These revised standards have been assembled and endorsed by administrative members of the Division and professional staff of public residential facilities for the mentally retarded as the currently accepted level of programs and services to be afforded to the individuals entrusted to their stewardship. In this context, it shall be the goal of the Division and its components to develop full use of all available public and private resources to attain these standards. Periodic reviews and inspections will be undertaken to assess the progress and achievement of residential facilities through attainment of standards. Such evaluations will be undertaken by field staff of the Division of Mental Retardation, and consultants of the New Jersey Department of Institutions and Agencies representing the various disciplines and ancillary services reflected in this document. Formal communications summarizing the findings of these periodic evaluations will be distributed to the Boards of Trustees and administrators of the respective institutions.

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NEW JERSEY DEPARTMENT OF INSTITUTIONS AND AGENCIES

DIVISION OF MENTAL RETARDATION

Standards for Public Institutions
For the Mentally Retarded

SECTION 1. ADMINISTRATIVE POLICIES AND PRACTICES

1.1 Philosophy and Goals

- 1.1.1 The institution's philosophy shall emphasize recognition of the concept that it is a community with the capacity to provide life experience for each of its residents similar to those planned and provided for mentally retarded persons residing in the community.
- 1.1.2 In no instance, shall services be rendered to a resident within the institution that are sub-standard to those services which the individual might receive in the community.
- 1.1.3 In developing goals, the institution shall be guided by its obligation to provide:
 - 1.1.3.1 A facility whose ultimate aim is to foster those behaviors that maximize the human qualities of the resident, increase the complexity of his behavior, and enhance his ability to cope with his environment.
 - 1.1.3.2 A facility that accepts and implements the principle to elicit and maintain behavior that is as culturally acceptable as possible, taking into account local and subcultural differences.
 - 1.1.3.3 A facility whose residents should not be referred to as "patients" except in a hospital-medical context; as "kids" or "children" if they are adults; or as "inmates." Suggested alternatives are "residents," "trainees," "guests," "students," or "pupils."
 - 1.1.3.4 Adequate and wholesome living facilities which maximize individual attention, privacy and independent living for every resident, consistent with his mental and physical capacities.
 - 1.1.3.5 Attractively served wholesome foods in sufficient quantities to meet individual needs of residents.
 - 1.1.3.6 Medical and nursing care and related services essential to good health.

Philosophy and Goals - contd.

- 1.1.3.7 Maximum involvement of residents in community activities and services. To this end, generic and specialized community services shall supplement the institutional programs. The residents shall whenever possible:
 - 1.1.3.7.1 Attend (special) classes or programs in regular schools;
 - 1.1.3.7.2 Attend religious instruction and worship in the community;
 - 1.1.3.7.3 Utilize medical, dental, and all other professional services located in the community;
 - 1.1.3.7.4 Use community rather than institutional recreation resources, such as bowling alleys, swimming pools, movies, and gymnasias;
 - 1.1.3.7.5 Shop in community stores, rather than in institutional stores and canteens;
 - 1.1.3.7.6 Work in as integrated a fashion as possible: Sheltered work activities shall include community employment among non-retarded workers; sheltered workshops should be in the community; work that must be on the campus of the facility shall afford maximal contact with non-retarded persons.
- 1.1.3.8 Professional services and public education to facilitate the integration of residents, as outlined above.
- 1.1.3.9 Education and training consistent with the resident's mental and physical capacities.
- 1.1.3.10 Recreational activities for all residents consistent with their mental and physical capabilities.
- 1.1.3.11 Opportunities for social and spiritual development.
- 1.1.3.12 Release to the community or to a community oriented program when the resident is considered ready for extramural programming, or when continued residence is not in his or the community's best interest.

Philosophy and Goals - contd.

- 1.1.3.13 Continuous staff training.
- 1.1.3.14 Cooperation with colleges and universities in the training of professional personnel.
- 1.1.3.15 Grouping of residents according to a classification plan consistent with goals and programs of the institution.
- 1.1.3.16 Every attempt to move residents from:
 - 1.1.3.16.1 More to less structured living;
 - 1.1.3.16.2 Larger to smaller facilities;
 - 1.1.3.16.3 Larger living units to smaller living units;
 - 1.1.3.16.4 Group to individual residence;
 - 1.1.3.16.5 Dependent to independent living;
 - 1.1.3.16.6 Segregated to integrated living.
- 1.1.3.17 Diagnostic and evaluation services for effective programming.
- 1.1.3.18 Research for specific problems of program development within the institution and toward general knowledge in mental retardation.
- 1.1.3.19 An active volunteer program.
- 1.1.3.20 Cooperation with community programs.
- 1.1.3.21 Inter-departmental and/or unit coordination.

1.2 Administrative Standards

- 1.2.1 A written statement of philosophy and goals of the institution consistent with the needs of the population it serves, shall be on file in the offices of: the Superintendent, his assistant, and each of the institutional unit and/or department heads.
 - 1.2.1.1 A copy shall be submitted to the Director of the Division of Mental Retardation.
 - 1.2.1.2 Copies shall be available to parents and other interested persons.
- 1.2.2 The statement of philosophy and goals shall be designed to provide direction to administrative staff members responsible for programming and developing suitable procedures for attainment of goals.
- 1.2.3 The statement of philosophy and goals shall be evaluated at least annually by the Superintendent and institutional staff responsible for the development and application of program to determine its adequacy and effectiveness on the basis of new knowledge, changes in statutes, or "revisions of Department and Division regulations."
- 1.2.4 A statement of program objectives written in conformance with institutional goals describing plans and schedules for attainment of objectives shall be developed by department or unit heads of the institution.
 - 1.2.4.1 A copy shall be made part of the institution's file.
 - 1.2.4.2 This statement shall be reviewed and amended annually to conform with changes in techniques, regulations, etc.
- 1.2.5 As a minimum requirement, procedures shall be written and incorporated in an administrative manual for the activities or services identified in the Division standards by an asterisk.
- 1.2.6 The administrative manual of procedures describing the processes, sequence of events, records, and reports designed to implement institutional objectives shall be formulated by staff members of an administrative procedure committee. Such procedures are subject to the approval of the Superintendent of the institution.

Administrative Standards - contd.

- 1.2.7 Administrative procedures shall be designed to facilitate intra-institutional cooperation and conform to the philosophy and goals of the institution.
- 1.2.8 Administrative procedure descriptions shall provide:
 - 1.2.8.1 Descriptive title;
 - 1.2.8.2 Planning - including a statement of purpose (immediate and long range);
 - 1.2.8.3 Standards of expected performance (frequency, scheduling, etc.);
 - 1.2.8.4 Organization, or procedure description including:
 - 1.2.8.4.1 Identification of operating units involved, e.g., Resident Living, Medical, Food Service, etc.;
 - 1.2.8.4.2 Sequential steps required;
 - 1.2.8.4.3 Assignment of staff responsibilities at each level of the operation;
 - 1.2.8.4.4 Reporting and recording requirements.
- 1.2.9 A table of organization shall be incorporated in the administrative procedures manual to clearly identify functions and line of authority of each employee category by which inter and intra-departmental or unit cooperation is maintained and achieved.
 - 1.2.9.1 The institution shall be divided into groupings of program and/or residence units.
- 1.2.10 The grouping of program and residence units shall be based upon a rational plan to meet the needs of the residents and to fulfill the purposes of the institution.
- 1.2.11 The table of organization shall illustrate the major operating programs of the facility, with staff divisions, the administrative personnel in charge of the programs and divisions, and their lines of authority, responsibility, and communication.

Administrative Standards - contd.

- 1.2.12 The organization shall provide for the judicious delegation of administrative authority and responsibility among qualified staff members.
- 1.2.13 The organization shall be such that problems requiring ongoing decision making regarding the welfare of the resident are handled primarily by personnel on the lowest level competent to resolve the problem.
- 1.2.14 The organization shall provide effective channels of communication.
- 1.2.15 The administration of the institution shall provide for effective staff and resident participation and communication.
 - 1.2.15.1 Standing committees appropriate to the institution, such as: procedures, safety, resident evaluation, research, infectious disease, and sanitation, shall meet regularly.
 - 1.2.15.2 Committees shall include resident participation, whenever administrative staff determine it appropriate.
 - 1.2.15.3 Committees shall include the participation of direct care staff, whenever administrative staff determine it appropriate.
 - 1.2.15.4 Minutes and reports of committee meetings, shall include records of recommendations and their implementation, and shall be kept on file.
 - 1.2.15.5 Summaries of the minutes and reports of committee meetings shall be distributed to participants and to appropriate staff members.
- 1.2.16 The institution shall be administered in accordance with sound management principles:
 - 1.2.16.1 Every major function involved in the mission and objectives of the institution shall be assigned to a department or unit and an individual within each department or unit of the institution.
 - 1.2.16.2 The responsibilities assigned to the unit, department or individual of the institution shall be clearly indicated;

Administrative Standards - contd.

- 1.2.16.3 No function shall be assigned to more than one department or individual of an organization;
 - 1.2.16.4 Consistent methods of organizational structure shall be applied at each level of the organization;
 - 1.2.16.5 Each employee in the institution shall know to whom he reports and who reports to him;
 - 1.2.16.6 No employee of the institution shall report to more than one supervisor;
 - 1.2.16.7 Responsibility for a function shall be matched by the authority necessary to perform that function;
 - 1.2.16.8 Independent employees or departments reporting directly to a supervisor shall not exceed the number which can be feasibly and effectively coordinated and directed;
 - 1.2.16.9 Staff units shall follow administrative lines of authority;
 - 1.2.16.10 Authority and responsibility for action shall be decentralized to the departments, units and individuals responsible for actual performance of operations to the greatest extent possible, so long as such decentralization does not hamper necessary control over policy of the standardization of procedures;
 - 1.2.16.11 Executive staff shall exercise control through attention to policy problems of exceptional importance rather than through review of routine actions of subordinates;
 - 1.2.16.12 Complexity of the institutional structure shall be limited to the need for effective work accomplishment.
- 1.2.17 *A procedure for implementing a plan to deal with major emergencies shall be developed.
- 1.2.17.1 Included in the plan shall be the evacuation of residents to safe areas.

Administrative Standards - contd.

- 1.2.17.2 An evacuation drill shall be conducted at least two times a year.
- 1.2.18 *An internal administrative audit procedure shall be developed and implemented on a continuing basis to assure compliance with existing regulations and procedures.
 - 1.2.18.1 Specific assignments shall be made in the various institutional departments to carry out this function.
- 1.2.19 *An administrative Officer of the Day procedure shall be developed and implemented.
 - 1.2.19.1 Schedules for continuous coverage shall be available;
 - 1.2.19.2 The Officer of the Day's administrative authority and responsibilities shall be identified.
 - 1.2.19.3 An administrative Officer of the Day report shall be maintained to provide a log of major activities and unusual events that occur after normal business hours.
- 1.2.20 *A procedure for reporting and investigation of unusual incidents shall be developed.
 - 1.2.20.1 Corrective action taken to eliminate the cause of the incident shall be a part of the report.
 - 1.2.20.2 A description of the incident and corrective action taken shall be communicated to the Division Director's office, per existing regulations (see Appendix).
 - 1.2.20.3 In the event of serious illness or accident, impending death, or death, the resident's next of kin or guardian shall be notified promptly.
 - 1.2.20.4 When appropriate the wishes and needs of the resident and of the next of kin, concerning religious matters, shall be determined and, insofar as possible, fulfilled.
 - 1.2.20.5 When death occurs:
 - 1.2.20.5.1 With permission of the next of kin or legal guardian, an autopsy shall be performed;

Administrative Standards - contd.

- 1.2.20.5.2 Such autopsy shall be performed according to existing legal requirements (see Appendix);
 - 1.2.20.5.3 The family shall be told of the autopsy findings, if they so desire;
 - 1.2.20.5.4 The institution shall determine whether the resident's family shall accept responsibility for burial arrangements or whether burials shall be arranged by the institution.
 - 1.2.20.5.5 The coroner or medical examiner shall be notified in accordance with State law (see Appendix).
- 1.2.21 *A plan shall be available to provide rapid action within the institution and to engage resources of the community to return a resident discovered missing, as soon as possible or to otherwise clarify his status.
- 1.2.21.1 Legal responsibility in the return of missing residents shall be implemented according to existing statutes (see Appendix).
- 1.2.22 *A procedure for the accountability of residents on campus shall be implemented and the institution standards for the degree of control expected shall be spelled out.
- 1.2.23 *A reward and restriction program shall be developed and implemented providing procedures for effective re-inforcement in the continual process of developing the highest degree of self-reliance in the resident.
- 1.2.23.1 Applicable limitations for occupants of hospital and maximum care units shall be reflected in the procedure.
 - 1.2.23.2 Provision for referral of residents manifesting behavior problems shall be included in the procedure. Corporal punishment training measures shall be prohibited.
 - 1.2.23.3 Isolation or restraints for medical purposes shall be used only upon medical approval (see Appendix).

