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SECTION ONE

DEFINITIONS, INTERPRETATIONS, CLASSIFICATIONS AND LICENSING POLICIES

A. Hospitalization

Hospitalization within the meaning of the Hospital Licensing Act is defined as the reception and care of persons for continuous periods which usually are longer than twenty-four hours, for the purpose of giving advice, diagnosis or treatment bearing on the physical or mental health of such person.

B. Private Hospital

A private hospital is defined as any institution whether operated for profit or not, which is not maintained, supervised or controlled by an agency of the government of the State or any county or municipality and which maintains and operates facilities for the diagnosis, treatment or care of two or more non-related individuals suffering from illness, injury or deformity or where obstetrical, convalescent, out-patient department or other medical or nursing care is rendered for periods exceeding 24 hours.

C. Licensee

The licensee is the corporation, association, partnership or individual operating an institution and on whom rests the responsibility for maintaining approved standards.

Any agency of the government or any county or municipality which shall apply for and receive Federal funds under the provisions of Public Law 725 of the 79th Congress, Chapter 958, Second Section, shall be required to comply with the rules and regulations and the minimum standards of nursing and hospital care provided for in Section 30:11-1 of the revised statutes as a condition precedent to receiving such funds.

Any hospital which has received financial aid from the Federal government for construction and which, as a condition to receipt of such funds, has agreed to provide accommodations for special types of patients (*chronic, psychiatric, etc.*) shall continue to maintain such special accommodations as a condition to license.

D. Classification of Institutions

Separate standards have been developed for institutions in the following categories which take into consideration the type of care provided, legal requirements and physical characteristics of the institution comprising each group.

For the purpose of the administration of the Hospital Licensing Act, private hospitals shall be classified generally as follows:

1. Non-proprietary or Non-profit

Any hospital owned and operated by a corporation, association, religious or other organization, no part of the net earnings of which is applied, or may lawfully be applied, to the benefit of any private shareholder or individual.

2. Proprietary or Profit

Any hospital owned and operated by an individual, partnership or corporation, the net proceeds of which are subject to distribution for the benefit of such individual, corporation or shareholders.

Under the above categories hospitals shall be further classified as follows:

a. General Hospitals

Any hospital for in-patient medical, surgical or obstetrical care of which not more than 50% of the total patient days during the year are customarily assignable to any or either of the following categories of cases; chronic, convalescent and rest, drug and alcoholic, epileptic, mentally deficient, nervous, mental and tuberculosis.

b. Special Hospitals

A hospital providing care for one of the following types of patients; cardiac, eye-ear-nose and throat, maternity, orthopedic, skin and cancer as well as other hospitals providing similar specialized types of care commonly given in general hospitals. The term excludes mental, tuberculosis and chronic disease hospitals.

c. Mental Hospitals

A hospital for the diagnosis, care and treatment of nervous and mental illness but excluding institutions caring only for the mentally deficient.

d. Tuberculosis Hospitals

A hospital for the diagnosis and treatment of tuberculosis, excluding preventoria.

e. Chronic Disease Hospitals

A hospital the primary purpose of which is medical treatment and care of chronic illness, including the degenerative diseases, and which furnishes hospital treatment and care, administered by or under the direction of persons licensed to practice medicine in New Jersey.

The term excludes tuberculosis, mental hospitals and nursing homes.

f. Communicable Disease Hospitals

A hospital the primary purpose of which is the medical treatment and care of contagious diseases.

E. Inspection

Inspection of the physical plant and equipment by the Department of Institutions and Agencies through its duly authorized officers, agents or employees, shall be made during usual working hours of the day or by appointment, except in emergency when inspection may be made at any time.

Every building, institution or establishment for which a license has been issued shall be periodically inspected by one or more duly appointed representatives of the State Department of Institutions and Agencies under the rules and regulations which are presented in this manual.

F. Exceptions and Exemptions

The following exceptions and exemptions are provided under the Hospital Licensing Act:

1. The word "hospital" as used herein shall not be defined to include first aid stations or doctors' offices for emergency medical or surgical treatment where no continuous bed care or protracted treatment is contemplated or performed.
2. The Department of Institutions and Agencies does not have the power or authority to require any hospital to:
 - a. Practice sterilization of human beings.
 - b. Practice euthanasia, birth control or any other similar

practice contrary to the dogmatic moral beliefs of any well established religious body or denomination.

- c. Deny any application for license or approval on the sole ground that adequate hospital or nursing home facilities are already available in the vicinity or area for which license is sought.
- d. Supervise or regulate or control the remedial care or treatment of individual patients who are adherents of any well recognized church or religious denomination which subscribes to the art of healing by prayer and the principles of which are opposed to medical treatment and who are resident in any home or institution operated by a member or members or by an association or corporation composed of members of such well recognized church or religious denomination.
- e. Modify or change any laws, rules or regulations governing the control of communicable diseases.

G. Separate Licenses Required

Separate licenses are required for separate institutions even though they are operated under the same management provided, however, that the separate licenses are not required for separate buildings on the same or adjoining grounds.

H. Fees

Each application for a license to operate a private hospital or nursing home within the meaning of this Act shall be accompanied by a fee of \$25.00. No such fee shall be refunded but shall be credited to the cost of investigating the application for license. All licenses issued hereunder shall be renewed annually upon payment of a like fee. All fees received by the State Department of Institutions and Agencies under the provisions of this Act shall be paid into the State treasury to the credit of the Department for the purpose of carrying out the general provisions of this Act.

No license granted hereunder shall be assignable or transferable and shall be immediately void if a hospital ceases to operate or its ownership changes.

I. Revocation or Suspension of License

The State Department of Institutions and Agencies is authorized to suspend or revoke a license issued hereunder on any of the following grounds:

1. Violation of any provisions of the Statute or the rules and regulations issued pursuant thereto.
2. Permitting, aiding or abetting the commission of any illegal act in said institution.
3. Conducting practices contrary to accepted procedure and detrimental to the welfare of the patient.
 - a. Each and every hospital licensed to operate under the laws of the State of New Jersey shall adhere strictly to, and comply with all existing legislation with respect to abortions; any departure from the best accepted practice in this regard shall subject the hospital to revocation of its license.

J. Posting of License

The license shall be conspicuously posted on the premises.

K. Terms of License

No license provided herein shall be granted for a term exceeding one year.

L. Notice of Intention to Close or Transfer Ownership of the Institution

The institution should give notice to the Department of Institutions and Agencies of at least 30 days, of any intention to close or transfer ownership of the institution.

M. Information Not To Be Disclosed

Information received by the Department of Institutions and Agencies through inspection authorized under this Act shall be confidential.

Nothing contained herein shall be construed to interfere with existing legislation or the established rights and privileges of the public prosecutor and litigants having access to hospital records, nor shall anything said herein be construed to interfere in any way with the orderly legal process of obtaining access to such records.

SECTION TWO

ADMINISTRATIVE REGULATIONS

A. Non-Proprietary

1. Governing Board

There shall be a Board of Directors, Board of Trustees or other similar body in each institution which shall be the supreme authority in the hospital responsible for its management, control and operation including the appointment of a qualified medical staff, the conservation and use of hospital monies and the formulation of administrative policy.

