STANDARDS

FOR LICENSURE OF RESIDENTIAL AND INPATIENT

DRUG TREATMENT FACILITIES

New Jersey State Department of Health
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1.0 DEFINITIONS AND/OR QUALIFICATIONS

1.1 ADDICTION - A chemical dependency which by reason of repeated use has resulted in a tolerance requiring increased quantity or frequency of dosage, or both, as well as evidencing a predictable syndrome whenever the user undergoes abstinence.

1.2 ADMINISTRATOR - An individual approved by the Division of Narcotic and Drug Abuse Control who may be titled administrator, manager, director or otherwise. The administrator may also, but need not, be the owner or the governing authority of the drug treatment facility.

1.3 CENTRAL INTAKE UNIT (CIU) - A centralized facility which is responsible for the initial screening, evaluation, diagnosis, and orientation of a patient for purposes of referral to an appropriate modality for drug abuse treatment.

1.4 CHEMICAL DEPENDENT - A person who is dependent upon, or by reason of repeated use thereof is in imminent danger of becoming dependent upon, any kind of controlled substance, narcotic drug, or other type of drug as defined in any law of the State of New Jersey or of the United States including, but not limited to, any drug of either of the following groups:

(a) Opium, heroin, morphine, or any derivative of such drugs, or

(b) Any barbiturate, central nervous system stimulant, tranquilizer or other depressant, hallucinogenic drug or derivative, any other psychotropic drug, or any other drug subject to regulation.

Such dependency may include, but is not limited to, addiction as defined in these standards.

1.5 CLEANING - The removal by scrubbing and washing, as with hot water, soap or detergent, and vacuuming, of infectious agents and of organic matter from surfaces on which and in which infectious agents may find conditions for surviving or multiplying.

1.6 CLINICAL NOTE - A dated, permanently written, signed notation by a professional member of the health team of a contact with a patient, containing a description of signs and symptoms, treatment and/or drug given, the patient's reaction, and any changes in physical or emotional condition.

1.7 COMMISSIONER - The New Jersey State Commissioner of Health.

1.8 COMMUNICABLE DISEASE - An illness due to a specific infectious agent or its toxic products, which occurs through transmission of that agent or its products from a reservoir to a susceptible host.

1.9 CONTAMINATION - The presence of an infectious agent in the air, on a body surface, or on/in clothes, bedding, instruments, or dressings, or other inanimate articles or substances, including water, milk, and food.

1.10 DEPARTMENT - The New Jersey State Department of Health.

1.11 DETOXIFICATION - A process which uses a prescribed drug such as methadone for purposes of reduction of a patient's chemical dependency. Such process shall follow an approved schedule of detoxification and shall be under medical supervision.

1.12 DIETITIAN OR NUTRITIONIST - An ADA dietitian or a registered dietitian.

ADA Dietitian - A person with a baccalaureate degree from an accredited college or university with courses meeting the academic standards of the American Dietetic Association, plus a dietetic internship or dietetic traineeship or master's degree plus six months of experience.

Registered Dietitian - An ADA dietitian who has met current requirements for registration.

Nutritionist - A person who has graduated from an accredited college or university with a major in foods or nutrition or the equivalent course work for a major in the subject area, and two years of full-time professional experience.

Successful completion of a dietetic internship or traineeship in hospital or community nutrition approved by the American Dietetic Association or completion of a master's degree in the subject area may be substituted for the two years of full-time experience.

1.13 DISINFECTION - The killing of infectious agents outside the body, or organisms transmitting such agents, by chemical and physical means, directly applied.

1.13.1 CONCURRENT DISINFECTION - The application of measures of disinfection as soon as possible after the discharge of infectious material from the body of an infected person, or after the soiling of articles with such infectious discharges, all personal contact with such discharges or articles being minimized prior to such disinfection.

1.13.2 TERMINAL DISINFECTION - The application of measures of disinfection after the patient has died or been removed to a hospital, or has ceased to be a source of infection, or after the facility's isolation practices have been discontinued. Terminal disinfection is rarely practiced; terminal cleaning generally suffices along with airing and sunning of rooms, furniture, and bedding. Terminal disinfection is necessary only for diseases spread by indirect contact.

1.14 DRUG TREATMENT FACILITY - Any licensed institution, facility, place, building, or agency, not licensed as a hospital, including any private dwelling which supplies residential care, treatment, services, maintenance, accommodation, or board, or any of these, in a group setting primarily or exclusively for individuals having any type of habituation, dependency, or addiction to the use of any kind of controlled substance, narcotic drug, or other type of drug, and which provides guidance, supervision, and personal services which enable the drug user, dependent, or addict to move into independent living in normal surroundings, but does not provide those services that can be rendered only by a physician or within the confines of a hospital, and does not provide a permanent residence but only a temporary one. The term DRUG TREATMENT FACILITY also means and includes a specific, designated treatment unit of a licensed hospital providing or making available any or all of the aforementioned services.