Administrative Standards - contd.

- 1.2.23.4 Locking a resident in a room or cell for reasons other than security or control shall be prohibited.
 - 1.2.23.4.1 Measures in emergency situations for the control of violent, disturbed or depressed behavior, however, shall be applied as specified in existing statutes (see Appendix). Such residents shall be medically evaluated regularly according to a schedule established by the institution for as long as they are isolated.
- 1.2.23.5 Mechanical supports used in normative situations to achieve proper body position and balance shall not be considered to be restraints, but shall be designed and applied:
 - 1.2.23.5.1 Under the supervision of a professional staff member designated by the Superintendent.
 - 1.2.23.5.2 So as to contribute to good body alignment, concern for circulation and allowance for change of position.
- 1.2.23.6 Chemotherapy shall not be used excessively for the convenience of staff or as a substitute for program.
- 1.2.23.7 *Special targeted behavior modification programs involving the use of time-out devices (removed from positive reinforcement situations) or the use of other stimuli shall be:
 - 1.2.23.7.1 Reviewed by the institution's resident evaluation and/or procedures committees, subject to the Superintendent's approval;
 - 1.2.23.7.2 Undertaken only after the parents or guardian of residents involved have been notified.
 - 1.2.23.7.3 Described in written plans that are kept on file in the institutional administrative manual;

Administrative Standards - contd.

- 1.2.23.8 Mechanical restraints and isolation employed in behavior modification programs as time-out devices shall be applied not to exceed a period of 30 minutes;
- 1.2.23.9 Removal from a situation for time-out purposes in behavior modification programs shall not be for more than one hour and this procedure shall be used only during the conditioning program and only under the supervision of trained professional staff.
- 1.2.24 *Procedures and criteria shall be established for implementation of a vacation and visiting program.
 - 1.2.24.1 Close relatives shall be permitted to visit according to the frequency and schedule established by the institution.
 - 1.2.24.1.1 Steps shall be taken, however, so that the privacy and rights of the other residents are not infringed upon by this practice.
 - 1.2.24.2 Parents and other visitors shall be encouraged to visit the living units, with due regard for privacy.
 - 1.2.24.2.1 There shall be facilities for visiting that provide privacy in the living unit.
 - 1.2.24.3 Parents shall be permitted to visit all parts of the institution that provide services to residents within limits established by the administration.
 - 1.2.24.4 Frequent and informal home visits shall be encouraged, and the regulations of the institution shall encourage rather than inhibit such visitations.
 - 1.2.24.5 A physical inspection for signs of injury or disease should be made in accordance with procedures established by the institution.
 - 1.2.24.5.1 Within 24 hours prior to a resident's leaving the campus for vacation, placement, or other temporary or permanent release;
 - 1.2.24.5.2 Within 24 hours following a resident's return to the facility from such absence.

Administrative Standards - contd.

- 1.2.25 *The institution shall have a written statement of policies and procedures concerning the rights of residents that:
 - 1.2.25.1 Assure his civil rights;
 - 1.2.25.2 Are in accordance with N. J. Statute (see Appendix);
 - 1.2.25.3 Define the means of making legal counsel available to residents for the protection of their rights.
- 1.2.26 Alleged mistreatment of residents shall be reported immediately and there shall be evidence that:
 - 1.2.26.1 All alleged mistreatment of residents shall be thoroughly investigated;
 - 1.2.26.2 The results of such investigation are reported to the chief executive officer, or his designated representative, within 24 hours of the report of the incident.
 - 1.2.26.3 Appropriate sanctions are invoked when the allegation is substantiated.
- 1.2.27 *The institution shall have a written statement of policies and procedures that protect the financial interests of residents and that provide for:
 - 1.2.27.1 Determining the financial benefits for which the resident is eligible;
 - 1.2.27.2 Assuring that the resident receives the funds for incidentals and for special needs (such as specialized equipment) that are due him under public and private financial support programs;
 - 1.2.27.3 Individual counseling in the use of funds when large sums accrue to a resident's credit;
 - 1.2.27.4 Retention of trust funds for residents in the institution's business office. Procedures for withdrawal requests with limits established for purchases, etc. shall be developed. Funds held in trust for residents shall be deposited according to the policy of the Department of Institutions and Agencies (see Appendix).

Administrative Standards - contd.

- 1.2.28 *There shall be written purchasing policies regarding authority and approvals for supplies, services, and equipment.
 - 1.2.28.1 There shall be documentation of requisitions, purchase orders, and receiving reports.
- 1.2.29 The stockroom shall maintain an inventory control system for:
 - 1.2.29.1 Receiving supplies;
 - 1.2.29.2 Issuing supplies as needed in programs based on established pars;
 - 1.2.29.3 Maintaining necessary stock level;
 - 1.2.29.4 Establishing responsibility for stocks.
- 1.2.30 There shall be appropriate storage facilities for all supplies and surplus equipment.
- 1.2.31 The institution shall have a copy of the laws and regulations relevant to mental retardation and to the function of the facility.
- 1.2.32 The administrative manual of procedures:
 - 1.2.32.1 Shall be made available to various program directors of the institution;
 - 1.2.32.2 Shall be submitted to the Division of Mental Retardation;
 - 1.2.32.3 Copies of additions and/or revisions shall be submitted to program directors and to the Director of the Division as they are written.
- 1.2.33 Procedures in the major operating units of the institution shall be described in individual unit or department manuals.
- 1.2.34 Library services, which include the location, acquisition, organization, utilization, retrieval, and delivery of materials in a variety of media, shall be available in order to support and strengthen its total habilitation program by providing complete and integrated multimedia information services to both staff and residents.

Administrative Standards - contd.

- 1.2.35 The Superintendent, as chief executive officer, shall be responsible for implementation of the Division's standards. He shall direct the development of administrative procedures as required to integrate and coordinate the activities of the institution for the maximum benefit to the residents, and as efficiently as possible.
- 1.2.36 The administrator of the institution shall be responsible for the efficient and economic utilization of resources at his disposal. In the instance of unmet goals, the institutional administrator is further responsible for identification of specific deficiencies in programs, evaluation of causes for such deficiencies, and development of plans to correct them through internal adjustments or, if required, through development of sound justifications for budget requests.
- 1.2.37 Professional Relationships - staff responsible for the various institutional programs shall periodically visit resident living and training areas and shall be responsible for effective extension of their specialized services in those areas.
- 1.2.38 Suitable professional direction shall be given to direct care personnel on a consultative basis by appropriate department heads. Assistance to be provided shall include:
 - 1.2.38.1 Developing procedures, to be reviewed by the procedure committee, including criteria, referral and appointment schedules, records and other supporting roles resident unit personnel shall be expected to undertake (see program areas for standard requirements);
 - 1.2.38.2 Active participation in and development of in-service training programs;
 - 1.2.38.3 Advisory services to non-professionals in their working relationships with residents;
 - 1.2.38.4 Participation in program development staff meetings.
- 1.2.39 A resident evaluation committee shall be established, consisting of a qualified physician, clinical psychologist, social worker and representatives from education, vocational training, recreation, resident living and any additional specialists essential to the needs of the individual. This committee shall be responsible for:

Administrative Standards - contd.

- 1.2.39.1 The comprehensive evaluation of all new admissions;
 - 1.2.39.2 The routine re-evaluation of residents under 18 years old in accordance with the schedule established by the institution and approved by the Division.
 - 1.2.39.3 The routine re-evaluation of residents over 18 years old according to Division regulations (see Appendix);
 - 1.2.39.4 In a unitized institutional structure, the members of the committee shall participate according to functional assignments delegated within each unit.
- 1.2.40 *A procedure shall be developed describing the evaluation process required:
- 1.2.40.1 To determine resident needs;
 - 1.2.40.2 To undertake prescriptive programming for individual residents;
 - 1.2.40.3 To initiate, monitor and follow-up individualized habilitation and medical services programs;
 - 1.2.40.4 To assemble individual reports from appropriate service areas as an aid in the evaluation of residents and effect coordination among all departments.
- 1.2.41 The process for individual evaluations of residents shall:
- 1.2.41.1 Provide the basis for prescribing an appropriate program of learning experiences for the resident;
 - 1.2.41.2 Provide the basis for revising the individual prescription as needed;
 - 1.2.41.3 Investigate and weigh all available applicable programs of care, treatment and training and the deliberations and findings recorded;
 - 1.2.41.4 Report and disseminate evaluation results in such a manner as to:
 - 1.2.41.4.1 Render the content of the report meaningful and useful to its intended recipient and user;

Administrative Standards - contd.

- 1.2.41.4.2 Provide prompt information useful to staff working directly with the resident.
- 1.2.42 *Procedures for determination of mental deficiency and appointment of a guardian shall be developed in accordance with Division regulations (see Appendix).
- 1.2.43 Prescriptive programming re-evaluation schedules shall be integrated with redetermination schedules of mental deficiency.

1.3 Admission and Release

- 1.3.1 *To develop a smooth transition from the community to institutional care, admission procedures of the institution shall be structured to include a pre-admission visit, planned processing and initial assignments.
- 1.3.2 The routing of new admissions shall be clearly defined to include:
 - 1.3.2.1 Admission interviews and study;
 - 1.3.2.2 Medical inspection on the day of admission;
 - 1.3.2.3 Evaluation within 72 hours for an initial cottage and program assignment;
 - 1.3.2.4 Fingerprinting and photographing in accordance with Department of Institutions and Agencies regulations (refer to Appendix);
 - 1.3.2.5 Orientation consistent with the resident's mental and physical capacities.
- 1.3.3 Within 60 days of admission, the institution's resident evaluation committee shall engage in a systematic and comprehensive evaluation of the resident to effect an amended program of assignment, or to confirm determination of the program assignment made upon initial evaluation on day of admission.
- 1.3.4 At the time of this evaluation a schedule for re-evaluation by staff shall be determined as outlined on page ~~17~~¹⁴ under ~~1.2.41~~. *1.2.39.*
- 1.3.5 An interpretation of the evaluation, in action terms, shall be made to:
 - 1.3.5.1 The direct-care personnel responsible for carrying out the resident's program;
 - 1.3.5.2 The special services staff responsible for carrying out the resident's program;
 - 1.3.5.3 The resident consistent with his capacity;
 - 1.3.5.4 The resident's parents or guardian.
- 1.3.6 This review shall include consideration of the advisability of continued residence in the institution and/or alternative programs.

Admission and Release - contd.

- 1.3.7 Not less than six months or more than three years prior to the resident attaining majority (age 18), a review shall be undertaken and shall include consideration of:
 - 1.3.7.1 The resident's need to remain in the institution;
 - 1.3.7.2 The need for guardianship of the resident;
 - 1.3.7.3 The exercise of the resident's civil and legal rights;
 - 1.3.7.4 The plan and decision of the resident's guardian.
- 1.3.8 *Release procedures shall conform to N. J. Statutes and Division regulations (see Appendix).
 - 1.3.8.1 Release shall be predicated upon serving the best interests of the individual and society.
- 1.3.9 Release procedures shall be clearly defined to include:
 - 1.3.9.1 Release evaluation, interviews and study;
 - 1.3.9.2 Medical evaluation 48 hours prior to release;
 - 1.3.9.3 Assurance that the medical condition of the person to be released is such that the release shall not constitute a hazard to the resident or the community;
 - 1.3.9.4 A signed statement indicating acceptance of responsibility for release shall be obtained in the instance of an individual who is a minor or adult under guardianship;
 - 1.3.9.5 Assurance that residents being released are equipped with sufficient clothing and personal incidentals to enable a more successful transition to their new environment.
- 1.3.10 At the time of permanent release or transfer, there shall be recorded a summary of findings, progress, and plans.