- a. It shall be composed of at least five representative residents in the area served by the institution or as many more additional members, who need not be such residents, as are required to effect efficient direction, provided, however, that any hospital operated by a religious body or organization may have a governing body as its supreme authority which may be composed and organized of officials or members of such religious bodies or organizations and in accordance with the practice or rule thereof notwithstanding lack of residence in the area served by the institution.
- b. The governing body shall consist of, at least, a president or chairman, vice president, secretary and treasurer. It shall have the power to appoint such officers and committees as it may require to assist in carrying out its functions.
- c. It shall conduct regular meetings and such special meetings as are required.

2. Administrative Officer

All institutions shall have an administrative officer, superintendent or director who shall be selected by the governing body to serve under its direction and be responsible for carrying out its policies. Hospitals operated by religious organizations shall conform to the accepted procedure of such religious group. The religious authority under which the hospital operates shall be responsible for its direction and supervision so that the policies of such religious organization may be effectively served.

- a. The administrative officer shall have charge of and be responsible for the administration of the institution.
- b. All institutions shall certify under their corporate seal, to the Department of Institutions and Agencies, the name and address of their administrative officer within 15 days after his or her appointment.

B. Proprietary and Profit

1. Ownership and Control

The owner, partners, or in the case of private corporations, the board of trustees of a proprietary hospital shall carry out the same functions reserved for the governing body of a non-profit proprietary institution. Such person or Board shall be the ultimate authority in the hospital responsible for the formulation of its policies, management, control and operation including the appointment of its medical staff, the establishment of rules and regulations required for the proper care of patients and such other duties and responsibilities as are necessary to carry out the purpose of the institution.

- a. The owner, partner or the board of trustees of any privately incorporated hospital shall certify to the Department of Institutions and Agencies the names, addresses, occupations or professions of the owners.

- (1) In the case of a privately incorporated hospital the same information shall be certified for the persons acting as incorporators and the board of trustees.

- (2) Any changes in the ownership or the identity of the person or persons acting as the ultimate authority in an institution shall be reported to the Department of Institutions and Agencies within 30 days of the date on which such change occurred.

2. Administrative Officer

All proprietary institutions shall have an administrative officer, superintendent or director. He shall be selected by the person or persons exercising the ultimate authority in each institution.

- a. He shall be responsible for carrying out the policies of the owners and for the over-all administration of all departments and branches in the institution even to the assignment of duties to the resident physicians, except that questions solely medical in nature; such as the diagnosis, care and treatment of patients, shall be a matter for medical determination.

- b. All institutions shall certify to the Department of Institutions and Agencies the name and address of their administrative officer within 15 days following the date of appointment.

3. Business Name, Partnership, Charter

Every proprietary hospital shall have a copy of its business name, partnership arrangement or charter and corporation papers certified from the public records, together with all by-laws and amendments thereto and shall file them with the Department of Institutions and Agencies.

C. Code of Ethics

Each hospital shall be expected to operate within existing and recognized codes of ethics. The Department of Institutions and Agencies will distribute copies of recognized codes of ethics on request or at the time its representatives conduct the inspection of individual hospitals.

SECTION THREE

PHYSICAL PLANT

A. Site

It is desirable that the site of any hospital be reasonably accessible to the center of community activities and conform to local zoning regulations.

1. Public transportation should be available within a reasonable distance, especially if an out-patient service is to be maintained.
2. The site should not be near insect breeding areas and should be relatively free from unusual noise, smoke, dust and unpleasant odors.

B. Buildings

1. Fire protection

- a. All buildings which house patients must be approved by the local authorities and the National Board of Fire Underwriters for fire protection. Such approval must be submitted in writing to the Department of Institutions and Agencies which reserves the right to make the final decision.
- b. Buildings of fireproof construction are to be preferred but whether the building to be used is of fireproof construction or not, the Department of Institutions and Agencies reserves the right to require that the following conditions be fulfilled:
 - (1) Adequate fire-stops, smoke doors and fireproof shafts shall be provided.
 - (2) Sleeping and sitting rooms shall open directly to the outside air.
 - (3) At least two separate exits shall be provided from each floor.
 - (4) Outside fire escapes shall be provided where necessary, conform to local requirements and have the approval of the Department of Institutions and Agencies.
 - (5) Fire extinguishers shall be provided and made available in the basement and on each floor. They shall be tested at least annually.

- c. All electrical work shall comply with the National Electricity Code and standards of the National Board of Fire Underwriters.
- d. Storage and handling of X-ray film shall be in accordance with the regulations of the National Board of Fire Underwriters.
- e. Precautions to be taken in the operating room - Safety measures shall be provided in accordance with the operating room Safe Practice Code, "*RECOMMENDED SAFE PRACTICE FOR THE USE OF COMBUSTIBLE ANESTHETICS IN HOSPITAL OPERATING ROOMS*" adopted in 1944 by the National Fire Protection Association.
- f. Explosive gases and combustible substances shall be stored in fireproof rooms.
- g. There shall be provisions for notifying the local fire department immediately in case of fire either by direct alarm or by telephone and a written report of such happening shall be sent to the Department of Institutions and Agencies.
- h. Designated employees shall be instructed, at least annually or as often as necessary, in the fire protection facilities of the institution, in the use of the fire fighting apparatus and in methods of removing patients from the building.

2. Construction of the Plant

- a. The physical plant shall be adapted to the public service to be performed and conform to local building and plumbing requirements.
- b. The physical plant shall be kept in good repair.
- c. All new construction and major structural alterations shall be subject to the prior approval of the Department of Institutions and Agencies.

3. Heating

The hospital shall be equipped with heating appliances of a capacity sufficient to maintain in all rooms of the building used for patients, a temperature of 70 degrees Fahrenheit during the coldest weather.

4. Ventilation

The physical plant shall be ventilated adequately at all times.

5. Lighting

- a. Artificial lighting shall be by electricity unless special permission is granted by the Department of Institutions and Agencies for the use of some other kind of illumination.
- b. There shall be adequate and satisfactory lighting provided at all times.
- c. There shall be emergency lighting provided for exclusive use in the operating room.

6. Adequate toilet and bathing facilities shall be provided.

7. A bed must be provided for each patient and a sufficient supply of clean bedding and bed linen shall be kept on hand at all times.

8. The hospital plant should provide segregated areas and facilities for such specialized services as operating room, maternity department (*including delivery room, nursery and formula room*), and pediatric service. Whenever possible, the out-patient department should also be separate from the in-patient quarters and facilities.

- a. Small hospitals not equipped with X-ray or laboratory services shall make formal arrangement with some qualified specialist, hospital, or laboratory for such services.

9. Bed Space - The following minimum standards are suggested as guides:

- a. At least 65 square feet for each patient bed in the psychiatric and chronic disease wards shall be provided with at least three feet between beds.
- b. The rooms or wards for maternity, medical and surgical patients shall have an average of 72 square feet for each bed and a minimum of three feet between beds.
- c. There shall be at least 15 square feet of floor space for each bassinet with six inches between bassinets.
- d. There shall be a minimum of 20 square feet for each crib and a minimum of at least one foot between cribs.

- e. The suspect nursery shall have an average of 25 square feet for each infant.
- f. Tuberculosis beds shall have at least 80 square feet and be either four feet apart or have partitions.
- g. Isolation beds for contagious cases shall be in separate units.