1.14.1 Residential facility - Any licensed drug treatment center which includes as part of its treatment requirement and/or process, that a patient physically reside on the premises. Residential facility classifications include:

1.14.1.1 Residential methadone; and

1.14.1.2 Residential drug-free.

1.14.2 Inpatient facility - Any drug treatment center operating within and administered by an existing hospital or classified as a licensed inpatient drug treatment facility.

1.15 FOOD SERVICE SUPERVISOR OR DIETARY ASSISTANT - A person who has completed a 90-hour classroom course approved by the State Department of Health.

1.16 GOVERNING AUTHORITY - The organization, person, or persons designated to assume full legal responsibility for the policy determination, management, operation,and financial components of the facility.

1.17 LICENSED PRACTICAL NURSE - A nurse licensed to practice practical nursing in the State of New Jersey pursuant to N.J.S.A. 45:11-27 et seq.

1.18 MEDICAL DIRECTOR - A physician authorized to practice medicine in the State of New Jersey pursuant to N.J.S.A. 45:9-1 et seq.

1.19 MEDICAL RECORD - A permanently written documentation of pertinent medical facts, including the patient's admission and discharge notes, past history, results of laboratory tests and physical examinations, nursing notes, progress notes, social service records ,and any other relevant patient information.

1.20 MENTAL HEALTH PROFESSIONAL - A person approved by the Division of Narcotic and Drug Abuse Control who, by virtue of education, training, or experience, is capable of assessing the psychological and sociological background of drug abusers to determine the treatment plan most appropriate for patients.

1.21 PATIENT - Any person who has applied for or been given diagnosis or treatment for drug abuse at a treatment program which provides drug treatment services.

1.22 PHARMACIST - A person currently registered as a pharmacist in the State of New Jersey, pursuant to N.J.S.A. 45:14 et seq.

1.23 PHYSICIAN - A person who is licensed to practice medicine in the State of New Jersey, pursuant to N.J.S.A. 45:9-1 et seq.

1.24 POSITIVE TUBERCULIN REACTOR - A person who has had a positive tuberculin test, determined on the basis of either a Mantoux test with five tuberculin units of stabilized purified protein derivative, or a vesiculation following a multiple puncture tuberculin test.

1.25 PROGRAM - Any drug abuse project or activity which administers services for drug treatment.

1.26 PROGRAM DIRECTOR - A person approved by the Division of Narcotic and Drug Abuse Control.

1.27 PROGRESS NOTE - A permanently written, dated, signed notation by a professional member of the health team summarizing facts about care and the patient's response during a given period of time.

1.28 REGISTERED PROFESSIONAL NURSE - A professional nurse currently licensed by the State of New Jersey as a registered professional nurse, pursuant to N.J.S.A. 45:11-26 et seq.

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

1.30 STAFF ORIENTATION PLAN - A written plan for the orientation of each new employee to the duties and responsibilities of the service to which he/she has been assigned, as well as to the personnel policies of the facility. Each service shall provide an orientation for each new employee, to begin no later than the first day of employment.

1.31 TREATMENT AND TREATMENT PLAN - The term "treatment" means interviewing, counseling ,and any other services or activities carried on for the purpose of, or incident to, diagnosis, treatment, or rehabilitation with respect to drug abuse, whether or not conducted by a member of the medical profession; the term "treatment plan" means the mode of treatment determined appropriate to meet the needs of the patient.

2.0 LICENSURE PROCEDURE

2.1 Certificate of Need

2.1.1 According to Chapters 136 and 138, Laws of New Jersey, 1971, Health Care Facilities Planning Act, a health care facility shall not be instituted, constructed, expanded, or licensed to operate except upon application for and receipt of a Certificate of Need issued by the Commissioner.

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

Division of Health Planning and
Resources Development
Review and Comment Unit
New Jersey State Department of Health
John Fitch Plaza
P.O. Box 1540
Trenton, New Jersey 08625

2.2 Newly Constructed or Expanded Facilities

2.2.1 The application for license of a new residential or inpatient drug treatment facility shall include written approval of final architectural plans by the Office of Health Facility Construction and Monitoring, Division of Health Planning and Resources, Department of Health.

2.2.2 A temporary permit may be issued to a newly constructed facility, for the first six months of operation, dependent upon the following conditions:

2.2.2.1 An office conference has taken place between the Licensure, Certification and Standards Program and the facility owner, administrator, and appropriate administrative personnel for a comprehensive review of the conditions for licensure and operation;

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

2.2.2.3 Written approvals of the water supply and sewage disposal system by the Environmental Protection Agency and local health officials are on file for any water supply or sewage disposal system not connected to an approved municipal system;

2.2.2.4 A final onsite inspection visit has been made by representatives of Health Facilities Construction and Monitoring, and Licensure, Certification and Standards, who verify that the building has been constructed in accordance with the final architectural plans approved by the Department; and

2.2.2.5 Professional personnel are employed in compliance with staffing standards established by the Department.

2.2.2.6 No health care facility shall accept patients until the facility has the written approval and license issued by the Department.

2.2.2.7 Any health care facility with a construction program, whether a Certificate of Need is required or not, must submit plans to the Department for review and approval prior to the initiation of any work.