1.4 Public Relations

- 1.4.1 The institutions shall maintain a public relations program consistent with Department of Institutions and Agencies regulations (see Appendix) aimed at:
 - 1.4.1.1 Acquainting community agencies, organizations, and the general public with its goals and programs;
 - 1.4.1.2 Creating a more realistic understanding of the causes of mental retardation and the possibilities for prevention, treatment, training and care;
 - 1.4.1.3 Striving to establish closer working relations with communities to expand volunteer programs, develop affiliations with schools and colleges, and to improve recruitment potential in local communities.
- 1.4.2 The public relations program shall include:
 - 1.4.2.1 *A group of competent institutional staff members designated to serve as a speakers' bureau to provide authentic information on the institution, its goals, operations and problems;
 - 1.4.2.2 *Channels for dissemination of news, including newspapers, radio, television, etc.;
 - 1.4.2.3 *A system for handling tours for persons in groups interested in the nature and scope of services provided by the institution;
 - 1.4.2.3.1 In structuring visits to the facility by persons not directly concerned with a resident, however, steps shall be taken both to encourage visiting and to consider the sensibilities and privacy of the residents;
 - 1.4.2.3.2 Undignified displays or exhibitions of residents shall be avoided, and normal sensibility shall be exercised in speaking about a resident;
 - 1.4.2.4 An effective professional affiliation program between the institutions and colleges and universities.

1.5 Personnel, Training and Staff Development

- 1.5.1 Comprehensive personnel services shall be developed in each institution to maximize recruitment efforts, staff and employee training, retention of competent employees, and development of safe, adequate, attractive working conditions.
- 1.5.2 Each institution shall make every effort to recruit and retain persons whose personal, professional and technical qualifications will lead to the attainment of institutional goals.
- 1.5.3 Each institution shall strive to obtain sufficient personnel in all work areas to preclude dependence upon resident help for productive services.
- 1.5.4 An employee's handbook describing the rules and regulations, personnel policies and procedures of the institution shall be formulated; the manual shall be designed to aid personnel in understanding the standards of performance expected while employed.
- 1.5.5 Written policy shall prohibit mistreatment, neglect, or abuse of residents, or other violations of New Jersey statutes and Department of Institutions and Agencies and Division of Mental Retardation regulations.
- 1.5.6 Persons employed by the institution shall meet educational and experience requirements established by the Department of Civil Service;
- 1.5.7 Employees hired under a Civil Service classification shall primarily perform duties appropriate to their specific job title, except as required by unusual circumstances, or emergencies.
- 1.5.8 There shall be a planned program for career development and advancement for selected categories of personnel which will best support the goals of the institution.
- 1.5.9 There shall be an authorized procedure, consistent with due process, for suspension and/or dismissal of an employee for cause.
- 1.5.10 Routine schedules for the orientation of all new employees shall be developed. The training shall acquaint them with:
 - 1.5.10.1 The goals of the Division of Mental Retardation;
 - 1.5.10.2 Goals of the institution;

Personnel, Training and Staff Development

- 1.5.10.3 Resident population it serves;
- 1.5.10.4 Rules governing employment;
- 1.5.10.5 Information concerning payroll and fringe benefits;
- 1.5.10.6 Institutional rules and regulations;
- 1.5.11 Individual employee's performance shall be evaluated in accordance with the Employee's Performance Evaluation and Improvement System.
- 1.5.12 Provisions shall be made to provide adequate work space and equipment to promote efficiency and to assure employee safety and welfare.
- 1.5.13 *The health and physical welfare of employees shall be safeguarded by implementation of a sound safety program with procedures developed to comply with Department of Institutions and Agencies regulations (refer to Appendix).
- 1.5.14 Employees working directly with residents or in food service shall be given initial and annual health examinations in accordance with existing regulations (see Appendix).
- 1.5.15 Ongoing self-development programs shall be planned and implemented for professional staff.
- 1.5.16 *In-service training programs, regularly scheduled, shall be available for all employees requiring extensive technical training, or whose pre-employment training and experience do not equip them with skills needed for the most effective contribution to the institutional economy.
- 1.5.17 An in-service training manual providing detailed technical procedures in developing skills required for the most effective implementation of direct services to residents shall be available for personnel in resident living, nursing, food service, and recreation.
- 1.5.18 Personnel shall be taught personal hygiene, housekeeping techniques and use of supplies and equipment consistent with methods developed in the Attendant Training Manual of the Division.
- 1.5.19 Supervisory and management training for all employees in, or candidates for, supervisory positions shall be provided.

Personnel, Training and Staff Development

- 1.5.20 All direct care personnel shall be trained in first aid procedures.
- 1.5.21 Each institution shall maintain current employee records utilizing record keeping procedures in compliance with Civil Service and Department of Institutions and Agencies requirements.
- 1.5.22 Working relations shall be established between the institution and nearby colleges and universities for the following purposes:
 - 1.5.22.1 Making credit courses, seminars, and workshops available to the facility's staff;
 - 1.5.22.2 Using institutional resources for training college students and providing additional program activities for the institutional resident population;
 - 1.5.22.3 Exchanging of staff between the facility and the colleges and universities for teaching, research, and consultation.

1.6 Professional Standards

- 1.6.1 Requirements for professional program and service personnel shall include application of ethical standards adopted by the respective professions, and education/experience qualifications established by the New Jersey Department of Civil Service
- 1.6.2 Standards relative to administrative staff may not meet requirements for a unit oriented organizational structure; in such instances, functions may be assigned to individuals in each unit on the basis of the size of the unit and the need for administrative personnel. The following positions shall be considered basic to an institution's table of organization.
- 1.6.2.1 Superintendent - Every institution shall be administered by a chief executive officer subject to his Board of Trustees, and the Director of the Division of Mental Retardation;
- 1.6.2.2 The Superintendent shall be a graduate of an accredited college or university and shall have at least five years of supervisory experience in the administration of a program of Resident Living, Habilitation, Nursing or other services in an institution for the mentally retarded;
- 1.6.2.3 Assistant Superintendent - Each Superintendent shall have a first assistant, possessing qualifications established by the Department of Civil Service, who will serve as administrator of the institution in the Superintendent's absence; in addition to his primary role as Assistant Superintendent, the incumbent shall be assigned specific administrative program or service responsibilities;
- 1.6.2.4 Chief of Health Services - Institutions shall designate an administratively qualified person to serve as chief of health services; the incumbent shall be directly responsible for administration of the medical program, integration and coordination of nursing care and medical treatment of residents requiring such services;
- 1.6.2.5 Chief of Nursing Services - Institutions with hospital facilities shall include a Director of Nurses on its staff possessing qualifications established by the New Jersey Department of Civil Service;

Professional Standards - contd.

- 1.6.2.5.1 The incumbent shall be responsible for development and implementation of an effective nursing care program in the hospital and resident living facilities;
- 1.6.2.6 Supervisor of Educational Programs - Each institution shall include on its staff an individual possessing the educational certification requirements established by the New Jersey Departments of Education and Institutions and Agencies, to administer the educational and training program of the institution;
- 1.6.2.7 Chief of Psychological Services - Psychological services in institutions shall be administered by a supervising psychologist, preferably with a doctorate in psychology or at least a Master's Degree in Psychology with specialization in clinical psychology and corresponding experience requirements established by the New Jersey Departments of Civil Service and of Institutions and Agencies;
 - 1.6.2.7.1 The chief of psychological services shall be responsible for psychological evaluations of all new admissions, periodic review of all residents in accordance with the schedule established by the institution, clinical services for emotionally disturbed residents, and participation in the institution's evaluation committee and in-service training program;
- 1.6.2.8 Chief of Social Services - Supervision and responsibility for the social service program of the institution shall be assigned to a professional social worker holding a masters degree from an accredited school of social work and at least three years post master's experience;
 - 1.6.2.8.1 The chief of social services shall develop a program to assist all new admissions and their families, counsel with residents of the institution with regard to adjustment of goals, family relationships and community placements;

Professional Standards - contd.

- 1.6.2.8.2 The chief of social services shall participate in the institution's evaluation committee and in-service training programs;
- 1.6.2.9 A speech pathologist or audiologist, who is qualified as specified by Department of Civil Service, shall be designated as being responsible for maintaining standards of professional and ethical practice in the rendering of speech pathology and audiology services in the facility;
- 1.6.2.10 Supervisor of Resident Living - Each institution shall appoint an individual possessing the qualifications established by the Department of Civil Service to the position of Supervisor of Resident Living to manage and administer all aspects of residential services in living units;
 - 1.6.2.10.1 This shall include supervision over all employees assigned to resident living and functions involving integration and coordination of specialized programs in the living units such as: in-service training, resident training, food service, housekeeping, nursing and medical care, recreation, and regular resident evaluation;
- 1.6.2.11 Supervisor of Recreational Services - A certified person with qualifications established by the New Jersey Department of Civil Service shall supervise the recreation program;
 - 1.6.2.11.1 The Supervisor of Recreation shall be responsible for all recreational activities undertaken in living and hospital units and special group recreation programs on and off campus;
- 1.6.2.12 Chief of Volunteer Services - Each institution shall employ a full-time Volunteer Services Assistant possessing the qualifications established by the Department of Civil Service to supervise and coordinate the selection, training and utilization of volunteers;

Professional Standards - contd.

- 1.6.2.13 Business Manager - Each institution shall have an officer possessing qualifications established by the New Jersey Department of Civil Service, who shall be responsible for management of all fiscal and financial matters including accountability for State, Federal, or private funds allocated or donated to the institution and/or its residents;
- 1.6.2.14 Personnel Officer - A staff member certified by the New Jersey Department of Civil Service shall be in charge of the institution's personnel program;
 - 1.6.2.14.1 The incumbent shall be responsible for recruitment, orientation, staff development and training, processing grievances, and all other aspects of a progressive personnel program;
- 1.6.2.15 Medical Record Librarian - A qualified person certified by the New Jersey Department of Civil Service shall be responsible for maintaining resident case records, including medical data;
- 1.6.2.16 The head of the Food Service Department shall be certified by the N.J. Dept. of Civil Service and shall have complete responsibility for administration and continual evaluation of the food service program;
 - 1.6.2.16.1 In the event the head of the Food Service Department is not a dietitian, provision shall be made to employ a qualified dietitian;
- 1.6.2.17 Engineer in Charge of Maintenance - A qualified, certified engineer, competent and experienced in general building construction, physical plant maintenance and power plant engineering, shall be appointed to supervise and administer the overall management of the physical plant, grounds, utilities, fire protection, and generation of heat and power;
- 1.6.2.18 Housekeeping Supervisor - A qualified person certified by the New Jersey Department of Civil Service shall be appointed to manage and coordinate the housekeeping program of the institution;

Professional Standards - contd.

- 1.6.2.18.1 This program shall include routine and general cleaning of all living and work areas in the institution, the control and requisition of housekeeping supplies and the management of the linen, clothing and laundry services programs;
- 1.6.2.19 Sanitarian - Each institution shall have a qualified person certified by the New Jersey Department of Civil Service to provide professional and technical sanitation services and act in a consultative and advisory capacity to all departments within the institution on environmental sanitation problems;
- 1.6.2.20 Other administrative program or service functions shall require employment of competent staff for their administration and direction.

1.7 Staffing Ratios

- 1.7.1 Assignment of specific staffing ratios must recognize a variety of fixed conditions and limitations beyond the control of individual institutions, such as: characteristics of resident populations served, geographic location of institution, and design of physical plant. Definite standards, however, shall be applied to those program areas providing direct treatment, care, and training to residents. In the instance of ancillary services, those ratios suggested for individual institutions by service divisions of the Department of Institutions and Agencies, and endorsed by the Division of Mental Retardation, shall be considered the minimum standards for the individual institution. Standards relative to administrative staff may not meet requirements for a unit oriented organizational structure. In such instances professional staff may be assigned in each unit based on the size of the unit and the need for administrative personnel.
- 1.7.2 Minimum staffing ratios for those programs dealing with direct treatment, care and training of residents shall be as follows:
 - 1.7.2.1 Medical - In addition to a full-time Medical Director, the ratio of staff physicians to residents shall be:
 - 1.7.2.1.1 1:200 - Profound and severe;
 - 1.7.2.1.2 1:250 - Moderate;
 - 1.7.2.1.3 1:350 - Mild;
 - 1.7.2.1.4 The institution shall also have available such additional physicians as required for medical, surgical, psychiatric treatment, outpatient evaluation services and medical consultant services described in the medical program section;
 - 1.7.2.1.5 Professional Nursing Services - Each institution providing medical hospital services shall be staffed by one chief of nursing services supplemented by sufficient professional nursing personnel to complete staff required by post-trick analysis;

Staffing Ratios - contd.