10. Sanitation

a. Sewage

Sewage shall be discharged into a municipal sewerage system where such system is available. Sewage shall be disposed of in accordance with the requirements of the local ordinances and the standards of the local health department. Methods of sewage disposal must conform to the policies of the State Department of Health.

b. Garbage Disposal

Suitable facilities shall be provided for collection and disposal of garbage.

c. Water Supply

Water supply shall be of safe and sanitary quality suitable for drinking purposes and shall be obtained from a water supply system location, construction and operation to conform with the policies of the State Department of Health.

d. Screens

The building must be adequately supplied with screens, to be fly free at all times.

e. Incineration Facilities

Incineration facilities shall be provided for disposal of infected dressings, surgical and other obstetrical wastes. Other refuse shall be stored and removed from the premises in a manner which does not create a nuisance and is consistent with approved hygienic practice.

f. Adequate vermin and insect control must be maintained at all times.

SECTION FOUR

FOOD PREPARATION AND HANDLING

A. Food and Food Service

The preparation of food, planning of menus, supervision of food service and other related activities shall be under the direction of a dietitian or other qualified person. The American Dietetic Association has established qualifications which may be used as a guide in selecting such personnel.

1. Preparation

The equipment shall include such facilities as are needed to prepare hot, well balanced meals in sufficient quantity to serve as many patients as the institution accommodates.

2. Storage, Handling and Serving

Food and foodstuffs at hospitals shall be stored, handled and served in compliance with the provisions of Section 24:15-1 to 12, New Jersey Revised Statutes and the regulations adopted thereunder and shall be in compliance with sanitary requirements of the local Board of Health pertaining to restaurants.

SECTION FIVE

PERSONNEL

A. Personnel Practices

1. The Administrator shall set up adequate personnel procedures and keep appropriate records for all employees.
2. Rules and regulations, personnel policies and procedures with which each employee shall be familiar shall be established and promulgated for the administrative and technical guidance of the personnel in each division of the hospital.
3. All regular paid personnel should be given pre-employment examinations consisting of a general physical examination including a chest X-ray and stool cultures if a history of typhoid fever is elicited. A physical examination including chest X-ray should be repeated annually on all such personnel. Other personnel who show signs of other respiratory infections, skin lesions, diarrhea and other communicable diseases should be excluded from work to return only after a check-up by a physician.
4. Personnel absent from duty because of any reportable communicable disease, infection or exposure thereto, shall be excluded from the hospital until examined by a physician designated for such purpose and shall be certified by him to the Administrator as not suffering any condition that may endanger the health of the patients or employees.

B. Training

There shall be adequate provisions and appropriate supervision given to the training of interns, student nurses¹, auxiliary workers and volunteers.

C. Departmentalization

1. The organization of the hospital, as far as possible, should be departmentalized under the direction of department heads or supervisors.

¹ Student nurse supervision and training should be in accordance with rules promulgated by the New Jersey Board of Nursing under Chapter 262, Title 45, 11-23 and 45, 11-44 of the New Jersey Revised Statutes.

2. Hospitals should assign separate personnel to the Maternity Service and, as far as practicable, to other specialized departments such as the operating room, pediatric service and the out-patient and in-patient departments.
3. Coordination - A procedure should be instituted to make it possible for the employee to have contact with the hospital administrator. It is desirable that this form of contact be made through the personnel department or interviewers designated by the hospital administrator.

D. Working and Living Conditions

1. Every effort should be made to make working conditions attractive.
2. Attention should be given to such items as adequate food service, sufficient recreational facilities and appropriate regulations regarding hours of work, leaves of absence and vacations. Attention should also be given safety and health of all employees especially to the development of adequate medical and nursing service on a non-fee basis.
3. Residence and quarters - There shall be adequate and conveniently arranged facilities for housing all resident personnel.

E. Incentives

1. Definite policies regarding transfers and lines of promotion should be established.
2. A merit rating system should be inaugurated.
3. The development of a pension plan should be considered from the standpoint of both the obligation of the hospital to the employee and as a means of promoting employment stability.

F. Nursing Staff

1. Organization
 - a. The director of nursing shall be responsible to the hospital administrator for administering all details of the nursing service and/or the school of nursing. She shall be a graduate professional nurse eligible for registration in the State of New Jersey and shall have such special training and qualifications as may be necessary.

(1) The director of nursing shall be responsible for selecting an adequate staff for the department of nursing.

(2) Under the general supervision of the director there shall be an assistant director, if necessary, and such supervisors, head nurses, graduate professional nurses, practical nurses, student nurses and auxiliary workers as are required.

- b. The department of nursing shall be organized to provide complete and efficient nursing care to each patient and the authority, responsibility and the functions of each nurse shall be clearly defined.
- c. In all hospitals there shall be a registered nurse on duty at all times and such additional nurses as may be necessary.
- d. All practical nurses and auxiliary workers and volunteers performing nursing service functions shall be under the supervision of a registered professional nurse. Their duties shall be clearly defined and they shall be instructed in all duties assigned to them.

G. Others

Other professional and semi-professional personnel not specifically covered herein shall be responsible either to the administrator or the head of services as required.

SECTION SIX

MEDICAL STAFF

A. Organization

1. The medical staff of each hospital shall organize itself into a professional group or body in order to properly care for the sick and injured, to insure continued professional efficiency, to adequately govern itself and its members, to encourage the educational activities of the institution and its staff, to audit its own professional work and otherwise cooperate with the governing body and the administrator.
2. The organization shall have duly constituted officers such as a president, vice-president and secretary with authority to appoint as many committees as are necessary to carry out the work of the organization.

B. By-laws, rules and regulations shall be formulated in conformity with the by-laws of the hospital, setting up the plan of organization. It is suggested that the "By-Laws of the Medical Staff" approved by the New Jersey Medical Society and the American Hospital Association be used as a guide, but the following should be included as a minimum.

1. Qualifications for membership on the medical staff shall consist of:
 - a. Graduation from an approved professional school granting a degree of Doctor of Medicine.
 - b. Graduation from an approved dental school with the degree of Doctor of Dental Surgery.
 - c. Graduation from an approved school of Osteopathy with the degree of Doctor of Osteopathy.
 - d. Licensing shall be in conformity with New Jersey Revised Statutes Title 45, Chapter 9: 1-27 governing the practice of medicine and surgery.
2. Recommendations to governing body regarding privileges to physicians.
3. Where possible, hospitals should present a detailed outline of the medical staff organization into categories, divisions, departments, specifying responsibilities.
4. Prohibition of unethical conduct.

5. Plans for maintaining complete medical records.
6. Provision for pre-operative diagnosis.
7. Responsibilities of surgeon-in-charge of operations.
8. Requirement that physicians' orders be in writing.
9. Provision for regular monthly meetings and such special meetings as are required.
10. Placement of final decision on hospital administrator for admissions.
11. Requirement for consultation in all necessary cases.
12. Proper consents before surgery.
13. Election of officers and appointment of committees.
14. Keeping of minutes.
15. Standing orders.

Nothing in the above section shall limit the privilege of the medical staff to formulate such additional rules and regulations which it may feel will facilitate adequate medical care of patients provided they are not inconsistent with it.

C. The Staff Conference

1. Staff conferences should be held at least monthly, preferably at a regular time and place. The staff conference should be directed toward increasing the efficiency of the medical staff, developing medical knowledge and promoting clinical research. The conference agenda should be forwarded to all members beforehand.
2. Active staff members should be required to attend at least fifty per cent of the meetings unless excused for legitimate reasons.

D. Availability of Professional Personnel

1. A licensed physician shall be available and on call for emergencies at all times.
2. Professional personnel shall be available in adequate numbers, properly organized and with adequate supervision.

E. Medication and Treatment

Medication or treatment in hospitals may be given only on the order of a person authorized and professionally qualified to give such an order.