2.3 Application for Licensure

2.3.1 Following acquisition of a Certificate of Need, any person, organization, or corporation desiring to operate a residential or inpatient drug treatment facility shall make application to the Commissioner of Health for a license on forms prescribed by the Department. Such forms can be obtained by submitting a request to the Division of Health Facilities Evaluation, New Jersey State Department of Health, John Fitch Plaza, P.O. Box 1540, Trenton, New Jersey 08625.

2.3.2 The Department shall charge a non-refundable fee of $100 for the filing of an application for licensure of a residential or inpatient drug treatment facility and any renewal thereof.

2.3.3 Any individual or individuals considering application for license to operate a residential or inpatient drug treatment facility should make an appointment for a preliminary conference at the Department with the Licensure, Certification and Standards Program.

2.4 Surveys

2.4.1 When the written application for licensure is approved, and the building is said to be ready for occupancy, a survey of the facility by representatives of the Department shall be conducted.

2.4.2 The findings of the survey with respect to adherence to the licensure standards shall be documented and a letter noting any deficiencies found forwarded to the facility.

2.4.3 Following receipt of the letter noting deficiencies, the facility shall notify the Department when the deficiencies have been corrected.

2.4.4 A resurvey of the facility, to be conducted by the Department following correction of the deficiencies, will be scheduled prior to occupancy as needed.

2.4.5 If, on the basis of the Departmental survey, the facility meets the licensure standards, the facility will be issued a temporary permit valid for six months.

2.4.6 Survey visits including the review of all facilities and patient records and conferences with patients may be made to a residential or inpatient drug treatment facility at any time by authorized staff of the Department.

2.5 Full License

2.5.1 A full license shall be issued on expiration of the temporary permit, if periodic surveys by the Department have determined that the health care facility is operated in the manner required by Chapters 136 and 138 and by the rules and regulations pursuant thereto.

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

2.5.1.2 A license shall be conspicuously posted in the facility.

2.5.1.3 A license is not assignable or transferable. It shall be immediately void if the facility ceases to operate or if its ownership changes.

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

2.6 Surrender of License

2.6.1 The facility shall directly notify each patient concerned or the patient's responsible relative, the patient's physician, and any third party payors concerned at least 30 days prior to the voluntary surrender of a license, or as directed under an order of revocation or suspension of license. The license shall be returned to the Department.

3.0 GENERAL REQUIREMENTS

3.1 The facility shall provide preventive, diagnostic, therapeutic, and rehabilitative services.

3.2 The facility shall comply with applicable federal, state, and local regulations and requirements, including but not limited to:

3.2.1 Building;

3.2.2 Zoning;

3.2.3 Fire;

3.2.4 Safety;

3.2.5 Health; and

3.2.6 Civil rights.

3.3 The facility shall comply with all applicable provisions contained in Chapters 136 and 138, Laws of New Jersey, 1971, Health Care Facilities Planning Act, N.J.S.A. 26:2H-1 et seq.

3.4 All professional personnel shall be licensed or authorized under the appropriate laws or regulations of the State of New Jersey.

3.5 The facility shall have a recognized governing authority.

3.6 The facility shall have a contractual arrangement for services not provided at the facility. This arrangement can be with a licensed hospital or laboratory/radiological facility approved by the Department. These services shall include but not be limited to emergency, inpatient, and ambulatory medical services.

3.7 The facility shall be so organized that clear lines of authority, responsibility, and accountability are present and functioning, so as to ensure an integrated continuum of services for the patient. (An organizational chart shall be provided, delineating the lines of authority for the delegation of responsibility down to the patient care level.)

3.8 A written narrative of the program shall be submitted by the agency of auspices to the Department describing the services provided, staffing patterns, functional space requirements, departmental relationships, and other basic information relating to the fulfillment of its objectives.

3.9 Residential methadone and residential drug-free programs shall provide services seven days per week, twenty-four hours per day.

3.10 A policy and procedure manual shall be developed as a guide for organization and operation of the facility. It shall be reviewed annually, dated and signed by a committee composed of the supervisory staff and of individuals directly involved with the delivery of care, and any revisions shall be approved by the Department. The manual shall include:

3.10.1 A description of the organization, structure, and allocation of responsibility and accountability;

3.10.2 A description of the modalities of health and medical services provided, including a listing of services and procedures which may and may not be performed in the facility;

3.10.3 A description of referrals and linkages with other ambulatory care and inpatient facilities in order that patients can receive comprehensive care;

3.10.4 A description of the system for maintenance of patient records;

3.10.5 A description of the process of evaluation of patient care;

3.10.6 A staff orientation and a staff education plan, including plans for each service; and

3.10.7 Policies and procedures for the guidance of personnel.

3.11 The manual shall be available and readily accessible to all staff.

3.12 The facility shall have a designated medical director and administrator.

3.13 The facility shall establish and implement procedures for staff, approved by the Department, including:

3.13.1 A system of pre-employment and ongoing physical examinations to include, but not be limited to, tuberculin test and/or chest X-ray, serological test for syphilis, complete blood count, urinalysis, medical and appropriate physical examination and tests. Positive tuberculin reactors shall have a chest X-ray; and

3.13.2 Staff orientation and education for each service, as specified in the staff orientation and education plans. Each service shall maintain written records of these activities, including the names of persons attending, methods used, and an evaluation of their effectiveness.