- 1.7.2.1.5.1 Supportive personnel (licensed practical nurses, technicians or attendants) shall be available to provide a ratio of 1:1.6;
- 1.7.2.1.6 Dental - For each 1,000 residents, there shall be two Dentists, one Dental Hygienist, and one Dental Aide;
- 1.7.2.1.7 Pharmacy - For each 1,000 residents, there shall be two Pharmacists and one assistant;
- 1.7.2.2 Resident Living - There shall be available one Supervisor of Resident Living supplemented by sufficient additional supervisory personnel to complete post-trick analysis requirements;
 - 1.7.2.2.1 The ratio for non-supervisory personnel to residents shall be:
 - 1.7.2.2.1.1 Profound and Severe 1:1.6;
 - 1.7.2.2.1.2 Moderate and Mild 1:3.6;
- 1.7.2.3 Education and Training - In addition to the Supervisor of Educational Programs and two Assistant Supervisors of Educational Programs, Academic and Vocational, the ratio of certified teachers to classified residents in the total population follow:
 - 1.7.2.3.1 Residents, chronological age range 5-20 inclusive:
 - 1.7.2.3.1.1 Educable 1:15 (maximum overall IQ to minimum overall IQ of 50);
 - 1.7.2.3.1.2 Trainable 1:10 (maximum overall IQ of 49 to minimum overall IQ of 25);
 - 1.7.2.3.1.3**Sub-trainable 1:50 (maximum overall IQ of 24);
 - 1.7.2.3.2 Emotionally disturbed children and adults 1:8.

Staffing Ratios - contd.

1.7.2.3.3**Adults 1:100 (chronological age over 21).

**Certified teaching staff assigned to these residents will serve primarily as master teachers assisted by resident living and other ancillary employees involved in a learning/training situation.

- 1.7.2.4 The above ratio of teaching staff shall be supplemented by at least one specialist for each of the following special training areas appropriate to the institution's population: music, arts and crafts, training the visually handicapped, speech and hearing, vocational and physical education.
- 1.7.2.5 In addition to the chief of psychological services, the following ratios of psychologists to residents, based upon levels of retardation shall obtain:
- 1.7.2.5.1 Profound and Severe 1:400;
 - 1.7.2.5.2 Moderate 1:200;
 - 1.7.2.5.3 Mild and Borderline 1:100;
- 1.7.2.6 In addition to the chief of social services, the following ratio of social workers to residents shall apply:
- 1.7.2.6.1 Profound and Severe 1:400;
 - 1.7.2.6.2 Moderate 1:300;
 - 1.7.2.6.3 Mild and Borderline 1:100;
- 1.7.2.7 Recreation - In addition to the Supervisor of Recreation, institutions shall provide a minimum ratio of 1:125 recreation workers for residents capable of benefitting from recreation programs.

1.8 Records and Reporting

1.8.1 Each institution and unit in a unit organizational structure shall maintain centralized filing of current resident's records for completeness and consistency.

1.8.2 Central files on each resident shall contain:

1.8.2.1 Pre-admission data;

1.8.2.1.1 Reports of psychological and medical examinations and evaluation;

1.8.2.1.2 Relevant medical, family and social history;

1.8.2.1.3 Previous institutionalization and hospital care;

1.8.2.2 Identification and legal data:

1.8.2.2.1 Name and unit number;

1.8.2.2.2 Current address of parents, of guardians and resident;

1.8.2.2.3 Birthday, place of birth and citizenship status;

1.8.2.2.4 Sex, height, weight and identifying marks;

1.8.2.2.5 Legal guardian;

1.8.2.2.6 Ethnic group and religion;

1.8.2.2.7 Legal status of resident's admission;

1.8.2.2.8 Social Security and veteran status of parents and resident with identifying number;

1.8.2.2.9 Appropriate legal information relevant to disability, such as medical insurance, etc.;

1.8.2.2.10 Place of legal residence at time of admission;

1.8.2.2.11 Photograph, fingerprints and classification;

Records and Reporting - contd.

- 1.8.2.3 Admission evaluation, subsequent evaluation, etiology (MR) diagnosis, program prescription and progress while enrolled;
 - 1.8.2.3.1 The program prescription shall include education, vocational training, psychological, medical, speech and hearing and social services;
 - 1.8.2.3.2 Progress in the institution shall consist of:
 - 1.8.2.3.2.1 Changes in status and classification;
 - 1.8.2.3.2.2 Educational and recreational status and progress;
 - 1.8.2.3.2.3 Social Service - record of correspondence, counseling, etc.;
 - 1.8.2.3.2.4 Vocational status - training, experience;
 - 1.8.2.3.2.5 Significant behavior incidents;
 - 1.8.2.3.2.6 Discharge summaries and diagnosis;
 - 1.8.2.3.2.7 Autopsy findings and death certificate.
- 1.8.3 All records, subsidiary or centrally filed, shall be retained for the period of time specified by the records retention schedule prepared by the Division (see Appendix).
- 1.8.4 All information contained in a resident's records shall be considered privileged and confidential in accordance with existing regulations and subject to the following conditions: (refer to Appendix)
 - 1.8.4.1 The record may be removed from the facility's jurisdiction and safekeeping only in accordance with New Jersey Statute (see Appendix);

Records and Reporting - contd.

- 1.8.4.2 *There shall be written policies governing access to, duplication of, and dissemination of information from the record;
- 1.8.4.3 Written consent of the resident or his guardian shall be required for the release of information to persons not otherwise authorized to receive it.
- 1.8.5 Statistical information shall be maintained and shall include at least the following:
 - 1.8.5.1 Number of residents by age groups, sex, race, and place of residence;
 - 1.8.5.2 Number of residents by level of retardation, according to the AAMD classification;
 - 1.8.5.3 Number of residents by level of adaptive behavior, according to the AAMD classification;
 - 1.8.5.4 Number of residents with physical disabilities;
 - 1.8.5.5 Number of residents who are ambulatory and non-ambulatory (mobile and non-mobile);
 - 1.8.5.6 Number of residents with sensory defects;
 - 1.8.5.7 Number of residents with oral and other communication handicaps;
 - 1.8.5.8 Number of residents with convulsive disorders, grouped by level of seizure control;
 - 1.8.5.9 Number of residents by etiological diagnosis, according to AAMD;
 - 1.8.5.10 Movement of resident into, out of, and within the institution;
 - 1.8.5.11 Length of stay;
- 1.8.6 *A procedure shall be established to compile a consolidated perpetual daily census from daily cottage and ward reports listing residents admitted, discharged, transferred and going or returning from the institution, to conform with the statistical program of the Bureau of Social Research, Department of Institutions and Agencies regulations (see Appendix);

Records and Reporting - contd.

- 1.8.6.1 *Procedures for daily recording and reporting shall be established within each program area.
- 1.8.7 *The development and coordination of record and reporting procedures shall be the responsibility of the institution's procedure committee.
- 1.8.8 Minimum standard requirements for subsidiary records pertaining to specialized services are referred to in the separate program areas.

SECTION 2. RESIDENT LIVING

2.1 Staff-resident Relationships and Activities

- 2.1.1 The primary responsibility of the living unit staff shall be to devote their attention to the care and development of the residents.
- 2.1.2 The resident living unit environment shall be appropriate to the resident's mental level, chronological age, physical handicap and behavior of the resident, ranging from open and permissive to maximum protection or custody.
- 2.1.3 Living unit personnel shall develop and maintain a warm, family, or home-like environment that is conducive to the achievement of optimal development by the resident.
- 2.1.4 The personnel staffing in each living unit shall be permanent to the maximum extent possible to maintain reasonable stability, thereby permitting the development of a consistent inter-personal relationship between each resident and one or more staff members.
- 2.1.5 *Personnel shall be scheduled to provide the level of care required. The minimum coverage required for custody and safety for each residential unit shall be established.
- 2.1.6 *The grouping of residents in each resident living unit shall be by planned classification for effective programming in areas of social, educational, vocational and recreational activities.
- 2.1.7 *The classification plan shall be incorporated into the administrative manual.
- 2.1.8 *Living unit groupings shall be small enough to ensure the development of meaningful interpersonal relationships among residents and between residents and staff.
 - 2.1.8.1 To maximize development, residents shall be grouped within the living unit into program groups of not more than eighteen. Any deviation from this size should be justified on the basis of meeting the program needs of the specific residents being served.
- 2.1.9 Residential units or complexes shall house both male and female residents to the extent that this conforms to the prevailing cultural norms.

Staff-resident Relationships and Activities - contd.

- 2.1.9.1 Residents of grossly different ages, developmental levels, and social needs shall not be housed in close physical or social proximity, unless such housing is planned to promote the growth and development of all those housed together.
- 2.1.10 The living unit shall not be a self-contained program unit, and living unit activities shall be coordinated with recreation, educational and habilitative activities in which residents engage outside the living unit.
 - 2.1.10.1 Each program group shall be assigned a specific person, who has responsibility for providing an organized, developmental program of physical care, training, and recreation.
- 2.1.11 Residents who are capable shall be allowed free use of all living areas within the living unit.
 - 2.1.11.1 Each resident shall have access to a quiet, private area where he can withdraw from the group when not specifically engaged in structured activities.
- 2.1.12 Outdoor active play or recreation areas shall be readily accessible to all living units.
- 2.1.13 Members of the living unit staff from all shifts shall participate with an interdisciplinary team in appropriate referral, planning, initiation, coordination, implementation, follow-through, monitoring, and evaluation activities relative to the care and development of the resident.
 - 2.1.13.1 There shall be specific evaluation and program plans for each resident that are:
 - 2.1.13.1.1 Available to direct care staff in each living unit;
 - 2.1.13.1.2 Reviewed by a member or members of the Resident Evaluation Committee with documentation of such review entered in the resident's record.
- 2.1.14 Activity schedules for each resident shall be available to direct care staff and shall be implemented daily.

Staff-resident Relationships and Activities - contd.

- 2.1.14.1 Schedules shall be prepared in such a manner as to reduce all unscheduled activities to an absolute minimum.
- 2.1.14.2 Such schedules shall allow for individual free time or group free activities, with materials, as specified by the appropriate discipline responsible for scheduling the activities.
- 2.1.15 The pattern of life in the living unit shall resemble the cultural norm for the residents' nonretarded peers.
 - 2.1.15.1 Residents shall be assigned responsibilities in the living units commensurate with their interests, abilities and developmental plans, in order to enhance feelings of self-respect and to develop skills of independent living.
 - 2.1.15.2 Multiply handicapped and nonambulatory residents other than in medical surgical units shall:
 - 2.1.15.2.1 Spend a major portion of their waking day out of bed;
 - 2.1.15.2.2 Spend a portion of their waking day out of their bedroom areas;
 - 2.1.15.2.3 Have planned daily activity and exercise periods;
 - 2.1.15.2.4 Be rendered mobile by various methods and devices.
- 2.1.16 All residents shall have planned periods out of doors on a year-round basis.
- 2.1.17 Residents shall be instructed in how to travel, except as contraindicated for individual residents by their program plan.
- 2.1.18 Birthdays and special events for all residents shall be observed according to the plan established by the institution.
- 2.1.19 Provisions shall be made for socially acceptable co-educational activities appropriate to the residents' developmental levels.

Staff-resident Relationships and Activities - contd.

- 2.1.20 Residents who are capable shall be permitted to express their views and opinions on matters concerning the processes and structures that affect them.
- 2.1.21 Residents who are determined capable shall be instructed in the free and unsupervised use of communication processes and should typically include:
 - 2.1.21.1 Having access to telephones for incoming and outgoing calls according to the limits established by the institution.
 - 2.1.21.2 Opening their own mail and packages and generally doing so without direct surveillance;
 - 2.1.21.3 Not having their outgoing mail read by staff, unless requested by the resident.
- 2.1.22 Residents who are determined capable shall be permitted personal possessions, such as toys, books, pictures, games, radios, arts and crafts materials, religious articles, toiletries, jewelry, and letters.
- 2.1.23 Procedures shall permit possession and use of money by residents who are determined capable, with consultation on the use of their funds in performing cash and check transactions, and in buying clothing or other items, as readily as other citizens.
 - 2.1.23.1 In accordance with their developmental level:
 - 2.1.23.1.1 Allowances or opportunities to earn money shall be available to residents;
 - 2.1.23.1.2 Residents shall be trained in the value and use of money.
- 2.1.24 There shall be provision for prompt recognition and appropriate management of behavioral problems in the living unit.
- 2.1.25 The reward and restriction program for the control and discipline of residents shall be:
 - 2.1.25.1 Directed to maximizing the growth and social development of the residents;
 - 2.1.25.2 Understood by the personnel in each living unit.

Staff-resident Relationships and Activities - contd.