F. Referral and Follow-up of Patients

There shall be a definite policy for the referral of a patient who needs a community service upon his discharge from the hospital, for example, public health nursing services, convalescent home, etc.

SECTION SEVEN

RECORDS AND REPORTS

A. Records and Reports Other Than Financial

I. Medical Reports.

a. Each hospital shall have accurate and complete medical records properly written and filed in an acceptable manner. These records shall consist at least of:

- (1) Admission and provisional diagnosis
- (2) History
- (3) Physical findings
- (4) Physician's progress notes
- (5) Record of operation and treatments
- (6) Report of specimens examined, X-ray findings, laboratory results, etc.
- (7) Nurses notes
- (8) Consultations
- (9) Physician's orders
- (10) Record of discharge or death, autopsy and post-mortem report
- (11) Final diagnosis

These records shall be kept up to date, and completed within a reasonable length of time after the discharge or death of the patient. Following completion they shall be properly stored and kept for a period of at least 25 years.

b. The records of the hospital shall include as a minimum:

- (1) Record of admissions and discharges
- (2) Case and clinical records
- (3) Daily census
- (4) Register of births
- (5) Narcotic register in records
- (6) Deaths

(7) Autopsies

(8) Consultations

- c. The above records, within the limits of existing laws, shall be available for inspection at all times within business hours by the Department of Institutions and Agencies through its duly authorized officers, agents and employees.

2. Annual Reports

A summary annual report of the activities of the hospital on the form provided by the Department of Institutions and Agencies shall be filed with the Department within three months of termination of each calendar year.

3. There shall be adequate supervision and care of records.

B. Medical Library

It is recommended that all hospitals maintain a medical library.

C. Accounting and Auditing

The financial records of the institution should be audited annually by a reputable accounting firm. Verified copies of such an audit may be required by the Department of Institutions and Agencies as well as such other financial statements as may be necessary.

D. Applications for Federal Grant-In-Aid

All hospitals which apply for Federal grants-in-aid under the provisions of the Federal Hospital Survey and Construction Act, shall submit a written statement certifying that no person will be denied admission to the proposed facility for which such funds are requested, because of race, creed or color. Such certification shall include a statement concerning restriction of any of its services because of race, color or creed.

- E. It is desirable that voluntary reporting by hospitals within the State, to the Division of Research and Statistics, Department of Institutions and Agencies, be continued and nothing contained herein shall be interpreted to limit or restrict the existing practice of the past several years.

SECTION EIGHT

SPECIAL REGULATIONS FOR MATERNITY SERVICE AND CHILD ADOPTION

A. Special Regulations for Maternity Services

1. Segregation

- a. The maternity department shall be maintained physically, separate and apart from any service not concerned with maternity care, and shall have separate utility rooms, bathrooms and other necessary work units.
- b. Separate personnel shall be assigned to the maternity service which shall be under direct supervision of a registered professional nurse at all times. If the case load does not justify the total time of one nurse on each tour of duty, exception may be made by action of the Licensing Board after submission and approval of written techniques. In the event that exception is granted, such techniques shall be posted in the maternity unit and all personnel instructed.

2. Delivery and Labor Rooms

- a. Delivery rooms shall be separate from operating rooms and used for deliveries only. It is desirable that a separate delivery room be available for infected cases. In small units where this is not practical, provision shall be made for delivery of infected cases outside the normal delivery room.
- b. Labor rooms shall be provided near the delivery rooms. A ratio of one labor bed to 10 maternity beds is desirable.

3. Transfusion Service

- a. Each hospital shall maintain a blood bank or have formal arrangements whereby properly matched blood for transfusions may be promptly available in obstetrical emergencies.
- b. Two units of plasma shall be available at all times.

4. Isolation

Provision shall be made for complete isolation of sick and infected mothers and infants. There should be a separate nursing staff for the isolated patients. If it is necessary for nurses, caring for clean obstetrical patients, to care for patients in isolation, strict isolation techniques must be observed.

5. Nurseries

- a. At least one normal nursery shall be provided with sufficient square feet per bassinet to provide the necessary space for all working equipment and provision for crib-side care of the infant. (In each normal nursery 20 square feet per bassinet is the suggested guide.) Running water shall be provided.
- b. A suspect nursery shall be provided with sufficient space to allow 2 feet on all sides of each crib. An entrance to the suspect nursery, other than from the normal nursery, is necessary. The suspect nursery shall have running water available. The suspect nursery shall not be used for the proven infected infant.
- c. Adequate provision shall be made for the handling of premature infants or means established whereby such infants may be safely transferred to other hospitals where a premature service has been established.

6. Formula Preparation

Provision shall be made for the preparation of bacteriologically safe formulae.

7. Records

Annual reports of the maternity service shall be forwarded to the Department of Institutions and Agencies in accord with SECTION SEVEN of the Manual of Standards.

SPECIAL NOTE

The above standards must be considered a bare minimum. To achieve a fully acceptable maternity service, hospitals are urged to conform to the "Standards and Recommendations" promulgated by the Maternal and Child Health Division of the New Jersey Department of Health.

B. Special Regulations for Child Adoption

The placement of any child for adoption shall conform to the provisions of the Adoption Act. Title 9, Chapter 3 R. S. as revised by Chapter 239, Laws of 1944 and 1945.

SECTION NINE

SPECIAL REGULATIONS FOR PSYCHIATRIC SERVICES

A. Staff

The staff of a mental hospital or general hospital with a psychiatric service shall include a physician who is properly qualified by experience and training to carry out psychiatric service.

B. Security Measures

Hospitals admitting and treating psychotic patients shall have facilities for security measures such as locked doors, windows, bars, shatter-proof glass and freedom from suicidal hazards.

C. Restraints

Mechanical restraints shall be used only on a written order of a physician.

D. Shock Treatment

Hospitals carrying out shock treatment will do this only with personnel who have had adequate training and instruction in this work as determined by the governing board.

E. Commitment

Psychiatric patients may not be held against their will without commitment papers as provided by the Revised Statutes of New Jersey.

SECTION TEN

SPECIAL REGULATIONS FOR NEW HOSPITALS

- A. Groups, organizations or individuals planning the construction and establishment of new hospitals should conduct a preliminary survey which includes the following:
1. An estimate of the need for additional hospital beds in the area in question, together with some evaluation as to the adequacy or inadequacy of existing hospitals.
 2. Evaluation of the potential financial resources which would be available to the proposed hospital.
 3. The reaction of the general public to the proposed hospital, including a list of names of influential persons who might be willing to serve on the Governing Board.
 4. A canvass of the opinion of physicians in the area and the reaction of the medical, osteopathic and other interested societies.
 5. An estimate as to the approximate number of beds that are needed and a rough estimate of the cost of such an institution.
 6. All premises hereafter proposed to be used for hospital purposes shall be of fireproof construction.
 7. All premises hereafter proposed to be used for hospital purposes shall be (a) designed for hospital purposes, or (b) shall be approved by the Department of Institutions and Agencies as being readily adaptable for such purposes.

After this information has been secured the individual or group should arrange for a conference with the Deputy Commissioner for Hospitals, Department of Institutions and Agencies, at which time the project can be discussed in detail. If it seems practicable to proceed with the project, architects' plans should be drawn up and submitted to the Department for approval.

SECTION ELEVEN

REQUIREMENTS FOR ALL NEW HOSPITALS

The following units are required in all new general hospitals.