3.14 The facility shall describe and establish a mechanism for dealing with both staff and patient grievances.

3.15 The facility shall develop a method of patient transportation to a backup facility.

3.16 The facility shall establish and implement a system of notice and review of termination of treatment. In any case in which a decision is made that a treatment to which these standards apply be terminated or substantially changed by the program director, the patient shall be given written notice of this fact and of the right to have such decision reviewed in accordance with procedures established for that purpose.

3.17 The Commissioner may, in accordance with the general purposes and intent of this document, waiver sections of the regulations noted, if, in the opinion of the Commissioner, waiver of such regulations would not endanger the life, safety, or health of the patient.

3.18 All residential drug-free and residential chemotherapy facilities shall comply with the physical plant requirements contained in Section 30 of this document. Inpatient drug treatment facilities shall comply with the physical plant requirements contained in Section 31 of this document.

3.19 The facility shall have a written plan and procedures to be followed in case of medical emergencies, equipment breakdown, fire, or other disaster. The plan shall be developed with the assistance of fire and safety experts from local municipalities. Emergency procedures shall, at a minimum, include the following:

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

3.19.2 Simulated drills of the plan shall be conducted at least four times a year, and a record of each drill written which includes the date, hour, description of the drill, staff participation,and name of the person in charge.

3.20 No health care facility shall be owned or operated by a person convicted of a misdemeanor or a high misdemeanor relating adversely to his/her capability of owning or operating that facility unless that person is considered rehabilitated as stipulated in the Rehabilitated Convicted Offenders Act, N.J.S.A. 2A:168A-1 et seq.

4.0 AUSPICES

4.1 The facility shall have a governing authority.

4.2 The governing authority shall assume full legal responsibility for the policy determination, management, operation ,and financial viability of the facility, personnel policies ,and employment.

4.3 The governing authority shall be responsible for:

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

4.3.2 Provision of a safe physical plant equipped and staffed to maintain the facilities and services;

4.3.3 Adoption and annual review of written bylaws or an acceptable equivalent which shall be submitted to the Department;

4.3.4 The holding of meetings at least quarterly and documentation of such meetings through minutes, including a record of attendance;

4.3.5 Establishment and implementation of a system of ongoing communication with professional personnel, including regular meetings between representatives from the governing authority and professional personnel; and

4.3.6 Establishment and implementation of a system whereby staff and patient grievances can be identified within the facility. This system shall include a "feedback" mechanism to the governing authority indicating that remedial action was taken.

4.3.7 The governing authority shall notify the Commissioner of any change in medical director, program director, administrator, and/or modalities of service offered.

5.0 ADMINISTRATION

5.1 A full-time program director shall be appointed to assume responsibility for managing and supervising the modalities of treatment offered to patients in each drug abuse program.

5.2 All residential treatment programs shall have at least one administrator designated by the program director in each facility location. The program director may assume the role of administrator in the facility in which his/her office is located.

5.3 The administrator shall be responsible for:

5.3.1 Planning for and administration of the total management, operational, fiscal, and reporting components of the facility;

5.3.2 Assumption of responsibility for employment and placement of staff;

5.3.3 Together with the program director, development and implementation of appropriate processes for staff interaction and administrative relationships with support services and community resources;

5.3.4 Participation in policy and administrative decision-making;

5.3.5 Administration and supervision of the nonclinical operations of the program; and

5.3.6 Acting as a liaison to the governing authority on behalf of the program director, medical director, the staff, and the patients.

5.4 The administrator shall be accountable to the governing authority.

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

5.6 A physician shall be designated by the governing authority as medical director.

5.7 The medical director shall be responsible for:

5.7.1 Planning and provision of medical direction and maintenance of the quality of medical care provided;

5.7.2 Planning for, participation in, and implementation of the policy objectives, and provision of medical services of the facility;

5.7.3 Development and maintenance of a system of audit and evaluation of medical care. This will include responsibility for maintenance of adequate patient records;

5.7.4 Determination of the extent and type of emergency medical equipment and supplies which shall be maintained in the facility to deal with possible overdoses and other medical emergencies; and

5.7.5 Establishment of effective collaborative relations with medical support services and community resources.

5.8 The medical director shall be responsible to the program director.

6.0 ORGANIZATION AND DELIVERY OF HEALTH SERVICES AND MEDICAL CARE SERVICES

6.1 The facility shall provide preventive, diagnostic, therapeutic, and rehabilitative services to patients. Services shall also include health maintenance, health education, social services, and referral when necessary to appropriate health and social facilities and programs.