- 2.1.26 Residents shall participate, as appropriate, in the formulation of such policies and procedures.
- 2.1.27 Corporal punishment shall not be permitted.
- 2.1.28 Residents shall not discipline other residents, except as part of an organized self-government program that is directed in accordance with written policy.
- 2.1.29 Self-help and social skills shall be the objective in all areas of training in the cottage and shall include personal hygiene, feeding, grooming, housekeeping, safety, sanitation, recreation and general behavior.
 - 2.1.29.1 Statements of training techniques employed shall be part of in-service training manuals and shall be included as part of the training program for each employee.
- 2.1.30 Personnel shall be trained to communicate their views about a resident to his relatives but shall limit this responsibility to their particular field of expertise.

2.2 Personal Health, Hygiene and Grooming

- 2.2.1 Residents shall be trained to exercise maximum independence in health, hygiene, and grooming practices, including bathing, brushing teeth, shampooing, combing and brushing hair, shaving, and caring for toenails and fingernails.
 - 2.2.1.1 Each resident shall be assisted in learning normal grooming practices with individual toilet articles that are appropriately available to that resident.
 - 2.2.1.2 Teeth shall be brushed twice daily.
 - 2.2.1.2.1 Individual brushes shall be properly marked and stored.
 - 2.2.1.2.2 Dental care practices shall encourage the use of newer dental equipment, such as electric toothbrushes and water picks, as prescribed.
- 2.2.2 Residents shall be regularly scheduled for hair cutting and styling, in an individualized, normalized manner, by trained personnel.
- 2.2.3 For residents who require such assistance, cutting of toenails and fingernails by trained personnel shall be scheduled at regular intervals.
- 2.2.4 Each resident shall have a shower or tub bath at least daily, unless medically contraindicated.
 - 2.2.4.1 Residents' bathing shall be conducted at the most independent level possible.
 - 2.2.4.2 Residents' bathing shall be conducted with due regard for privacy.
 - 2.2.4.3 Individual washcloths and towels shall be provided.
 - 2.2.4.4 A bacteriostatic soap shall be used, unless otherwise prescribed.
- 2.2.5 Female residents shall be helped to attain maximum independence in caring for menstrual needs.
 - 2.2.5.1 Menstrual supplies shall be of the same quality and diversity available to all women.
 - 2.2.5.2 Records shall be kept on menstrual periods.

Personal Health, Hygiene and Grooming - contd.

- 2.2.6 Every resident who does not eliminate appropriately and independently shall be engaged in a toilet training program unless medically contra-indicated.
 - 2.2.6.1 This resident living training program shall be applied systematically and regularly.
 - 2.2.6.2 Dietary adaptations shall be made to promote normal evacuation and urination.
 - 2.2.6.3 The program shall comprise a hierarchy of procedures leading from incontinence to independent toileting.
 - 2.2.6.4 Records shall be kept of the progress of each resident receiving toilet training.
 - 2.2.6.5 Toilet training equipment shall be provided.
 - 2.2.6.6 Residents who are incontinent shall be immediately bathed or cleansed, upon voiding or soiling, unless specifically contraindicated by the toilet training program in which they are enrolled, and all soiled items shall be changed.
 - 2.2.6.7 Persons shall wash their hands after handling an incontinent resident.
 - 2.2.6.8 Each living unit shall have a properly adapted drinking unit.
 - 2.2.6.9 Residents shall be taught to use such units.
 - 2.2.6.10 Those residents who cannot be so taught shall be given the proper daily amount of fluid at prescribed intervals to prevent dehydration.
- 2.2.7 There shall be a drinking unit accessible to, and usable by, residents in wheelchairs.
 - 2.2.7.1 Special cups and noncollapsible straws shall be available when needed by the multiply-handicapped.
 - 2.2.7.2 If the drinking unit employs cups, only single-use, disposable types shall be used.

Personal Health, Hygiene and Grooming - contd.

2.2.8 *Procedures shall be established for:

- 2.2.8.1 Weighing of residents every three months with greater frequency for those with special needs;
- 2.2.8.2 Maintenance of weight and height records;
- 2.2.8.3 The medical referral of residents, who do not maintain normal weights, for observation and treatment.

2.2.9 *Procedures for storage, administration, and recording of medications developed in accordance with existing regulations (see Appendix) shall be implemented as structured by the chief of medical services and the procedures committee within the institution.

- 2.2.10 *Illnesses, accidents and emergencies shall be reported to the Medical Department through routine procedures of implementation and recording.

2.2.11 Records shall be kept on convulsive seizures.

- 2.2.12 Provisions shall be made to furnish, maintain in good repair, and encourage the use of, dentures, eyeglasses, hearing aids, braces, etc., prescribed appropriate specialists.

2.3 Food Service

- 2.3.1 *The feeding of residents shall be scheduled and procedures structured to meet the need for care, training, and supervision.
- 2.3.1.1 Emphasis shall be directed toward self-help goals and controlling residents on special diets.
 - 2.3.1.2 A minimum of three balanced meals shall be served daily.
 - 2.3.1.3 Snacks shall be served where indicated.
 - 2.3.1.4 A pleasant and home-like environment shall be promoted that is attractively furnished and decorated, and is of good acoustical quality.
 - 2.3.1.5 Dining arrangements shall be based upon a rational plan to meet the needs of the residents and the requirements of their programs.
 - 2.3.1.6 Dining and serving arrangements shall provide for a variety of eating experiences (e.g., cafeteria and family style) and, when appropriate, for the opportunity to make food selections with guidance.
 - 2.3.1.7 Unless justified on the basis of meeting the program needs of the particular residents being served, dining tables shall seat small groups of residents (typically four to six at a table), preferably including both sexes.

2.4 Clothing

- 2.4.1 *A program of clothing and linens shall be developed and maintained.
- 2.4.2 The objectives, standards and organization shall include:
 - 2.4.2.1 Routine procedures of purchasing;
 - 2.4.2.2 Records of Receipt;
 - 2.4.2.3 Procedures for distribution, laundering, mending, cleaning, condemning;
 - 2.4.2.4 "Par" needs peculiar to the institution and its separate units.
- 2.4.3 Each resident shall have an allowance of clothing as determined by the daily requirement plus time required for laundering (pars).
- 2.4.4 Residents' undergarments shall be changed at least once a day and outer garments three times a week or more frequently when required.
- 2.4.5 The type and style of clothing shall be of simple design, conform to current fashions and shall be compatible with needs of individual residents.
- 2.4.6 Residents shall be trained and encouraged to:
 - 2.4.6.1 Select and purchase their own clothing as independently as possible, preferably utilizing community stores;
 - 2.4.6.2 Select their daily clothing;
 - 2.4.6.3 Dress themselves;
 - 2.4.6.4 Change their clothes to suit the activities in which they engage;
 - 2.4.6.5 Maintain (launder, clean, mend) their clothing as independently as possible.

2.5 Housekeeping - Safety - Sanitation

- 2.5.1 *Routine housekeeping schedules and structured procedures shall be developed, maintained, and integrated with other programs.
 - 2.5.1.1 Personnel shall utilize housekeeping techniques and shall use supplies and equipment as taught in the institution's in-service training program.
 - 2.5.1.2 The techniques applied shall conform to those developed in the Attendant Training Manual of the Division.
 - 2.5.1.3 *Procedures of purchasing, requisitioning, distribution, and replacement shall be developed and maintained for housekeeping supplies and equipment based on pars established commensurate to the needs of each unit.
 - 2.5.1.3.1 A manual of available housekeeping supplies and equipment shall be distributed to each unit.
 - 2.5.1.4 *Personnel shall be routinely engaged in prevention, reporting, evacuation, and safety measures required in fire and extreme emergencies.

2.6 Recreation

2.6.1 *The recreation program of resident living shall be an integral part of the overall institution's or unit's recreation program.

2.6.1.1 Procedures of implementation shall be coordinated with the institution's or unit's recreation program and integrated with the other programs of the institution and/or unit.

2.6.1.2 Schedules of activities shall be prepared in advance to allow for preparation, coordination and evaluation.

2.6.1.3 Resident living personnel shall participate actively in training residents in the individual skills of recreation, when staff permit, under the guidance of the institution's Supervisor of Recreation.

2.6.1.4 Active as well as passive activities shall be included in the program and selected according to the needs of individual residents.

SECTION 3. HEALTH SERVICES

3.1 Admission Services

- 3.1.1 Within 60 days every new admission shall be given a complete medical examination and evaluation, including neurological when indicated, and developmental assessment by a qualified physician.
- 3.1.2 Special examinations - shall be given as required, i.e., laboratory studies, EEG, x-rays, orthopedic, psychiatric, etc.
- 3.1.3 Recommendations for therapy needs and medical program goals shall be established for each resident and reflected in admission evaluation and routine re-evaluation summaries of the institutional resident evaluation committee.

3.2 General Medical and Health Care

- 3.2.1 *Twenty-four hour, seven-day week medical coverage by a qualified physician shall be provided on grounds or on call.
- 3.2.2 Coverage by professional nursing staff shall be maintained and substantiated by a minimum coverage requirement procedure or chart for each department within the medical and nursing program.
- 3.2.3 *A daily clinic shall be organized to process patients with physical complaints and/or symptoms of illness and injury requiring routine medical care and possible referral for hospitalization, consultation services and/or special examinations.
 - 3.2.3.1 The daily clinic schedules shall be incorporated in the administrative manual.
- 3.2.4 A nurse shall be assigned, on a daily basis, to visit living units housing residents confined to bed or wheelchair for the purpose of assessing residents' general state of health and to provide consultative assistance to resident living personnel in the area of general health care and personal hygiene of the resident population.
- 3.2.5 Self-contained isolation facilities shall be available for residents displaying symptoms of contagious illness in accordance with public health laws.
 - 3.2.4.1 Written authorization shall be obtained from a physician for residents requiring isolation.
- 3.2.6 Medication procedures shall be developed and implemented in accordance with existing regulations to include (see Appendix):
 - 3.2.6.1 Proper storage of medication;
 - 3.2.6.2 Accurate administration of medication;
 - 3.2.6.3 Accurate recording of medication.
- 3.2.7 *Procedures for the distribution of medication by individual prescription to the living units and recording individual dosages of medication administered shall be formulated and filed with medical and resident living personnel.
- 3.2.8 Each resident's medication program shall be reviewed and evaluated at least every three months and amended programs shall be prescribed as required by the assigned physician.

General Medical and Health Care - contd.

- 3.2.8.1 Medical Orders for medication and medical treatment shall be currently updated at each review and evaluation.
- 3.2.9 New Jersey State Sanitary Codes and Regulations established by the State Department of Health shall be implemented in all service areas.
- 3.2.10 Copies of Sanitarians' Manuals on standard operating procedures for Institutions and Agencies shall be centrally filed for easy reference.
 - 3.2.10.1 Regulations applicable in each service area shall be posted.
- 3.2.11 Hospital medical-surgical services shall be available on the grounds, or through pre-arrangements with nearby hospital facilities or State hospitals capable of providing these services in the event of severe illness or surgical need.
- 3.2.12 Long-term Medical and Surgical Services - Tube feeding, complete paralysis, intravenous therapy, tracheotomy care and other cases involving specialized medical management, shall be supervised by a qualified physician assisted by professional nursing personnel.
- 3.2.13 Each resident shall have a personal (primary) physician, who maintains familiarity with his state of health and with conditions within the resident living unit that bear on his health.
- 3.2.14 Specialists in all pertinent fields of medicine and dentistry shall be available to residents who can derive benefit therefrom, either within the institution or in the community.
 - 3.2.14.1 Recommended Specialties:
 - 3.2.14.1.1 Pediatrics,
 - 3.2.14.1.2 Psychiatry, including child psychiatry,
 - 3.2.14.1.3 Urology,
 - 3.2.14.1.4 Gynecology,
 - 3.2.14.1.5 Neurology,
 - 3.2.14.1.6 Neurosurgery,

General Medical and Health Care - contd.

- 3.2.14.1.7 Orthopedic surgery,
 - 3.2.14.1.8 Oral surgery and pedodontia,
 - 3.2.14.1.9 Internal medicine,
 - 3.2.14.1.10 Cardiology,
 - 3.2.14.1.11 General Surgery,
 - 3.2.14.1.12 Anesthesiology,
 - 3.2.14.1.13 Opthamology,
 - 3.2.14.1.14 Otorhinolaryngology,
 - 3.2.14.1.15 Dermatology,
 - 3.2.14.1.16 Radiology,
 - 3.2.14.1.17 Pathology.
- 3.2.14.2 *Records of consultant services administered shall be recapitulated in a consolidated file maintained by the Medical Department for easy reference and evaluation.
- 3.2.15 All phases of dentistry (appropriate to the individual needs of residents) shall be made available within the institution or in other State or community resources.
- 3.2.16 A formal arrangement shall be implemented to provide qualified personnel and adequate dental services to the institution, including care for dental emergencies on a 24-hour, seven-days-a-week basis.
- 3.2.17 Dental services shall include:
- 3.2.17.1 Admission dental examination of the mouth and associated structures including intra and/or extra oral x-rays and prophalaxis, when possible;
 - 3.2.17.2 Dental records to include detailed description of findings, treatment plans and treatments;
 - 3.2.17.3 Annual dental examination;

General Medical and Health Care - contd.