A. Administration Department

1. Up to and including 100 beds:
 - a. Business office with information counter
 - b. *PBX Board and night information
 - c. Administrator's office
 - d. *Director of Nurses' office
 - e. Medical record room
 - f. Staff lounge
 - g. Lobby
 - h. Public toilets
2. Over 100 beds:
 - a. Business office
 - b. Information counter
 - c. *PBX Board and night information
 - d. Administrator's office
 - e. Director of nurses' office
 - f. Admitting office
 - g. *Medical social service room
 - h. Medical record room (*should be easily available to O.P.D.*)
 - i. Staff lounge
 - j. Library, conference and board room
 - k. Lobby
 - l. *Retiring room
 - m. Public toilets

B. Adjunct Diagnostic and Treatment Facilities

Except for the morgue and autopsy, this department preferably should be located convenient to both in and out-patients.

1. Laboratory:
 - a. Adequate facilities for chemical, bacteriological, serological, pathological and hematological services. Approximately 4½ sq. ft. per bed should be provided for this purpose.
2. Basal Metabolism and Electrocardiography:
 - a. Up to and including 100 beds: No special provisions required. Can be done in bed rooms.
 - b. Over 100 beds: One room near the laboratory.

* Desirable but not mandatory

3. Morgue and Autopsy:
 - a. May not be required in hospital under 50 beds if other facilities such as undertaker or coroner are available. Where provided; combination morgue and autopsy with mortuary refrigerator.
4. Radiology: Each hospital to have at least 1 radiographic room with adjoining darkroom, toilet, and office. Hospitals of 150 beds and over should have at least 1 additional radiographic room. The radiology department should have ray protection as required.
5. Physical therapy: *In hospitals of 100 beds and over: Space should be provided for electrotherapy, hydrotherapy, massage, and exercise. Equipment to be furnished when competent technician is acquired.
6. Pharmacy:

Up to and including 100 beds: Drug room with minimum facilities for compounding.

Over 100 beds: Complete pharmacy and may include space for manufacturing and solution preparation depending on policy of hospital.

C. Nursing Department

1. General:

No room should have more than 4 beds. Each room shall have a lavatory. Nursing units composed of multi-bed rooms shall have a quiet room. No patients' bed rooms shall be located on any floor which is below grade.

*Approximately 1/3 of the hospital beds shall be in one-bed rooms, 1/3 in two-bed rooms, and 1/3 in four-bed rooms.
2. Size of nursing unit: *Not more than 35 beds. Larger units permissible, if additional facilities are provided.
3. Minimum room areas: 80 sq. ft. per bed in two- and four-bed rooms. 100 minimum sq. ft. in one-bed rooms.
4. Service rooms in each nursing unit:
 - a. Nurses' station
 - b. Utility room
 - c. Floor pantry (one per floor)
 - d. *Toilet facilities
 - e. Bedpan facilities
 - f. One bathroom
 - g. *Stretcher alcove
 - h. Linen and supply storage
 - i. Janitors' closet

*Desirable but not mandatory

5. Isolation suite: One for each hospital unless contagious disease nursing unit is available in hospital.
6. *Treatment room: One for each two nursing units per floor.
7. *Solarium: One for each nursing floor.
8. Nurses' toilet room: One for each nursing floor.
9. The maternity department shall be housed in a separate wing or floor.

D. Nursery Department

1. Full term nursery:
Area required: Not less than 24 square feet per bassinet, 30 square feet recommended.
 - a. Number of bassinets: No more than 12 bassinets in each full term nursery, 8 recommended.
 - b. Examination and work room: One examination and work room between each two full term nurseries.
2. Premature nursery: Recommended in hospitals of 16 or more maternity beds and required in hospitals of 25 or more maternity beds.
 - a. Area required: 30 square feet per bassinet.
 - b. Number of bassinets: Not more than six in each premature nursery.
 - c. Workroom: Each premature nursery to have own work areas.
3. Suspect nursery:
 - a. Area required: 40 square feet per bassinet.
 - b. Number of bassinets: Approximately 10% of full term bassinets. Not more than 6 bassinets in each suspect nursery.
 - c. Workroom: One workroom for each two suspect nurseries.
4. Formula room: Location in obstetrical nursery area or near kitchen optional.

*Desirable but not mandatory

E. Surgical Department

(Shall be located to prevent traffic through it to any other part of the hospital)

1. Operating rooms:

- a. Major: One operating room for each 50 beds or major fraction thereof up to and including 200 beds. Above 200 beds the number of operating rooms will be based on the expected average of daily operations.
- b. Cystoscopy: One in each hospital over 100 beds highly desirable, Should have an adjoining toilet room, Location in hospital optional,
- c. *Fracture room: One in each hospital over 100 beds, Shall have an adjoining splint room. Location in hospital optional.

2. Auxiliary rooms:

- a. Sub-sterilizing facilities
- b. Scrub-up facilities
- c. Nurses' locker room with toilet
- d. Janitors' closet
- e. Instrument storage
- f. Clean-up room
- g. Anesthesia equipment storage
- h. Surgical Supervisor station
- i. Doctor's locker room with toilet
- j. Storage closet
- k. *Stretcher alcove
- l. Storage room for sterile supplies beginning at 100 beds
- m. *Dark room beginning at 100 beds

3. Central sterilizing and supply room:

- a. Divided into work space, sterilizing space and sterile storage space
- b. Adjacent room for storage of unsterile supplies
- c. Location in hospital optional

F. Obstetrics Department

(Shall be located to prevent traffic through it to any other part of the hospital, Shall be completely separated from Surgical Department)

1. Delivery rooms: One for each 20 maternity beds.
2. Labor beds: One for each 10 maternity beds.

*Desirable but not mandatory

3. Auxiliary rooms:

- a. Sub-sterilizing facilities
- b. Scrub-up facilities
- c. Clean-up room or utility room
- d. Supervisors' station
- e. *Nurses locker room with toilet starting at 50 beds
- f. Sterile storage closet
- g. *Stretcher alcove
- h. Janitors' closet
- i. Doctors' locker room with toilet starting at 50 beds

G. Emergency Department

1. Accident room:

- a. *With separate ambulance entrance.
- b. Should be separated from operating suite and obstetrical suite.
- c. Additional facilities will depend on amount of accident work expected.

H. Service Department

1. Dietary facilities:

- a. Main kitchen and bakery
- b. Dietitians office
- c. Dishwashing room
- d. Adequate refrigeration
- e. *Garbage refrigerator
- f. Can washing facilities
- g. Day storage room
- h. Personnel dining space
- i. Provide 12 square feet per person; may be designed for multiple seatings
- j. Cafeteria or table service optional

2. Housekeeping facilities:

- a. Laundry; unless commercial or other laundry facilities are available, each hospital shall have a laundry of sufficient capacity to process full 7 days laundry in work week and contain the following areas:
 - (1) Sorting area
 - (2) Processing area
 - (3) Clean linen and sewing room separate from laundry
 - (4) Sewing room may be included in clean linen room in hospitals up to and including 100 beds
 - (5) Where no laundry is provided in the hospital, a soiled linen room and a clean linen and sewing room shall be provided
- b. Housekeeper's office. May be combined with clean linen room in hospitals up to 100 beds.

