New Jersey Department of Health  
Division of Health Facility Survey and Field Operations  

AFFIDAVIT OF COMPLIANCE  
WITH NEW JERSEY LICENSURE STANDARDS FOR  
ADULT DAY HEALTH CARE FACILITIES

I, _________________________________ , Administrator of  
_______________________________________, hereby state  

that to the best of my personal knowledge and understanding, the facility is in substantial compliance with the mandatory standards enumerated in this statement except as follows:

Describe exceptions to compliance:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I acknowledge that I must provide prompt notification to the Director, Division of Health Facility Survey and Field Operations, at the address below, should I become aware of any substantial changes in compliance:

Director, Division of Health Facility Survey and Field Operations  
New Jersey Department of Health  
PO Box 367  
Trenton, NJ 08625-0367

I understand that a willfully false statement could result in enforcement penalties.

Signature of Administrator          Date

AAS-40  
AUG 15
New Jersey Department of Health  
Division of Health Facility Survey and Field Operations  

ADULT DAY HEALTH CARE FACILITIES  
MANDATORY STANDARDS COVERED BY THIS AFFIDAVIT  
(ALL REFERENCES ARE TO N.J.A.C. 8:43F)

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ADDENDUM TO AFFIDAVIT OF COMPLIANCE
FOR ADULT DAY HEALTH CARE FACILITIES

This addendum lists the topics of all New Jersey Adult Day Health Care Facilities licensure standards referenced in the administrator’s affidavit of compliance. This addendum may be helpful to the administrator in determining compliance.

3.2 Qualifications of Administrator

3.3(d) 1-8 Policy and Procedure Manual
   Program Philosophy
   Organizational Chart
   Description of Referral Mechanisms
   Description of Quality Improvement Programs
   Specification of Hours of Operation
   Procedures for Maintenance of Personnel Records
   Policies for Staff Physical Examinations
   Procedures for Reporting Abuse

3.4(a) Notification to Department of Reportable Events

3.5 Description of Fees for Services and Financial Records

3.6 Participant Care Policies
   Staffing Based on Acuity Levels
   Referrals to Other Health Care Providers
   Emergency Care and Notification of Participant’s Relative
   Health Education
   Advance Directives
   Smoking Policy
   Discharge, Transfer and Readmission
   Care and Control of Facility Pets
   Exclusion of Participant due to Communicable Disease

3.10 Interpretation Services

3.11 Notification of Family and Documentation in Record

3.12 Follow-up on Participant Absence

3.13 General Records Policies

4.1 Policies and Procedures on Participant Rights and Staffing Training on Rights

4.2 Delineation of Participant’s Rights

5.1(c) Participant’s Inappropriate Behavior

6.1 General Services Provided

6.2 Description of Staffing Capabilities

6.3 Personnel Policies, Job Descriptions

7.2 Qualifications of Director of Nursing

7.3 Responsibilities of Director of Nursing Services
7.4 Description of Nursing Services
7.5 Responsibilities of Licensed Nursing Personnel
8.1 Description of Medical Services
8.3 Medical Consultant’s Responsibilities
8.4 Responsibilities of Physicians, Advanced Practice Nurses and Physician Assistants
9.1 Description of Pharmacy Services
9.2 Medication Administration Policies/Procedures
9.3 Description of Pharmacy Reporting Policies/Procedures
9.4 Description of Pharmacy Control Policies/Procedures
10.2 Qualifications of Food Services Supervisors
10.4 Administrator’s Responsibilities for Dietary Services
10.5 General Requirements for Dietary Services
11.1 Description of Rehabilitative Services
12.1 Qualification of Social Worker
12.2 Description of Social Work Services
13.2 Qualification of Activities Director
13.3 Description of Activities Services
14.17 Written Emergency Plans, Policies, Procedures
    Staff Training in Emergency Procedures
15.1 Policies for Maintenance of Medical Records
15.3 Contents of Medical Records
15.4 Medical Records Policies and Procedures
16.1 Administrator’s Responsibilities to Infection Control
16.2 Description of Infection Control Policies/Procedures
16.2(c) Policies/Procedures Regarding Flu Vaccination
16.2(d) Policies/Procedures Regarding Pneumococcal Vaccination
16.2(f) Policies/Procedures Regarding Employee Mantoux Testing
16.2(j) 1-8 Comprehensive Infection Control Policies
16.3 Description of Employee Health and Examination Procedures
16.4 Description of Regulated Medical Waste Policies
16.5 Written Housekeeping, Sanitation and Safety Policies
16.6 Written Housekeeping, Work Plans and Staff Training
17.1 Description of Transportation Services
17.2 Written Plan for Security and Accountability during Transport
18.1 Description of Quality Improvement Program
18.2 Use of Restraints