6.2 Mental Health Services - Development of Treatment Plan - Consultation

6.2.1 Each patient seeking admission or readmission for the purpose of obtaining treatment services shall be interviewed by a mental health professional or by an intake counselor under the supervision of such a professional. A complete personal history shall be obtained, including information relating to the patient's social, economic, and family background, his/her education and vocational achievements, any history of past drug abuse and treatment, any record of past criminal conduct, and any other information which is relevant to the patient's application and which may be helpful in determining the most appropriate mode of treatment. If a Central Intake Unit provides intake screening, the program to which the patient has been referred by such Unit has the responsibility to develop an individually tailored treatment plan based on the interview and the patient's case history.

6.2.2 Each treatment plan shall include documented information relating to: (1) short- and long-term goals for treatment generated by both staff and patient; (2) the assignment of a primary counselor; (3) a description of the type and frequency of counseling services to be provided; and (4) a description of the supportive services determined to be needed by the individual patient.

6.2.3 Each program shall provide, through a mental health professional, a minimum of five hours per week of mental health consultation for each 100 patients. The objective of this consultation shall be to review selected cases and to provide assistance to the staff in the management of patient services or for the purpose of referral for psychiatric services.

6.3 Medical Services

6.3.1 The facility shall establish procedures under which a complete personal, medical, and drug history and physical examination for each patient is secured upon the patient's entry into the program and kept up-to-date throughout the patient's treatment. In the event that the treatment program requires a period of induction, the physical examination should be administered during that period. The treatment program need not repeat any parts of the physical or laboratory examination or secure personal medical or drug information which already had been obtained by a Central Intake Unit on a patient who was referred to the program by such Unit, unless the information is deemed incomplete or appears questionable. The documentation and results of CIU examinations shall be transferred to the treatment program as such results become available and should be contained in the patient's intake record upon transfer to the treatment program.

6.3.2 The facility shall provide for a physical and laboratory examination as soon as practicable but not later than 21 days after admission of the patient. The results of the physical and laboratory examination and their implications for the patient's treatment shall be detailed in the patient's treatment plan.

6.3.3 The physical and laboratory examination of each patient shall include:

6.3.3.1 Investigation of the possibility of infectious disease, pulmonary, liver and cardiac abnormalities, dermatologic sequelae of addiction, and possible concurrent surgical problems;

6.3.3.2 Complete blood count and differential;

6.3.3.3 Serological test for syphilis;

6.3.3.4 Routine and microscopic urinalysis;

6.3.3.5 Urine screening for drugs (toxicology);

6.3.3.6 Multiphasic chemistry profile (SMA/12 or similar studies approved by the Division of Narcotic and Drug Abuse Control);

6.3.3.7 Tuberculin test with follow-up , if indicated.

6.3.3.8 Australian antigen (HbAg testing [HAA testing]) as appropriate;

6.3.3.9 EKG and biological tests for pregnancy and sickle cell anemia, as appropriate;

6.3.3.10 Papanicolau smear (female); and

6.3.3.11 Smear and culture for gonorrhea.

6.3.4 The facility shall establish procedures under which consultation with the medical director or other program physician shall be provided, at least once in every four-week period or more often as needed, for those patients receiving prescription medications (other than methadone) through the program.

6.4 Nursing Services

6.4.1 Residential facilities shall have nursing services available. The type and amount of services provided shall be dependent upon the written program plans and objectives.

6.4.2 Drug treatment inpatient programs shall provide 24-hour direct (on the premises) nursing coverage.

6.4.3 Registered professional nurses shall be responsible for the supervision of all nursing services provided in the facility.

6.4.4 There shall be licensed registered nurses on duty to plan, assign, supervise ,and evaluate nursing care when needed.

6.4.5 There shall be appropriate nursing staff, which may include licensed practical nurses and other supporting personnel, to carry out the various nursing service activities performed in the facility.

6.4.6 Nursing service personnel at all levels of experience and competence shall be:

6.4.6.1 Assigned responsibilities in accordance with their qualifications; and

6.4.6.2 Provided appropriate nursing supervision.

6.4.7 A written nursing policy and procedure manual shall be available and accessible in the facility.

6.4.8 A written plan of nursing care shall be made part of the patient's medical record.

6.5 Urine Surveillance

6.5.1 The facility shall establish and implement written policies for the evaluation of patients or staff suspected of regression to drug usage which include provision for periodic urinalysis. These policies shall also include a follow-up procedure for dealing with persons found to be using narcotics or other dangerous drugs. Urine specimens from each person shall be collected in a manner that minimizes falsification and on a randomly scheduled basis. In all programs dispensing methadone, urine specimens for all patients shall be analyzed weekly for opiates and monthly for methadone, amphetamines, barbiturates, and other drugs as indicated.

6.5.2 In all other programs, urine specimens or an alternate method approved by the Department from all patients shall be analyzed at least monthly for opiates, methadone, amphetamines, and barbiturates, as well as for other drugs as indicated. More frequent testing should occur when clinically indicated.

6.5.3 Laboratories used for urine testing shall comply with all applicable federal proficiency testing and licensing standards and all New Jersey State standards in conformity therewith.

6.5.4 Urine testing results shall be used as one clinical tool for the purpose of diagnosis and in the determination of patient treatment plans. Patient records shall reflect that the results are utilized and shall distinguish presumptive qualitative laboratory results from those which are definitive.