- 3.2.17.4 *The plan for scheduling shall be included in the administrative procedures manual. Repair of teeth including necessary dental or extra oral x-rays and prophalaxis when indicated;
 - 3.2.17.5 Preventive dentistry - Dental education and surveys in the teaching of oral hygiene shall include tooth-brushing, diet (coarse and low carbohydrates), mouth protection, interceptive dental care, and ingested fluoride supplements for children under the age of 10;
 - 3.2.17.6 Prosthetic Dentistry - The restoration phase of dentistry to include inter and extra coronal restorations, fixed and removable prosthesis when indicated;
 - 3.2.17.7 Oral surgery;
 - 3.2.17.8 Pharmacologic adjuncts and/or local and/or general anesthesia.
- 3.2.18 Special treatment services shall be made available for all residents who can derive benefit therefrom, including:
- 3.2.18.1 A program of physical therapy under the direction of a Registered Physical Therapist:
 - 3.2.18.1.1 Physical Therapy - shall include ambulation and muscle re-education, functional training in the activities of daily living, physical modalities, i.e., heat, hydrotherapy, etc., the provision for braces, walkers, special chairs, crutches, and other physical rehabilitation equipment to meet the resident's needs;
 - 3.2.18.2 A program of on-going therapy in living units by training and upgrading resident living and hospital personnel to Therapy Program Assistants or Therapy Aides;
 - 3.2.18.3 Recreational therapy;
 - 3.2.18.4 Optical Services - to include: provision for glasses upon prescription and the repair of broken glasses;
 - 3.2.18.5 A program of foot care shall be administered by a podiatrist.

3.3 Ancillary Medical Services

- 3.3.1 Institutions shall arrange for special laboratory services as needed to provide: pathological, clinical, anatomical, x-ray, and EEG examinations for diagnostic purposes.
- 3.3.2 Pharmaceutical services shall be:
 - 3.3.2.1 Directed by a professionally competent and legally qualified pharmacist who is a graduate of an accredited school or college of pharmacy;
 - 3.3.2.2 Provided according to a formal arrangement for qualified pharmacy services, including provision for emergency service, with a local community or hospital pharmacy as well as the institutional pharmacy, by means appropriate to the institution.
- 3.3.3 Under the direction of the Medical Director, the pharmacist-in-charge shall be responsible for developing, supervising and coordinating all activities of the pharmaceutical program.
- 3.3.4 The institutional pharmacy shall be registered with the New Jersey State Board of Pharmacy.
 - 3.3.4.1 The registration permit shall be renewed yearly and displayed in the pharmacy.
- 3.3.5 The pharmacy serving the institution shall be equipped with:
 - 3.3.5.1 Equipment necessary for compounding and dispensing pharmaceuticals and parenteral preparations;
 - 3.3.5.2 Adequate office furniture, stationary, record keeping and stenographic supplies necessary for the proper administration of the department;
 - 3.3.5.3 Adequate library of up-to-date pharmaceutical reference material and filing equipment to make information concerning drugs readily available to both pharmacist(s) and physicians (for recommended reference texts see Appendix);
 - 3.3.5.4 Special locked storage space to meet all legal requirements of narcotics, alcohol and other prescribed drugs in accordance with existing regulations (see Appendix);
 - 3.3.5.5 A refrigerator with sufficient freezer space for the storage of thermolabile products;

Ancillary Medical Services - contd.

- 3.3.5.6 Suitable drug preparation areas and storage space for pharmaceuticals that are:
 - 3.3.5.6.1 Properly secured;
 - 3.3.5.6.2 Provided with proper lighting and ventilation;
 - 3.3.5.6.3 Satisfactorily located so that personnel will not be interrupted when handling drugs.

- 3.3.6 There shall be a current pharmacy manual that:
 - 3.3.6.1 Includes policies and procedures, and defines the functions and responsibilities relating to pharmacy services;
 - 3.3.6.2 Is revised annually to keep abreast of current developments in services and management techniques.

- 3.3.7 A pharmacy and therapeutics committee, that includes one or more pharmacists, shall be established to develop policy on drug usage in the facility, and to develop a complete current formulary.
 - 3.3.7.1 This committee shall meet not less than once every three months.
 - 3.3.7.2 Minutes of the committee meetings shall be kept on file.
 - 3.3.7.3 Copies of the facility's formulary and of the American Hospital Formulary Service shall be located and available, as appropriate to the facility.

- 3.3.8 *A system of controls for narcotics, toxic and other dangerous drugs shall be maintained in accordance with existing regulations (see Appendix).
 - 3.3.8.1 Written policies and procedures that govern the safe administration and handling of all drugs shall be developed by the institutional procedures committee along with the responsible pharmacist, physician, and nurse.

Ancillary Medical Services - contd.

- 3.3.8.2 The compounding, packaging, labeling, and dispensing of drugs, including samples and investigational drugs, shall be done by the pharmacist, or under his direct supervision, with proper controls and records.
 - 3.3.8.2.1 Each drug shall be identified up to the point of administration.
 - 3.3.8.2.2 Procedures shall be established for obtaining drugs when the pharmacy is closed.
- 3.3.8.3 The unit dose or individual prescription system of drug distribution shall be used.
- 3.3.8.4 Medications shall not be used by any resident other than the one for whom they were issued.
- 3.3.8.5 Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.
 - 3.3.8.5.1 All drugs shall be kept under lock and key, except when authorized personnel are in attendance.
 - 3.3.8.5.2 The security requirements of federal and State laws shall be satisfied in store-rooms, pharmacies, hospitals and living units.
 - 3.3.8.5.3 Poisonous external and caustic drugs shall be stored in separate cabinets or separate shelves;
 - 3.3.8.5.3.1 Poisonous and caustic drugs shall be properly labeled.
 - 3.3.8.5.4 Medications that are stored in a refrigerator containing things other than drugs shall be kept in a separate compartment with proper security.
 - 3.3.8.5.5 A perpetual inventory shall be maintained of each narcotic depressant and stimulant drug and alcohol in the pharmacy in accordance with existing regulations (see Appendix).

Ancillary Medical Services - contd.

- 3.3.8.5.6 If there is a drug storeroom separate from the pharmacy, there shall be a perpetual inventory of receipts and issues of all drugs by such storeroom.
 - 3.3.8.6 Discontinued and outdated drugs, and containers with worn, illegible, or missing labels, shall be returned to the pharmacy for proper disposition.
 - 3.3.8.7 There shall be automatic stop orders on drugs prescribed for short time therapy.
 - 3.3.8.8 There shall be a drug recall procedure that can be readily implemented.
 - 3.3.8.9 Medication errors and drug reactions shall be recorded and reported immediately to the practitioner who ordered the drug.
 - 3.3.8.10 There shall be a procedure for reporting adverse drug reactions to the Federal Food and Drug Administration.
- 3.3.9 The pharmacist shall:
- 3.3.9.1 Receive the original, or a direct copy, of the physician's drug treatment order;
 - 3.3.9.2 Maintain an individual record for each resident of all medications (prescription and nonprescription) dispensed, including quantities and frequency of refills;
 - 3.3.9.3 Establish quality specifications for drug purchases, and ensure that they are met;
 - 3.3.9.4 Participate in in-service education programs for professional and direct-care staff;
 - 3.3.9.5 Maintain an approved stock of antidotes and other emergency drugs for institutional personnel when pharmaceutical services cannot be provided by a licensed pharmacist;
 - 3.3.9.6 Inspect all pharmaceutical supplies on all services quarterly to insure that medications are properly labelled, stored and controlled.

Ancillary Medical Services - contd.

- 3.3.10 Provisions shall be made for proper sterilization and modern aseptic surgical technique shall be maintained in the handling of syringes, needles, instruments, dressings, masks and gowns, etc.
- 3.3.11 The institution shall maintain proper security precautions in the storage and utilization of syringes and needles.
 - 3.3.11.1 Effective destruction of disposable syringes shall be insured in accordance with existing regulations (see Appendix).

3.4 Preventive Medicine

3.4.1 A program of preventive medicine shall be established and will include the following:

3.4.1.1 *Immunizations shall be given as pre-scheduled on a regular basis for diptheria, tetanus, pertussis, polio, measles, and other illnesses so identified, consonant with accepted medical practices (see Appendix);

3.4.1.2 *Annual examinations shall be given each resident, to include a chest x-ray or skin testing for T.B., physical, and other examinations as required;

3.4.1.2.1 Follow-up chest x-rays and prophylactic courses of treatment shall be administered to tuberculin reactors;

3.4.1.3 *A plan of action shall be established for the isolation of communicable diseases and the prevention of their spread;

3.4.1.3.1 Communicable diseases shall be reported to the responsible sanitarian and local and State Board of Health;

3.4.1.4 Diets shall be well balanced, adequate, nourishing, in accordance with menus established by the Department of Institutions and Agencies;

3.4.1.5 Foods shall be tastefully prepared and sanitarily served at proper temperatures and in appropriate quantity and consistency to meet the needs of each resident;

3.4.1.6 Provisions shall be made for adequate special diets when medically prescribed;

3.4.1.7 Water, milk, ice machines, etc., shall be periodically examined and tested bacteriologically;

3.5 Medical Records

- 3.5.1 An accurate and complete individual medical record shall be maintained at the institution's hospital for each resident.
- 3.5.2 Each resident's name and institutional number shall be available on each sheet of the medical record.
 - 3.5.2.1 All information filed shall be dated and signed by the proper authority.
 - 3.5.2.2 A system of identification and filing which will insure the prompt location of residents' records shall be established.
- 3.5.3 Each record shall contain:
 - 3.5.3.1 Medical history and physical examination;
 - 3.5.3.2 Provisional and final medical diagnosis;
 - 3.5.3.3 Physicians' orders;
 - 3.5.3.4 Physicians' periodic progress notes on physical status and the course and results of treatments;
 - 3.5.3.5 Medication and treatment record with signatures and status recorded to correspond with initials identified;
 - 3.5.3.6 Pertinent nurses' notes;
 - 3.5.3.7 Reports - laboratory, x-ray, consultation, operation, autopsy, etc.;
 - 3.5.3.8 All papers authorizing surgery and autopsy when performed (see Appendix);
 - 3.5.3.9 Discharge summaries to include recapitulation of the significant findings and events of the resident's illnesses while hospitalized and condition of the resident on discharge from the hospital and/or institution.
- 3.5.4 Medical records shall be preserved either in the original or on microfilm, for the period of time consistent with the New Jersey Statute of Limitations and Division regulations (see Appendix).
 - 3.5.4.1 X-ray films shall be retained for a period of at least five years.

SECTION 4. HABILITATION SERVICES

4.1 Psychological Services

- 4.1.1 Psychological services shall be provided, to facilitate the optimal development of each resident.
- 4.1.2 Provisions shall be made to provide:
 - 4.1.2.1 Psychological evaluation in accordance with established procedures for implementation;
 - 4.1.2.1.1 All new admissions shall be given a "psychological" test to determine intellectual development and mental and emotional characteristics;
 - 4.1.2.1.2 Recommendations for prescriptive programming shall be contained in evaluation summaries.
- 4.1.3 Prescriptive programming re-evaluation schedules shall coincide with schedules in Division regulations for residents over 18 years of age (see Appendix).
- 4.1.4 A schedule for re-evaluation of each resident to conform with Division regulations (see Appendix) concerning determination of mental deficiency, shall be maintained to reassess intellectual and emotional development, and adequacy of program involvement leading to specific recommendations for each resident.
- 4.1.5 Residents identified as needing psychotherapy shall be provided such treatment, utilizing the latest appropriate techniques available.
 - 4.1.5.1 *Procedures for referral shall be developed.
 - 4.1.5.2 Routine schedules for therapy shall be developed.
- 4.1.6 A formal internship program shall be carried out in accordance with guidelines established by the Department of Institutions and Agencies (see Appendix).
- 4.1.7 Psychological personnel shall participate in the employee in-service training programs.
- 4.1.8 Records shall be maintained concerning psychometric tests and therapies administered.

Psychological Services - contd.