*Desirable but not mandatory

3. Mechanical facilities:
 - a. Boiler and pump room
 - b. *Shower and locker facilities
 - c. Engineers' space
4. Maintenance shops:
 - a. *In hospitals up to and including 100 beds at least one room shall be provided. In larger hospitals separation of carpentry, painting and plumbing should be provided.
 - b. For minimum requirements for mechanical and electrical work see the respective sections.
5. Employees' facilities:
 - a. Nurses' locker room without nurses' residence:
 - (1) Locker room: *One locker for each two hospital beds.
 - (2) Rest room
 - (3) Toilet and shower room
 - b. Nurses' locker room with nurses' residence adjacent:
 - (1) Rest room
 - (2) Lockers as required
 - (3) Toilet room
 - c. Female help lockers:
 - (1) Locker room
 - (2) Rest room
 - (3) Toilet and shower room
 - d. Male help lockers:
 - (1) Locker room
 - (2) Toilet and shower room

Ratio of male and female help will vary and size of locker rooms must be adjusted accordingly.
6. Storage:
 - a. Inactive record storage
 - b. General storage: 20 square feet per bed and to be concentrated in one area in so far as possible. Mechanical maintenance storage may be in a separate area.

I. Out-Patient Department

(If survey indicated that the out-patient department is unnecessary it may be omitted)

1. General:
 - a. Out-patient department should be located on the most easily accessible floor. It should have convenient access to radiology, pharmacy, laboratory, and physical therapy.
 - b. The size will vary in different locations and is not necessarily proportional to the size of the hospital. The patient load must be estimated to determine the number of rooms required.

*Desirable but not mandatory

- c. An out-patient department may be combined with the public health center clinics if the health center is a part of the hospital.
- 2. Administrative:
 - a. Waiting space with public toilets
 - b. Appointment and cashiers' office
 - c. Social service office
 - 3. Clinical:
 - a. History or screening room
 - b. Examination and treatment rooms:
 - c. *Eye, ear, nose, and throat room
 - d. *Dental facilities (2 chairs desirable)
 - e. Utility room

J. *Contagious Disease Nursing Unit

- 1. Where 10 or more beds are contemplated for nursing contagious diseases, they should be housed in a separate contagious disease nursing unit.
- 2. Patient rooms:
 - a. A maximum of 2 beds in each room
 - *Glazed partition between beds
 - b. Patient rooms shall have a view window from corridor
 - c. Each patient room shall have a separate toilet and a lavatory in the room
- 3. Each nursing unit shall contain:
 - a. Nurses' station
 - b. Utility room
 - c. Nurses' work room
 - d. Treatment room
 - e. Scrub sinks strategically located in the corridor
 - f. Serving pantry with separated dishwashing room adjacent
 - g. Doctors' locker space and gown room
 - h. Nurses' locker space and gown room
 - i. Janitors' closet
 - j. Storage closet
 - k. *Stretcher alcove

K. *Pediatric Nursing Service

- 1. Where 16 or more pediatric beds are contemplated, a separate pediatric nursing unit shall be provided and contain the following items:
- 2. General:
 - a. *Each bed in a multi-bedroom shall be in a clear glazed cubicle.
 - b. Each room shall have a lavatory
 - c. Patient's rooms wherever possible should have clear glazing between them and in the corridor partitions.

*Desirable but not mandatory

3. Minimum area:
 - a. 80 square feet per bed in two-bed rooms and over
 - b. 100 square feet in single rooms
 - c. 40 square feet per bassinet in nurseries
4. Each nursing unit shall contain:
 - a. Nursery with bassinets in cubicles
 - b. Isolation suite
 - c. Treatment room
 - d. Nurses' station: with adjoining toilet room
 - e. Utility room
 - f. Floor pantry
 - g. Play room or solarium
 - h. Bath and toilet room: with raised freestanding tub and 50% children's fixtures
 - i. Bed pan facilities
 - j. *Wheelchair and stretcher alcove
 - k. Janitors' closet
 - l. Storage closet

L. *Psychiatric Nursing Unit in the General Hospital

1. General: Layout and design of details to be such that the patient will be under close observation and will not be afforded opportunity for escape, suicide, hiding, etc. Care must be taken to avoid sharp projections of corners of structure, exposed pipes, heating elements, fixtures, etc., to prevent injury by accident.
2. Minimum room areas:
 - a. 80 square feet per bed in 4-bed rooms
 - b. 100 square feet in single rooms
 - c. 40 to 50 square feet per patient in day rooms
3. Each nursing unit shall contain:
 - a. Doctors' office
 - b. Examination room
 - c. Nurses' station
 - d. Day room
 - e. Utility room
 - f. Bedpan facilities
 - g. Pantry
 - h. Dining room
 - i. Toilet room
 - j. Shower and bathroom
 - k. Continuous tub room (*for disturbed patients*)
 - l. Patients' laundry (*personal*) for women's wards only
 - m. Patients' locker room
 - n. Storage closet (*for recreational and occupational therapy*)
 - o. Stretcher closet
 - p. Linen closet
 - q. Supply closet
 - r. Janitors' closet

*Desirable but not mandatory

APPENDIX A

EXCERPTS FROM EXISTING LAWS

The Sanitary Code - Enacted by the Department of Health of the State of New Jersey.

CHAPTER VI - Communicable Diseases

Regulation 3 - Reporting of communicable diseases occurring in institutions.

(a) Every physician, superintendent or other person having control over any State, county or municipal hospital, sanatorium, or other private institution in which any person suffering from any of the communicable diseases enumerated in Regulation 1, is received for care or treatment, shall, within twenty-four hours after such case of sickness has been received into said institution, report such sickness to the officer designated to receive such reports by the local board of health having jurisdiction over the territory in which such institution is located. Said report shall be in writing, signed by such physician, superintendent or other person having charge over said institution, and shall set forth the nature of the disease and also the name, age, sex, color of the sick person and the exact place of residence of such person or the name of the place from which he was received into the institution together with the date upon which he was received.

Regulation 22 - Preventing the spread of communicable disease in institutions.

It shall be the duty of the superintendent or person in charge of any hospital, or other institution or dispensary, in which there is a person affected with any communicable disease, to take such precautions as will prevent the spread of infection.

CHAPTER IX

Regulations Governing Conduct of Maternity Homes and Care of Maternity Patients and Young Infants.

Definition: "A Maternity Home" shall mean any home or house or other place conducted by any person or association who advertises himself or holds himself out as conducting a maternity or obstetrical home, sanitarium, or who has in his care one or more women during pregnancy, labor or lying-in period, for the purpose of attending professionally or otherwise such women during pregnancy, labor or lying-in period, except such women as may be related to him by blood or marriage or have been legally adopted by him.

Regulation 1 - License.

It shall be unlawful for any person or association to conduct or maintain a maternity home or to engage in or assist in conducting a business of attending women during pregnancy, labor or lying-in period outside their several homes, without having a written license therefore from the Department of Health of the State of New Jersey, provided that nothing in this code shall apply to any institution or department maintained by or operated by the State of New Jersey or by any county or municipality.

Regulation 2 - Term of License. No license above provided for shall be granted for a term exceeding one year.

Regulation 3 - Information of license, and posting thereof.

Every such license shall state the name of the licensee, the particular premises in or at which the business shall be carried on, and the number of women and infants that may be cared for at any one time; and said license shall be posted in a conspicuous place in the house or other place at which the business is conducted.

Regulation 4

Any person licensed to conduct a maternity home must conform to the standards issued by the State Department of Health.

Regulation 5 - Number of inmates permitted.

No greater number of women during pregnancy, labor or lying-in periods shall be kept at one time on the premises than is authorized in the license, and no women or infants shall be kept or disposed of within a building or place not designated in the license.

Regulation 6

No maternity home shall be operated in connection with a boarding home for children.