6.5.5 Program and medical directors electing to rely on the results of presumptive urinalysis for patient management shall demonstrate reasonable access to definitive qualitative laboratory analysis for use when necessary, e.g., for criminal justice system records, intake urine testing on all prospective methadone clients, justification of any loss of patient privileges based on urinalysis results, and establishing the frequency of use of other drugs not detectable by a screening method.

6.6 Dental Services

6.6.1 Emergency dental services shall be available through a referral mechanism with a dental facility or office.

7.0 COUNSELING

7.1 All counseling services are required to be performed by trained personnel under the supervision of a professional approved by the Division of Narcotic and Drug Abuse Control, utilizing the individual family or group counseling technique which best meets the needs of the patients. In the case of group counseling, the size of the group should be left to the discretion of the professional under whose supervision the group counseling services are administered.

7.2 Residential drug-free and residential methadone programs shall provide a minimum of ten hours of formalized counseling per week for each patient, either directly by the program or by an outside consultant. The hours of counseling actually provided may be increased according to the needs of the patient.

8.0 VOCATIONAL REHABILITATION AND EMPLOYMENT PROGRAMS

8.1 Patients enrolled in residential programs shall be encouraged to participate in a vocational rehabilitation or employment program or to obtain gainful employment within sixty days from the date of admission. All efforts toward either of these objectives and the results shall be noted in the patient's treatment plan and the notes of his/her progress. If, for any reason, a patient is not encouraged to pursue one of these alternatives, the reasons also shall be recorded in the patient's records.

9.0 SUPPORTIVE SERVICES

9.1 The following supportive services shall be provided:

9.1.1 Educational services;

9.1.2 Vocational counseling and training;

9.1.3 Job development and placement; and

9.1.4 Legal services through licensed lawyers to the extent that such services are related to the patient's treatment.

9.2 To the maximum extent possible, programs shall utilize community resources to provide these services.

9.3 If any program is unable to obtain any of the requisite supportive services, a formal request to provide such services directly shall be made to the New Jersey State Department of Health (Division of Narcotic and Drug Abuse Control).

10.0 PHARMACY SERVICES

10.1 If a pharmaceutical service is offered directly or indirectly by the facility, it shall be provided in accordance with appropriate federal and state laws.

10.2 Programs which use methadone for detoxification and maintenance treatment shall comply with all applicable regulations of the Food and Drug Administration, as well as other applicable federal and state regulations and directives.

11.0 DIETARY SERVICES

11.1 Each facility shall have a food service supervisor or dietary assistant, appointed by the administrator, who shall be responsible for the provision of dietary services. This person shall function with consultation from a nutritionist or dietitian and shall be responsible for maintaining the food handling facilities of the unit in compliance with Chapter 12 of the New Jersey State Sanitary Code.

11.2 The dietary services offered shall comply with the Diet, Menu Planning and Food Preparation Manual for Narcotic and Drug Abuse Treatment Centers prepared by the Division of Narcotic and Drug Abuse Control, New Jersey State Department of Health. For facilities providing special or modified dietary services, the New Jersey Diet Manual prepared by the New Jersey State Department of Health shall also be followed.

11.3 Menus shall be planned and written at least one week in advance and kept on file for at least six weeks following the date of service, with changes and substitutions recorded. Special diets shall be provided on physician's order in accordance with approved standards of food and nutrition as specified above.

12.0 MEDICAL RECORDS

12.1 The facility shall maintain a medical record department or unit which shall be equipped to enable members of the staff to properly complete patient records. The facility shall designate a staff member to be responsible for all recordkeeping and reporting activities.

12.2 Accurate and complete medical records shall be kept on each patient and filed in an accessible area within the facility. A complete medical record includes but is not limited to patient identification data (name, address, date of birth, race-optional, sex, referral source), financial data, chief complaint, history of present illness, past history, personal and family history, physical examination, diagnosis, therapy, physician's orders, and results of all specialized examinations, etc., treatment, medications provided, plan of care, and appropriate signatures.

12.3 Each record shall state a plan of care for the patient which includes immediate therapy, long range care, and a listing of all necessary referrals for health and health-related problems.

12.4 A progress note shall be made on the patient's medical record by each health professional who has contact with the patient.

12.5 A unit record shall be maintained on each patient. The record shall incorporate services provided in the facility and summaries of ambulatory and inpatient services provided at other health and health-related facilities. This patient record shall be filed as a single unit together with laboratory, X-ray and other pertinent reports.

12.6 All professional staff shall write progress notes on the patient's medical record so that a sequential history of the patient's health status shall be available.

12.7 A medication sheet shall be incorporated into the patient's medical record indicating the drug profile, (e.g., the name, date, dosage, and duration of every medication prescribed).

12.8 All orders for medication shall be written, dated,and signed by the physician. All reports including progress notes in the patient's medical record shall be typewritten or written in ink, legible, dated, and signed by the recording person.