- 4.1.9 A system of collecting psychological data shall be developed for psychological reporting, studies and evaluations.
- 4.1.10 Methods of data collection employed in evaluation and assessment shall include, as appropriate:
 - 4.1.10.1 Standardized tests and techniques;
 - 4.1.10.2 Observations in natural and experimental settings, using standardized or generally accepted techniques;
 - 4.1.10.3 Interviews with:
 - 4.1.10.3.1 The resident (or prospective resident);
 - 4.1.10.3.2 Members of the resident's family and/or other informants;
 - 4.1.10.4 Review of all pertinent records, including the comparison of current and previous status.
- 4.1.11 The reporting and dissemination of evaluation results shall be done in such a manner as to:
 - 4.1.11.1 Enhance clinical understanding of the individual;
 - 4.1.11.2 Promptly provide information useful to staff working directly with the resident;
 - 4.1.11.3 Facilitate use of data for research and professional education;
 - 4.1.11.4 Facilitate use of data for statistical reporting.
- 4.1.12 There shall be developed and maintained for each resident a continuing evaluation record that is frequently updated and that includes, but is not limited to, psychometric data.

4.2 Education and Training Services

- 4.2.1 The education and training program within the institution shall be an integral part of the total institution's effort directed toward the enhancement of the potential of each resident.
- 4.2.2 A formal educational curriculum and course of study shall be available.
- 4.2.3 Written, detailed training guides and curricula shall be available for all vocational training areas.
- 4.2.4 All professional education and training personnel shall meet the State Department of Education requirements for professional certification.
 - 4.2.4.1 Teaching assignments shall be appropriate to the individual's certification and Civil Service classification.
- 4.2.5 Educational services, defined as deliberate attempts to facilitate the intellectual, sensorimotor, and effective development of the individual, shall be available to all residents, regardless of chronological age, degree of retardation, or accompanying disabilities or handicaps.
 - 4.2.5.1 Residents shall be assigned to programs on the basis of individual needs as determined in routine procedures of evaluation and diagnosis.
 - 4.2.5.2 All residents of school age shall be in an educational, academic, vocational or recreational learning/training situation as specified by N. J. Statute (see Appendix).
 - 4.2.5.3 All adult residents shall be included in organized learning/training or recreation programs consistent with their interests and abilities.
 - 4.2.5.4 Learning/training activities including recreation for the severely and profoundly retarded shall be planned and implemented consistent with the resident's mental and physical capabilities.
- 4.2.6 Programs shall be provided in each of the following areas: speech and hearing, training for the visually and physically handicapped, music, arts and crafts, physical education, and vocational training.

Education and Training Services - contd.

- 4.2.7 Classes shall be co-educational when appropriate, and grouped homogeneously, based on criteria established at the institution.
- 4.2.8 The program schedules, subject matter, minimum hours of instruction, class size and records shall conform to State Department of Education requirements.
- 4.2.9 There shall be an educational achievement record for each resident, maintained by, and available to, the educator.
- 4.2.10 Teacher schedules shall provide a daily minimum of four hours of formal teaching.
- 4.2.11 Teachers shall be involved in related professional activities, including direct participation in resident living learning/training situations.
- 4.2.12 The ultimate objective of vocational rehabilitation services shall be to assist every resident to move as far as he can along the continuum from non-vocational functioning to remunerative employment, and entry into the mainstream of society, as an independent citizen and worker.
- 4.2.13 Vocational training programs shall be planned and implemented for pre-vocational training as well as for productive employment within the institution and outside placement.
- 4.2.14 Pre-vocational services shall contribute to the development of work readiness in the resident, and shall provide:
 - 4.2.14.1 Vocationally oriented academic instruction;
 - 4.2.14.2 Instruction in the self-help and social skills necessary for vocational success;
 - 4.2.14.3 Instruction and practice in the social skills necessary for maximally independent functioning in the community, such as travel, handling of money, and use of community resources;
 - 4.2.14.4 An orientation to the world of work;
 - 4.2.14.5 Development of work attitudes needed for vocational success;
 - 4.2.14.6 Rotated exploration and try-out of job tasks;

Education and Training Services - contd.

- 4.2.14.7 Continuous evaluation of vocational potential;
- 4.2.14.8 Any necessary supportive services.
- 4.2.15 Vocational training programs shall be provided through means such as:
 - 4.2.15.1 Work training stations;
 - 4.2.15.2 Work activity programs;
 - 4.2.15.3 Transitional sheltered workshops;
 - 4.2.15.4 Work-study programs;
 - 4.2.15.5 On-the-job training;
 - 4.2.15.6 Trade training, in the classroom or on the job.
- 4.2.16 *There shall be a written policy to protect residents from exploitation when they are engaged in productive work.
- 4.2.17 Residents shall be encouraged to train for productive, paid employment.
- 4.2.18 Residents shall not be involved in the care (feeding, clothing, bathing), training, or supervision of other residents unless they:
 - 4.2.18.1 Have been specifically trained in the necessary skills;
 - 4.2.18.2 Have the humane judgment as determined by the resident evaluation committee to perform these activities;
 - 4.2.18.3 Are supervised;
 - 4.2.18.4 Are reimbursed.
- 4.2.19 Residents who function at the level of staff in occupational or training activities shall:
 - 4.2.19.1 Have the right to enjoy the same privileges as staff;
 - 4.2.19.2 Be paid at the legally required wage level when employed in other than training situations.

Education and Training Services - contd.

- 4.2.20 Evaluation procedures shall identify resident potentials and serve as a basis for assignment to vocational activities.
- 4.2.21 Evaluation summaries shall provide:
 - 4.2.21.1 Written vocational objectives for each resident;
 - 4.2.21.2 A written plan to achieve the stated objectives.
- 4.2.22 The resident shall be fully involved in his vocational evaluation and in the formulation of his program plan.
- 4.2.23 All areas of the institution which are suitable for vocational training shall be utilized, and responsibility for training clearly defined and coordinated.
- 4.2.24 Staff members shall be encouraged to participate actively in professional organizations related to their responsibilities.
- 4.2.25 To enrich and stimulate the institution's educational program, and to facilitate its integration with community services, opportunities for internships, student teaching, and practicum experiences shall be made available, in cooperation with university teacher-training programs, whenever the best interests of the residents are thereby served.
- 4.2.26 There shall be available to each resident in a vocational rehabilitation program a counselor who is responsible for seeing that the resident's vocational rehabilitation program is effectively carried out.
- 4.2.27 Vocational rehabilitation personnel providing training to residents in vocational areas shall be:
 - 4.2.27.1 Vocational instructors certified by the State Department of Education;
 - 4.2.27.2 Tradesmen who have attained at least journeyman status.
- 4.2.28 Personnel responsible for vocational rehabilitation programs shall establish working relationships with public and private rehabilitation agencies in the community.

Education and Training Services - contd.

- 4.2.29 Each institution shall have working relationships with university training programs in rehabilitation, including provision for:
 - 4.2.29.1 Research opportunities;
 - 4.2.29.2 Practicum experiences;
 - 4.2.29.3 Internships;
 - 4.2.29.4 Consultation.

- 4.2.30 Educable and trainable residents assigned to units within an institution with overall behavior modification as the primary consideration for training shall continue their education and training upon return to the general population, according to N. J. Statute (see Appendix).

4.3 Social Services

- 4.3.1 This program shall provide a liaison and coordinating service among the resident, the institution, the family, the Bureau of Field Services and community resources.
- 4.3.2 Social casework, group work therapy and placement programs shall be developed and closely coordinated with other programs of the institution or unit, and the Bureau of Field Services, or other community resources.
- 4.3.3 The social service program shall provide:
 - 4.3.3.1 Psycho-social assessment of the individual resident and his environment, as a basis for formulating an individual treatment plan upon admission and when re-evaluated;
 - 4.3.3.2 Implementation of an individual social work treatment plan for the resident and his family;
 - 4.3.3.3 Planning for community placement, and discharge;
 - 4.3.3.4 Participation in policy and program development within the institution;
 - 4.3.3.5 Consultation with, or in relation to:
 - 4.3.3.5.1 Programs offered by other disciplines;
 - 4.3.3.5.2 Administration and operation of the facility;
 - 4.3.3.5.3 Agencies and individuals in the community served by the facility;
 - 4.3.3.6 Collaboration with other service delivery systems in planning and implementing programs for residents;
 - 4.3.3.7 Participation in social work and interdisciplinary program evaluation and research;
 - 4.3.3.8 Family counseling, participation in program planning, counseling with individuals and groups of residents;
 - 4.3.3.9 Liaison between resident, the institution, the family, and the community;

Social Services - contd.

- 4.3.3.10 Liaison services to help the resident:
 - 4.3.3.10.1 Cope with problems accompanying separation from family and community;
 - 4.3.3.10.2 Learn the roles and use the resources that will enable him to maximize his development;
 - 4.3.3.10.3 Participate in programs, in accordance with his individual treatment plan, that will maximize his ability for independent living, in or out of the residential facility;
 - 4.3.3.11 Liaison services to help the staff:
 - 4.3.3.11.1 Individualize and understand the needs of the resident and his family in relation to each other;
 - 4.3.3.11.2 Understand social factors in the resident's day-to-day behavior, including staff-resident relationships;
 - 4.3.3.11.3 Prepare the resident for changes in his living situations;
 - 4.3.3.12 Liaison services to help the family develop constructive and personally meaningful ways to support the resident's experience in the facility through:
 - 4.3.3.12.1 Counseling concerned with problems associated with changes in family structure and functioning;
 - 4.3.3.12.2 Utilization of the family's and the resident's own strengths and resources;
 - 4.3.3.12.3 Referral to Field Services for specific services, as appropriate;
 - 4.3.3.13 Liaison services to help the family participate in planning for the resident's return to home or other community placement.
- 4.3.4 *Procedures for referral and schedules for routine counseling of residents shall be developed and maintained.

Social Services - contd.

- 4.3.5 Consultation shall be provided for selection of placement referrals, employment, sheltered work shops, foster and/or boarding homes, as required.
- 4.3.6 Social workers shall actively participate in parents' counseling groups within the institution.
- 4.3.7 *Procedures shall be developed for the implementation of guardianship services as specified in Division regulations (see Appendix).
- 4.3.8 Social services shall develop and maintain comprehensive, current records, useful for its own programs and those of other services.
- 4.3.9 Records concerning counseling administered shall be available.
- 4.3.10 Consultation shall be solicited from community agencies to facilitate identification of existing and needed resources for the resident and his family.
 - 4.3.10.1 These resources shall be sought in conjunction with the Bureau of Field Services.
- 4.3.11 Social services, as part of an interdisciplinary spectrum of services, shall be provided through the use of social work methods directed toward:
 - 4.3.11.1 Maximizing the social functioning of the resident;
 - 4.3.11.2 Enhancing the coping capacity of his family;
 - 4.3.11.3 Increasing public understanding and acceptance of the mentally retarded individual and his associated problems;
 - 4.3.11.4 Creating a favorable climate to assist each retarded person to achieve as nearly normal living as is possible for him;
 - 4.3.11.5 Asserting and safeguarding the human and civil rights of the retarded and their families;
 - 4.3.11.6 Fostering the human dignity and personal worth of each resident.

4.4 Speech Pathology and Audiology Services

- 4.4.1 Services in speech pathology and audiology shall be provided by a full-time staff.
- 4.4.2 Staff with responsibility for such services shall be fully qualified professional personnel.
- 4.4.3 Such services shall be provided to the extent that each resident requiring them shall derive the maximum benefits of communication skills.
- 4.4.4 Speech pathology and audiology services shall consist of the necessary and appropriate procedures for implementation of resident admission evaluations and re-evaluations.
- 4.4.5 Evaluation and assessment results shall be reported accurately and systematically, and in such a manner as to:
 - 4.4.5.1 Define the problem to provide a basis for formulating treatment objectives and procedures;
 - 4.4.5.2 Where appropriate, provide information useful to other staff working directly with the resident;
 - 4.4.5.3 Conform to acceptable professional standards, provide for intra-individual and inter-individual comparisons, and facilitate the use of data for research and professional education;
 - 4.4.5.4 Provide evaluative and summary reports for inclusion in the resident's unit record.
- 4.4.6 Speech pathology and audiology shall also provide speech, language and hearing training as required.
- 4.4.7 These services shall be both diagnostic and therapeutic.
 - 4.4.7.1 Diagnostic:
 - 4.4.7.1.1 Language and speech screening;
 - 4.4.7.1.2 Language and speech testing in depth, as required;
 - 4.4.7.1.3 Audiological screening;
 - 4.4.7.1.4 Audiological testing, in depth, as required;
 - 4.4.7.1.5 Hearing aid evaluation;

Speech Pathology and Audiology Services - contd.