Regulation 7 - Record and revocation of license.

The record of such license when issued shall be kept by the Department of health. Said license shall be subject to revocation for violation of any of the regulations mentioned herein, or whenever in the judgment of the State Department of Health such Maternity Home is no longer needed or is not conducive to the well-being of mothers and infants.

Regulation 8 - Visitation and Inspection.

The Department of Health shall visit and inspect or designate persons to visit and inspect all parts of the premises and observe the manner of caring for inmates. Said Department and such persons shall have the right to call for and examine the records required by these regulations to be kept and to inquire into all matters concerning such licensed premises and the patients therein, and it shall be the duty of the licensee to give all information to such persons and afford them every reasonable facility for examining the records, inspecting the premises, seeing the inmates thereof, and observing the care given the inmates.

Regulation 9

The building or any part thereof to be used as a Maternity Home shall be approved by the local Fire Commissioner and Health Department.

Regulation 10 - Record to be kept by licensee.

Every person, firm, corporation or association conducting a Maternity Home, or engaged in treating or providing care for women during pregnancy, labor or the lying-in period as defined in these regulations, shall keep a record in a form to be prescribed by the State Department of Health wherein shall be entered the name, age, color and religion of every woman cared for or treated by him, together with the name and residence of each of the parents, of the husband and of the two nearest relatives of said woman. The progress of labor and puerperium shall be recorded in form prescribed. The standard record of all births shall be kept. A record shall be kept in standard form of all deaths of women or infants occurring in the Maternity Home and of all women and infants removed from or leaving the Maternity Home together with the address of the place to which the woman or infant is removed. A true copy of such record shall be sent to the State Department of Health at such time as the State Department of Health shall require.

Regulation 11

Additional regulations may be formulated by the State Department of Health, whenever considered necessary by that body.

APPENDIX B

LAWS GOVERNING THE LICENSING OF PRIVATE HOSPITALS,
CONVALESCENT HOMES AND NURSING HOMES IN NEW JERSEY
(HOSPITAL LICENSING ACT)

An Act requiring the licensing, inspection and regulation of private mental hospitals, convalescent homes, private nursing homes and private hospitals, creating a hospital licensing board, providing for regulations, enforcement procedures, and penalties for the violation thereof.

30:11-1 LICENSE REQUIRED; APPLICATION; RULES AND REGULATIONS;
PUBLIC POLICY

It is declared to be the public policy of this State to provide for the development, establishment and enforcement of basic standards for the care and treatment of individuals in private mental hospitals, convalescent homes, private nursing homes and private hospitals as defined herein and for the construction, maintenance and operation of such institutions in such a manner as to insure safe and adequate treatment of all such individuals in said private mental hospitals, convalescent homes, private nursing homes and private hospitals. No private nursing home, private mental hospital, convalescent home or private hospital for the care, treatment, or nursing of persons ~~mentally ill, mentally deficient or mentally retarded~~, acutely ill or chronically ill, or who are crippled, convalescent, infirm or in any way afflicted, shall operate within this State except upon license first had and obtained for that purpose from the department, upon application made therefor as hereinafter provided. No such license shall be granted by the department, unless the commissioner shall be satisfied that the institution in question is adequately prepared to furnish the care and service to be provided by it. Nothing herein contained shall be so construed as to interfere with the powers of the State Board of Medical Examiners to license medical practitioners in New Jersey.

Application for the license required by this section shall be made upon forms furnished by the department, shall set forth the location of the home or hospital, the person in charge thereof, and the facilities for caring for persons who may seek treatment therein. The applicant shall be required to furnish evidence of its ability to comply with minimum standards of nursing and hospital care, financial ability to successfully operate the institution for which the license is sought, and of the good moral character of the person in charge thereof.

Upon receipt of an application for license and the license fee, the Department of Institutions and Agencies shall cause an investigation to be made of the applicant and the hospital facilities and shall issue a license if it is found that said applicant is of good moral character and facilities comply with the provisions of this act, the regulations of the department and the minimum standards established for the operation of a private mental hospital, convalescent home, private nursing home or private hospital. The license shall not be transferable or assignable except with the written approval of the department and shall be posted in a conspicuous place on the licensed premises as prescribed by the regulations of the department. The State Board of Control of the Department of Institutions and Agencies, with the advice of the hospital licensing board, shall adopt, amend, promulgate and enforce such rules, regulations, and minimum standards of nursing and hospital care with respect to the different types of hospitals, convalescent homes and nursing homes to be licensed hereunder as may be reasonably necessary to accomplish the purposes of this chapter. Such rules, regulations and minimum standards when adopted shall be binding upon all licensees and applicants for license under this chapter.

Any private hospital, convalescent home, private mental hospital, or private nursing home which is in operation at the time of promulgation of any applicable rules or regulations or minimum standards under this act shall be given a reasonable time, not to exceed 6 months from the date of such promulgation, within which to comply with such rules and regulations and minimum standards, or subsequent amendments or supplements thereto.

30:11-2 DURATION OF LICENSE; FEE FOR ISSUE OR RENEWAL.

A license to operate a private mental hospital, private nursing home or private hospital shall be valid for 1 year from date of issue, and, upon issuance or renewal of such license, the commissioner shall collect, respectively, a fee of \$25.00, which shall be paid into the General State Fund and the cost of administration of this chapter shall be provided for in the annual appropriation law.

30:11-3 REVOCATION OR SUSPENSION OF LICENSE; HEARING.

The State Board of Control, after hearing, may deny, revoke or suspend any and all licenses granted under authority of this chapter to any person, firm, corporation or association violating the provisions of this chapter, or the rules and regulations promulgated hereunder.

Prior to the revocation, suspension or denial of any license hereunder, the department, if requested, shall afford the licensee an opportunity for a prompt and fair hearing before the department on the question of the issuance, suspension or revocation of the

license. The procedure governing such hearings shall be in accordance with the rules and regulations of the department adopted by and with the consent of the hospital licensing board. Either party may subpoena witnesses and compel their attendance on forms furnished by the department.

Notice of revocation, suspension or denial of a license shall be sent to the applicant or licensee by registered mail and the notice shall set forth the particular reasons for the denial, suspension or revocation of the license. Such denial, suspension or revocation shall become effective thirty days after mailing, unless the applicant or licensee, within such thirty-day period shall meet the requirements of the department or shall give written notice to the department of its desire for a hearing, in which case the denial, suspension or revocation shall be held in abeyance until the hearing has been concluded and a final decision rendered.

The Commissioner of the Department of Institutions and Agencies is hereby empowered to arrange for prompt and fair hearings on all such cases and to render written decision stating conclusions and reasons therefor upon each matter so heard, and to enter orders of denial, suspension or revocation consistent with the circumstances in each case.

30:11-3.1. INSPECTION OF PREMISES; APPROVAL OF STRUCTURAL CHANGES.

The department shall make or cause to be made such inspections of the premises of the licensee from time to time as it may deem necessary to be assured that the licensee is at all times complying with the provisions of this chapter, with the rules and regulations promulgated hereunder and with the minimum standards of nursing and hospital care established by virtue of the authority of this chapter. The licensee, prior to making any alterations, additions or improvements to its facilities or prior to the construction of new facilities shall, before commencing such work, submit plans and specifications to the department for preliminary inspection and approval or recommendations with respect thereto.

30:11-4 PENALTY FOR OPERATION WITHOUT LICENSE.