12.9 All medical records shall be preserved as required by N.J.S.A. 26:8-5 et seq.

12.10 Medical record information shall be safeguarded against loss or unauthorized use. Written procedures shall govern the use and removal of records and conditions for release of information. Patients' written consent shall be obtained for release of information not required by law. All records shall be kept confidential in accordance with the applicable regulations (currently 21 CFR, Part 1401, proposed to be incorporated in 42 CFR, Part 2, see 40 FR 20522, May 9, 1975).

12.11 All patients whom the facility determines to be drug abusers shall be reported to the CODAP Project Management Section of the Division on the Confidential Client Oriented Data Acquisition Process (CODAP) forms. This form with its unique identifier is required of all programs in fulfillment of regulations of the Controlled Dangerous Substances Registry Act of 1970, N.J.S.A. 26:2G (17 through 20).

12.12 Upon transfer of a patient to another health care facility, ambulatory or inpatient, a summary of the patient's medical record or an abstract thereof shall be sent to the receiving facility with the consent of the patient. In the event of denial of permission, a copy of the patient's written denial shall be kept in the patient's medical record at the facility. If the patient refuses to sign the permission denial form, a written statement by a staff member, appropriately witnessed, shall be included in the record.

12.13 Upon discharge from a facility, patient records shall reflect terms of discharge, to whom discharged (self or other agency, service, etc.), educational and/or work status and recommendations for follow-up and/or future contacts. If the client left the program against the advice of professional staff of the facility this shall be recorded.

13.0 PATIENT CARE STATISTICS

13.1 Patient care information shall be collected monthly and submitted annually to the Department. The data to be collected shall include but not be limited to:

13.1.1 Total number of patients served per annum;

13.1.2 Number of new patients per annum; and

13.1.3 Number of patient visits per annum.

13.1.4 This information shall be broken down by unit of service provided.

14.0 FINANCIAL DATA

14.1 Upon development of a uniform cost reporting system approved by the Health Care Administration Board, the facility shall adopt and maintain the uniform system of cost reporting from which reports will be prepared to meet the requirements of the Commissioner as stated in Chapters 136 and 138, Laws of New Jersey,1971, Health Care Facilities Planning Act, N.J.S.A. 26:2H-1, et seq.

14.2 An annual financial report shall be submitted to the Department which will include a statement of income and expenditures by unit of service.

15.0 AUDIT AND EVALUATION

15.1 A multidisciplinary audit committee shall be appointed.

15.2 A plan for audit and evaluation of patient care shall be developed by the facility and submitted in writing to the Department for review and approval. This plan shall include ongoing monitoring of professional and program activities and audit of patient medical records. The following areas shall be included in the audit and the evaluation system:

15.2.1 Annual review of professional staff qualifications;

15.2.2 Periodic review of educational programs in which professional staff participate; and

15.2.3 Periodic evaluation of the processes by which medical care and health services are delivered, i.e., patient utilization, registration and appointment systems, follow-up on broken appointments, staffing patterns, maintenance of physical facilities and equipment; and

15.2.4 Audit of patient charts on an ongoing basis by means of:

15.2.4.1 Determination of objective criteria for a modality of patient care;

15.2.4.2 Review of patient medical records in terms of conformity to established criteria;

15.2.4.3 Recording of deficiencies found;

15.2.4.4 Specific recommendations for correction of the deficiencies; and

15.2.4.5 Follow-up to ascertain if deficiencies have been corrected.

16.0 PATIENT BILL OF RIGHTS

16.1 The facility shall adopt written policies regarding the rights and responsibilities of patients. These patients' rights policies ensure that each patient:

16.1.1 Shall be fully informed of these rights and of all rules and regulations governing patient conduct and responsibilities;

16.1.2 Shall be fully informed of services available at the center and of related charges, including any charges not covered under Medicare, Medicaid, or other third-party payor arrangements;

16.1.3 Shall be fully informed of his/her medical condition unless medically contraindicated (as documented in his/her medical record) and shall be afforded the opportunity to participate in the planning of his/her medical treatment and to refuse to participate in experimental research;

16.1.4 Shall be encouraged and assisted to understand and exercise his/her patient rights and to this end may voice grievances and recommend changes in policies and services to facility staff and to outside representatives of his/her choice;

16.1.5 Shall be assured confidential treatment of his/her records and disclosures, and shall be afforded the opportunity to approve or refuse the release of such records to any individual not involved in his/her care except as required by law or third-party payment contract; and

16.1.6 Shall be treated with consideration, respect, and full recognition of his/her dignity and individuality at all times.

17.0 INFECTION CONTROL

17.1 The administrator shall be responsible for the following:

17.1.1 In conformance with the New Jersey State Sanitary Code, development and implementation of a system for investigating, reporting, evaluating, and maintaining records for patients and personnel of infections which are reportable or which may be related to activities and procedures of the facility, as a means of surveillance and monitoring of the effectiveness of infection control measures;

17.1.2 Development of written policies and procedures, approved by the Department, for cleaning and disinfection practices and techniques used in the facility, including but not limited to the following:

17.1.2.1 Care of utensils, articles, and surfaces;

17.1.2.2 Selection, storage, use, and disposition of non-disposable patient care items;

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

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

17.2 The occurrence of a reportable disease shall be reported in conformance with Chapter 2 of the New Jersey State Sanitary Code. The facility shall also have written policies and procedures, developed by the administrator for reporting other diseases, according to Regulations 2 and 3 of Chapter 2. The administrator shall develop policies and procedures for exclusion from work, and authorization to return to work, of employees with communicable diseases.