- 4.4.7.2 Therapeutic training (not included in education programs) for residents who can benefit from such services shall provide:
 - 4.4.7.2.1 Language development and speech stimulation as required;
 - 4.4.7.2.2 Speech therapy designed to correct specific speech problems;
 - 4.4.7.2.3 Communication programming for residents with hearing losses.
- 4.4.8 Records and reporting system shall be maintained providing clinical evaluative and statistical data for program review.
- 4.4.9 There shall be established procedures for evaluating and researching the effectiveness of speech pathology and audiology services, including:
 - 4.4.9.1 Utilization of adequate records concerning residents' response and progress;
 - 4.4.9.2 Time schedules for evaluation that are appropriate to the service being evaluated;
 - 4.4.9.3 Provision for using evaluation results in program planning and development;
 - 4.4.9.4 Encouragement of speech pathology and audiology staff to participate in research activities;
 - 4.4.9.5 Provision for dissemination of research results in professional journals.

4.5 Religious Services

- 4.5.1 Religious service program for residents consistent with Department of Institutions and Agencies regulations shall be maintained by employment of full-time chaplains if possible, or at least by utilization of part-time chaplains from local communities (see Appendix).
- 4.5.2 Professional religious educators serving the institution on a full or part-time basis shall be endorsed and/or assigned by their recognized religious bodies.
- 4.5.3 Basic chaplaincy services shall include:
 - 4.5.3.1 Utilization of community resources, whenever and wherever possible and in the best interests of the residents;
 - 4.5.3.2 Religious services to all residents, consistent with their capabilities.
 - 4.5.3.3 Participation in religious programs on a voluntary basis, or with the wishes of a parent or guardian;
 - 4.5.3.4 *Routinely scheduled Catholic, Protestant and Jewish worship services - schedules to be included in the administrative manual;
 - 4.5.3.5 Observance of recognized religious holidays of the three major faiths in accordance with the programming established by the institution.
 - 4.5.3.6 The rites and sacraments of the faith groups administered to residents in accordance with requirements of the respective faiths;
 - 4.5.3.7 The opportunity for counseling by chaplains;
 - 4.5.3.8 A visitation program for the sick in hospital wards and in cottages.
- 4.5.4 Those who serve the religious needs of the residents, including clergy, religious educators, and volunteers, shall safeguard the full human and civil rights of the residents.
- 4.5.5 Physical facilities, equipment and materials for the efficient operation of a chaplaincy services program shall be made available.

4.6 Recreational Services

- 4.6.1 Recreational services shall provide prescriptive as well as amusement forms of recreation consistent with the needs of each resident.
- 4.6.2 The Recreation Department or Unit in a unitized institution shall have a written statement of its recreation objectives for residents, consistent with:
 - 4.6.2.1 The needs of its residents;
 - 4.6.2.2 Currently accepted recreation principles and goals;
 - 4.6.2.3 The philosophy and goals of the institution;
 - 4.6.2.4 The services and resources the program offers.
- 4.6.3 *All appropriate departments or individuals in each unit shall participate through a pre-arranged coordinated plan and advanced scheduling.
 - 4.6.3.1 The plan shall include the elements listed in standard 1.2.8, page 5.
- 4.6.4 Assistance with the scheduling and implementation of recreation activities shall be provided by the direct-care staff.
- 4.6.5 Activities shall be provided for each resident in living and hospital units consistent with his interests, abilities and capabilities.
- 4.6.6 Intramural and extramural co-educational social activities shall be included in the recreational program.
- 4.6.7 Active and passive games, sports and off-campus trips shall be included in the recreational program.
- 4.6.8 Maximum use should be made of all community recreation resources.
- 4.6.9 Recreation counseling should be a continuous process that provides for:
 - 4.6.9.1 Modification of resident's recreation behaviors;
 - 4.6.9.2 Guidance to residents on how to find, reach and utilize community recreation resources;
 - 4.6.9.3 Family counseling in relation to recreation activities;

Recreational Services - contd.

- 4.6.9.4 Interpretation of residents' needs and abilities to community agencies.
- 4.6.10 Therapeutic recreation, defined as purposive intervention, through recreation activities, to modify, ameliorate, or reinforce specific physical, emotional or social behaviors, shall include:
 - 4.6.10.1 Participation on the Resident Evaluation Committee;
 - 4.6.10.2 Determination of appropriate recreation intervention, to achieve the stated habilitation goals;
 - 4.6.10.3 A written plan for implementing the therapeutic recreation objectives, consistent with the recommendations of the evaluation team;
 - 4.6.10.4 Evaluation of the effectiveness of such interventions and subsequent redefinition of the resident's habilitation needs and goals.
- 4.6.11 Records concerning residents should include:
 - 4.6.11.1 Periodic surveys of their recreation interests;
 - 4.6.11.2 Periodic surveys of their attitudes and opinions regarding recreation services;
 - 4.6.11.3 The extent and level of each resident's participation in the activities program;
 - 4.6.11.4 Progress reports, as appropriate;
 - 4.6.11.5 Reports on relationships among peers, and between residents and staff;
 - 4.6.11.6 Evaluations conducted by personnel at all levels and where appropriate, by staff from other services.
- 4.6.12 Scheduling of staff shall provide:
 - 4.6.12.1 Coverage on evenings, weekends, and holidays;
 - 4.6.12.2 Additional coverage during periods of peak activity.
- 4.6.13 Transportation services for recreation programs shall be provided according to an established resident/staff ratio.

4.7 Volunteer Services

4.7.1 An active volunteer services program shall be instituted.

4.7.2 Provision shall be made for:

4.7.2.1 *Development and distribution of standards and procedures for volunteer services to all volunteers and staff members;

4.7.2.2 *Implementation of an orientation and training program for volunteers;

4.7.2.3 *A plan for coordination of volunteers;

4.7.2.4 *Coordination of volunteer service activities with other program activities.

SECTION 5. SUPPORT SERVICES

5.1 Physical Plant

5.1.1 Maintenance of buildings and grounds.

5.1.1.1 *A program with procedures establishing preventive maintenance measures shall be developed and implemented for all living units, service facilities, and mechanical equipment.

5.1.1.1.1 Periodic inspections by maintenance personnel shall be undertaken with action taken and recommendations incorporated in written reports.

5.1.1.2 *Procedures for reporting and expediting routine and non-routine repairs to physical facilities and equipment shall be implemented.

5.1.1.3 An effective grounds maintenance program shall be implemented to provide adequate roadways, parking facilities, and attractive institutional grounds.

5.1.2 Health and safety (heat, light and ventilation).

5.1.2.1 Heating facilities shall be of sufficient capacity and level of operation to provide minimum and maximum temperatures of 68 and 85 degrees respectively.

5.1.2.2 Humidity, water and climate controls plus adequate ventilation and lighting shall be provided to maximize comfort and health of residents and employees.

5.1.2.3 Auxiliary equipment of sufficient capacity to provide minimum heat and light shall be available and maintained in suitable working order to meet emergencies.

5.2 Health and Sanitation

- 5.2.1 Living units shall contain at least one lavatory, one bathing unit, and one toilet for each 8 to 10 persons with separate toilet facilities for each sex.
- 5.2.2 Toilet and handwashing facilities in all kitchen and food preparation areas, service rooms, and treatment rooms shall be provided to maximize comfort and health of residents and employees.
- 5.2.3 Each resident shall be provided with:
 - 5.2.3.1 A separate bed appropriate to the size and height of the resident;
 - 5.2.3.2 A clean, comfortable mattress;
 - 5.2.3.3 Bedding appropriate for weather and climate.
- 5.2.4 Each resident who has moved from dependent to independent living shall be provided with:
 - 5.2.4.1 Individual furniture as may be appropriate, such as a chest of drawers, a table or desk, and an individual closet with clothes racks and shelves accessible to the resident;
 - 5.2.4.2 A place of his own for personal possessions and/or individually prescribed prosthetic equipment.
- 5.2.5 There shall be individual racks or other drying space for washcloths and towels.
- 5.2.6 Larger, tilted mirrors shall be available to residents in wheelchairs.
- 5.2.7 Personnel who work in the preparation or service of food shall be trained in food sanitation to conform with relevant Standard Operating Procedures in the Institutions and Agencies' Sanitarians' Manual.
- 5.2.8 Sanitary storage space shall be available in all living areas for storage of clean clothing, linens and supplies.
- 5.2.9 Facilities for handling soiled linens and clothing shall be available in all resident, hospital and food service areas.
- 5.2.10 Dirty linen and laundry shall be removed from the living unit daily.

Health and Sanitation - contd.

- 5.2.11 Living, sleeping and eating areas shall be provided to meet the specialized needs of the institutional population.
- 5.2.12 A minimum of 70 square feet per bed in each resident living unit shall be allocated.
- 5.2.13 An exterminator shall be engaged to routinely inspect and provide services to keep units free of infestation.
- 5.2.14 *Sanitation inspections shall be conducted every month with a record of the results filed for easy reference.
- 5.2.15 An active safety program shall be maintained by a multi-disciplinary safety committee that investigates all accidents and makes recommendations for prevention.
- 5.2.16 Records of activities of the safety committee shall be maintained.
- 5.2.17 All areas of the physical plant shall incorporate safety measures required by State and local regulations.
- 5.2.18 There shall be adequate safety shields on the moving parts of all dumb waiters, elevators and other machinery, as provided for in applicable standards and codes.
- 5.2.19 All stairways shall be equipped with handrails.
- 5.2.20 All elevators and machinery with moving parts shall be provided with protective shields.
- 5.2.21 Paint used in the facility shall be lead free.
- 5.2.22 All exits shall be clearly marked for easy identification in the event of day or night emergencies.
- 5.2.23 Housekeeping supplies shall be properly labeled with identification and written instructions regarding proper use.
- 5.2.24 The temperature of the hot water at all taps to which residents have access shall be controlled, by the use of thermostatically controlled mixing valves or by other means, so that it does not exceed 110 degrees Fahrenheit.
- 5.2.25 Fire extinguishers and related fire fighting equipment shall be available as required by the State Fire Marshal.

Health and Sanitation - contd.

5.2.26 *Fire drills shall be conducted monthly.

5.2.26.1 The nature of each drill shall be in compliance with an established evacuation plan approved by the State Fire Marshal as per existing regulations (see Appendix).

5.2.27 *A fire and safety inspection of each unit shall be conducted at least once a month as directed by the institution's coordinator of fire and safety.

5.2.27.1 A report shall be submitted to the State Fire Marshal.

5.2.28 Space shall be provided for all special program and service functions carried out by the institution including:

5.2.28.1 Facilities for education and training, medical and recreation;

5.2.28.2 Food storage, preparation, and distribution areas, compliance with State and local sanitation requirements (see Appendix);

5.2.28.3 Power plant, electrical, laundry, maintenance shops and central services;

5.2.28.4 Office space for fiscal, and all program related clerical functions;

5.2.28.5 Attractive space for visitors and guests, including public waiting rooms and washroom facilities.

SECTION 6. RESEARCH

6.1 Research Programming

- 6.1.1 Institutions shall base their treatment, training and care programs upon the most up-to-date scientific knowledge available, and shall contribute to advances in new scientific information for research.
- 6.1.2 In the instance of research involving human subjects, suitable measures shall be taken to assure protection of the individual's physical well-being and civil liberties.
 - 6.1.2.1 Consent of the resident or the resident's legal guardian shall be obtained for any research.
- 6.1.3 *All research projects shall be processed and conducted in a manner consistent with Department of Institutions and Agencies regulations (see Appendix).
 - 6.1.3.1 Copies of reports resulting from research projects shall be maintained in the institution.
 - 6.1.3.2 Where research findings are made public care shall be taken to assure the anonymity of individual residents.
 - 6.1.3.3 All research projects shall be approved by the Division Director prior to initiation.
- 6.1.4 Standards for research shall require the institutions to:
 - 6.1.4.1 Utilize opportunities to obtain funds from private or government sources to finance research.
 - 6.1.4.2 Encourage and support institutional personnel with demonstrated research interest and ideas to carry on research.
 - 6.1.4.3 Cooperate with universities and other research agencies in making research facilities available.
 - 6.1.4.4 Stimulate research efforts (both individual and programmed research) which will contribute not only to the improvement of treatment, training and care within the institution, but to new knowledge about mental retardation.
 - 6.1.4.5 Clearly defined procedures shall be developed and implemented for informing staff members of new research findings that have applicability to the programs and administration in the institution.

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