Any person, firm, corporation or association who shall operate or conduct a private mental hospital, convalescent home, private nursing home or private hospital without first obtaining the license required by this chapter, or who shall operate such private nursing home, convalescent home or private hospital after revocation or suspension of license shall be liable to a penalty of \$25.00 for each day of operation in violation hereof for the first offense and for any subsequent offense shall be liable to a penalty of \$50.00 for each day of operation in violation hereof. The State Board of Control, with the approval of the Attorney General, is hereby authorized and empowered to compromise and settle claims for money penalties in appropriate circumstances

where it appears to the satisfaction of the board that payment of the full penalty will work severe hardship on any individual not having sufficient financial ability to pay the full penalty but in no case shall the penalty be compromised for a sum less than \$500.00 for the first offense and \$1,000.00 for the second offense.

The penalties authorized by this section shall be recovered in a civil action, brought in the name of the State of New Jersey in the County Court of any county, which court shall have jurisdiction of all actions to recover such penalties. Money penalties, when recovered, shall be payable to the Department of Institutions and Agencies for its use in connection with the administration of this chapter.

The department may, in the manner provided by law, maintain an action in the name of the State of New Jersey for injunction against any person, firm, association or corporation continuing to conduct, manage or operate a private nursing home, convalescent home or private hospital without a license, or after suspension or revocation of license.

The practice and procedure in actions instituted under authority of this section shall conform to the practice and procedure in the court in which the action is instituted.

Whenever a boarding house or rest home or facility or institution of like character, not licensed hereunder, by public or private advertising or by other means holds out to the public that it is equipped to provide post-operative or convalescent care for persons mentally ill or mentally retarded or who are suffering or recovering from illness or injury, or who are chronically ill or require any form of personal attention, then, and in such case, the department shall be permitted reasonable inspection of such premises for the purpose of ascertaining whether there is any violation of the provisions hereof.

If any such boarding house, rest home or other facility or institution shall operate as a private mental hospital, convalescent home, private nursing home or private hospital in violation hereof then same shall be liable to the penalties prescribed herein.

30:11-5 (Repealed)

30:11-6 HOSPITAL LICENSING BOARD; APPOINTMENT; TERM.

The State Board of Control, subject to the approval of the Governor, shall appoint a hospital licensing board which shall consist of the Commissioner of the Department of Institutions and Agencies, the State Director of Health, the president of the State Board of Medical Examiners, 2 hospital administrators of recognized ability and 4 qualified persons, 2 of whom shall represent the interests of the public at large, 1 of whom shall have special qualifications and training in the field of nursing and 1 of whom

shall be selected from among the owners and administrators of the several private nursing homes. The board shall be representative of the aforementioned groups and the 4 members at large shall be appointed for terms of 1, 2, 3 and 4 years respectively, and the 2 members representing private nursing homes and the general field of nursing shall be appointed 1 for a term of 4 years and 1 for a term of 5 years, and upon completion of their appointed term their successor shall be appointed for a period of 6 years, except when appointed to complete an unexpired term. Members whose terms expire shall hold office until appointment of their successors. They shall serve without compensation but shall be reimbursed for actual expenses incurred in the performance of their official duty.

30:11-7 HOSPITAL LICENSING BOARD; DUTIES.

The hospital licensing board shall have the following responsibilities and duties:

- a. To consult and advise with the State Board of Control of the Department of Institutions and Agencies in matters of policy affecting the administration of this chapter and in the development of rules, regulations and minimum standards of nursing and hospital care as provided for herein.
- b. To review and make recommendations with respect to such rules, regulations and minimum standards authorized hereunder prior to their promulgation by the State Board of Control.

The Board shall meet not less than once each year and, in addition, as often as shall be required to conduct the business of the Board and to assist and advise in the administration of the duties and responsibilities imposed by this chapter.

30:11-8 PRIVATE MENTAL HOSPITAL, PRIVATE NURSING HOME, CONVALESCENT HOME AND PRIVATE HOSPITAL DEFINED.

A private mental hospital, private nursing home, convalescent home or private hospital, for the purpose of this chapter, is defined as any institution, whether operated for profit or not, which is not maintained, supervised or controlled by an agency of the Government of the State or of any county or municipality, and which maintains and operates facilities for the diagnosis, treatment or care of 2 or more nonrelated individuals, who are patients as defined herein, and who are suffering from acute or chronic illness, mental illness, mental retardation, mental deficiency, injury or deformity, or where obstetrical, convalescent or other medical or nursing care is rendered.

The word "hospital" as used herein shall not be deemed to include first-aid stations for emergency medical or surgical treatment where no continuous bed care or protracted treatment is contemplated or performed.

As used in this chapter a "patient" is a person who is suffering from mental illness, mental deficiency, mental retardation, an acute or chronic illness or injury, or who is crippled, convalescent or infirm, or who is in need of obstetrical or other medical or nursing care. Infirm is construed to mean that the individual is in need of assistance in bathing, dressing or some type of supervision.

As used herein, a "boarding house" shall be construed to be a family home or larger structural unit in which, for compensation, persons are given room and board including or not including, as the case may be, heat, light, toilet and bathroom facilities; and in which there is no agreement between operator and boarder to give personal care or special attention.

Any private mental hospital, private nursing home, convalescent home or private hospital, as well as institutions operated and maintained by any agency of the government of any county or municipality which shall apply for and receive Federal funds under the provisions of Public Law 725 of the 79th Congress, Chapter 958, 2d Session, shall be required to comply, as a condition precedent to receiving such funds, with the rules and regulations and the minimum standards of nursing and hospital care provided for in section 30:11-1 of the Revised Statutes.

30:11-9 EXCEPTIONS AND EXEMPTIONS.

Nothing in this act or in chapter eleven of Title 30 of the Revised Statutes shall give the licensing authority or agency herein provided for the power or authority to require any hospital to practice or permit sterilization of human beings, euthanasia, birth control or any other similar practice contrary to the dogmatic or moral beliefs of any well established religious body or denomination, nor shall any of the provisions thereof vest authority or be construed to vest authority in the Department of Institutions and Agencies or in the licensing authority or agency herein provided for to deny any application for license or approval as may be required by this act or said chapter on the sole ground that adequate hospital or nursing home facilities are already available in the vicinity or area for which the license or approval is sought.

Nothing in this act or in chapter eleven of Title 30 of the Revised Statutes shall be so construed as to give authority to supervise or regulate or control the remedial care or treatment of individual patients who are adherents of any well recognized church or religious denomination which subscribes to the act of healing by prayer and the principles of which are opposed to medical treatment and who are resident in any home or institution

~~operated by a member or members, or by an association or corporation composed of members of such well recognized church or religious denomination; provided, that such home or institution admits only adherents of such church or denomination and is so designated; nor shall the existence of any of the above conditions alone militate against the licensing of such a home or institution; and provided further, that such home or institution shall comply with all rules and regulations relating to sanitation and safety of the premises and be subject to inspection therefor.~~

Nothing herein contained shall modify or repeal any laws, rules, and regulations governing the control of communicable diseases.

30:11-10

The provisions of article 3 of chapter 4 of Title 30 of the Revised Statutes, except as concerning or pertaining to the investigation and determination of legal settlement and indigence of patients, shall apply to duly licensed private mental hospitals for the care and treatment of the mentally ill, mentally deficient and mentally retarded and every license issued hereunder shall be the licensee's authority to receive and hold a person duly admitted or committed pursuant to law.

~~Private Mental Hospitals were included in the above statute by Chapter 161, P. L. 1956, effective November 28, 1956.~~