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

18.0 HOUSEKEEPING SERVICES

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

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

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

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

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

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

18.2.5 Housekeeping services are evaluated.

18.3 The facility shall comply with the provisions of the New Jersey State Sanitary Code and with the following:

18.3.1 The facility and its contents shall be free from dust, dirt, and debris;

18.3.2 Nonskid wax shall be used on all waxed floors;

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

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

18.3.5 All mechanical equipment shall be in working order, covered to protect from contamination, and accessible for cleaning and inspection;

18.3.6 All equipment shall have unobstructed space provided for operation;

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

18.3.8 Thermometers shall be maintained in refrigerators and storerooms used for perishable items;

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

18.3.10 Pesticides shall be applied so as to prevent contamination to patients and food. Vapona (insecticidal) strips shall not be used anywhere in the facility;

18.3.11 Articles in storage shall be elevated from the floor to facilitate cleaning and eliminate rodent harborages;

18.3.12 Unobstructed aisles shall be provided between articles in storage;

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

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

18.3.15 Toilet tissue shall be provided at each toilet at all times;

18.3.16 Solid or liquid waste, garbage, and trash shall be disposed of or stored in a manner approved by the Department and so as to prevent fire, contamination, or transmission of disease. Solid waste shall be stored in insect- and rodent-proof, fireproof, nonabsorbent, watertight containers with tightfitting covers;

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

18.3.18 All patient areas shall be free from noxious odors.

18.4 If a commercial housekeeping service is used, it shall be required to maintain at least the standards outlined herein.

18.5 Water distribution systems shall be arranged to provide hot water at each hot water outlet at all times. Hot water at shower, bathing, and handwashing facilities shall not exceed 110 degrees F (43 degrees C).

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

18.6.1 Written policies and procedures for linen and laundry services, including methods of storage and transportation, are developed and implemented;

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

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

30.0 PHYSICAL PLANT REQUIREMENTS - RESIDENTIAL DRUG-FREE AND RESIDENTIAL CHEMOTHERAPY FACILITIES

30.1 Facilities classified as residential drug-free shall comply with items 30.1.1 through 30.1.3 below. Facilities classified as residential chemotherapy shall comply with items 30.1.1 through 30.1.6 below.

30.1.1 The New Jersey State Department of Health Standards for New Boarding Homes for Sheltered Care (adopted October 27, 1965, reprinted July 1970 and April 1974) or as hereafter amended shall apply to residential drug-free and residential chemotherapy facilities.

30.1.2 The sponsor for each project shall provide a narrative program which describes the functional space requirements, staffing patterns, departmental relationships, and other basic information relating to the fulfillment of the facility's objectives.

30.1.3 Each facility shall have parking space to satisfy the minimum needs of patients, employees, staff, and visitors. In the absence of a formal parking study, each facility shall provide not less than one space for each day shift staff member and employee plus one space for each five patient beds. This ratio may be reduced in an area convenient to a public transportation system or to public parking facilities if proper justification is included in the narrative program, and provided that approval of any reduction is obtained from the Department. Space shall be provided for emergency and delivery vehicles.

30.1.4 Each identifiable unit shall have a small nurses' station which will provide a desk or work table, locked medicine cabinet, lockable safe, medical record storage, and a small refrigerator for biological supplies. A thermometer shall be provided in each refrigerator.

30.1.5 Each identifiable unit shall have a small utility room which shall contain a sanitizer, hand sink, work counter, waste and soiled linen receptacles.

30.1.6 The sharing of a nurses' station and/or a utility room by one or more identifiable units will be considered if both units are located on the same floor and do not exceed 60 beds per nursing unit, and if the nursing station or utility room is within 120 feet of each patient bedroom.

31.0 PHYSICAL PLANT REQUIREMENTS - DRUG TREATMENT INPATIENT FACILITIES

31.1 All drug treatment inpatient facilities shall contain the elements described herein, or the narrative program shall indicate the manner in which the required services are to be available to the public. Each element provided in the facility must comply with the requirements outlined herein.

31.1.1 Drug treatment inpatient facilities operated as a unit within and administered by an existing or newly licensed general hospital shall comply with the physical plant standards as outlined in Section Three of the New Jersey State Department of Health Manual of Standards for Hospital Facilities.

31.1.2 The unit intended for drug treatment inpatient care shall provide a safe and secure facility for patients requiring medical and nursing supervision. The unit shall be designed to facilitate care of ambulatory inpatients for the most part oriented to their surroundings and functionally able to participate in a range of work and other educational and therapeutic activities, with only incidental restrictions on physical or mental capacity. The unit should present a non-institutional atmosphere if possible.

31.2 Freestanding drug treatment inpatient facilities shall meet all physical plant standards as outlined in Section 1201 of the New Jersey State Department of Health Manual of Standards for Nursing Homes.