

**N.J.A.C. 10:47**

**STANDARDS FOR  
PRIVATE LICENSED FACILITIES  
FOR PERSONS WITH  
DEVELOPMENTAL DISABILITIES**



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**TABLE OF CONTENTS**

<b>SUBCHAPTER 1. GENERAL PROVISIONS.....</b>	<b>1</b>
10:47-1.1 Purpose and scope.....	1
10:47-1.2 Definitions.....	1
<b>SUBCHAPTER 2. LICENSURE .....</b>	<b>6</b>
10:47-2.1 Admissions to private facilities .....	6
10:47-2.2 Surveys of facilities.....	6
10:47-2.3 License .....	6
<b>SUBCHAPTER 3. ADMINISTRATION.....</b>	<b>7</b>
10:47-3.1 Management and organizational standards .....	7
10:47-3.2 Inspection .....	7
10:47-3.3 Waivers.....	7
10:47-3.4 Mission statement.....	7
10:47-3.5 Conflict of interest; provision of goods and services .....	7
10:47-3.6 Governing body; non-proprietary facilities.....	8
10:47-3.7 Governing body; proprietary facilities .....	9
10:47-3.8 Administrative procedures manual .....	9
10:47-3.9 Abuse of minors.....	11
10:47-3.10 Abuse of dependent adults.....	11
10:47-3.11 Quality assurance system .....	11
10:47-3.12 Behavior management .....	11
10:47-3.13 Admission policies .....	11
10:47-3.14 Pre-Admission .....	12
10:47-3.15 Individual records .....	13
10:47-3.16 Discharge record .....	14
10:47-3.17 Maintenance of records.....	15
<b>SUBCHAPTER 4. PERSONNEL AND STAFF TRAINING.....</b>	<b>16</b>
10:47-4.1 Policies .....	16
10:47-4.2 Personnel records .....	16
10:47-4.3 Staff training .....	17
10:47-4.4 Staff ratios .....	19
10:47-4.5 Volunteer services.....	19
<b>SUBCHAPTER 5. PROTECTING INDIVIDUALS' RIGHTS.....</b>	<b>21</b>
10:47-5.1 General provisions.....	21
10:47-5.2 Personal funds.....	22
10:47-5.3 Clothing and personal possessions.....	22
10:47-5.4 Privacy.....	23
10:47-5.5 Personal hygiene.....	23

<b>SUBCHAPTER 6. HEALTH SERVICES .....</b>	<b>24</b>
10:47-6.1 General medical and health care .....	24
10:47-6.2 Primary care provider services .....	25
10:47-6.3 Nursing services .....	25
10:47-6.4 Dental services .....	25
10:47-6.5 Pharmaceutical services .....	26
10:47-6.6 Psychoactive medication .....	27
10:47-6.7 Medical records .....	29
10:47-6.8 Lead control .....	30
<b>SUBCHAPTER 7. HABILITATION SERVICES .....</b>	<b>31</b>
10:47-7.1 Individual Habilitation Plan .....	31
10:47-7.2 Education .....	33
10:47-7.3 Adult training and vocational services .....	34
10:47-7.4 Psychological services .....	34
10:47-7.5 Behavior management procedure manual .....	34
10:47-7.6 Behavior management committee .....	35
10:47-7.7 Use of Level III techniques .....	36
10:47-7.8 Medical certification in cases of physical risk .....	37
10:47-7.9 Emergency mechanical restraint .....	37
10:47-7.10 Social services .....	37
10:47-7.11 Rehabilitation services .....	37
10:47-7.12 Adaptive equipment .....	38
<b>SUBCHAPTER 8. DIETARY SERVICES .....</b>	<b>39</b>
10:47-8.1 Dining environment .....	39
10:47-8.2 Nutritional services .....	39
10:47-8.3 Meal service .....	39
10:47-8.4 Food service and menu planning .....	40
10:47-8.5 Food sanitation .....	40
<b>SUBCHAPTER 9. PHYSICAL ENVIRONMENT .....</b>	<b>42</b>
10:47-9.1 General requirements .....	42
10:47-9.2 Bedrooms .....	43
10:47-9.3 Bathrooms .....	44
10:47-9.4 Laundry services .....	44
<b>SUBCHAPTER 10. LIFE SAFETY .....</b>	<b>45</b>
10:47-10.1 Fire safety .....	45
10:47-10.2 Sanitation .....	49
10:47-10.3 Transportation .....	49
<b>APPENDIX .....</b>	<b>53</b>

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**STANDARDS FOR PRIVATE LICENSED FACILITIES  
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**SUBCHAPTER 1. GENERAL PROVISIONS**

**10:47-1.1 Purpose and scope**

The purpose of this chapter is to establish licensing requirements, promulgated by the Department of Human Services, for private licensed facilities for the developmentally disabled in New Jersey. Such licensing requirements are necessary in order to protect individuals with developmental disabilities that are placed in a private licensed facility, and to provide for overall improvement in the quality of life for individuals with developmental disabilities residing in private licensed facilities.

**10:47-1.2 Definitions**

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

“Abuse” means any act or omission that deprives an individual of his or her rights or which has the potential to cause or causes actual physical injury or emotional harm or distress. Examples of abuse include, but are not limited to: acts that cause pain, cuts, bruises, loss of body function, sexual abuse, temporary or permanent disfigurement, death; striking with a closed or open hand; pushing to the ground or shoving aggressively; twisting a limb; pulling hair; withholding food; forcing an individual to eat obnoxious substances; use of verbal or other communication to curse, vilify, degrade an individual or threaten with physical injury. Planned use of behavioral intervention techniques which are part of an approved behavior modification plan or Individual Habilitation Plan shall not be considered to be abuse or neglect.

“Advanced practice nurse,” also known as a nurse practitioner (see N.J.S.A. 45:11-46c), is defined in N.J.S.A. 45:11-23, and may, in addition to those tasks lawfully performed by a registered professional nurse, manage specific common deviations from wellness and stabilized long term care illnesses by initiating laboratory and other diagnostic tests and prescribing certain medications and devices. (See N.J.S.A. 45:11-49)

“Age appropriate” means that aspect of normalization that reinforces recognition of an individual as a person of a certain chronological age. This includes but is not limited to an individual’s dress, behavior, use of language, choice of leisure and recreation activities, personal possessions and self-perception.

“Assessment” means the process of identifying a person’s developmental strengths and needs, and the conditions that impede and promote development. There are two levels of assessment: screening and evaluation.

“Aversive technique” means the presentation of stimuli or conditions to decrease the frequency, intensity or duration of maladaptive behavior by inducing distress, discomfort or pain, which may place the individual at some degree of risk of physical and/or psychological injury.

“Behavior disorder” means an abnormal action which may interfere with the individual’s activities of daily living.

“Behavior Management Committee” means a representative body of individuals who have clinical expertise and individuals who have administrative authority within the Division component or provider agency who review behavior plans and who make a judgement as to whether or not the plans are clinically/technically appropriate. Other behavior management issues may be referred to this committee. The committee acts as an advisory body to the Chief Executive Officer.

“Behavior objective” means one of a series of short range steps which are developmentally sequenced and directed toward the achievement of an established goal. Each behavioral objective specifies a single, learned response to be exhibited by the individual and the criterion against which progress is measured. The objective is developed and based upon knowledge of assessed developmental strengths and needs.

“Chief executive officer” means the person having administrative authority over, and responsibility for, a private residential facility licensed under this chapter.

“Department” means the Department of Human Services.

“Developmental disability” means a severe, chronic disability of a person which:

1. Is attributable to a mental or physical impairment or combination of mental or physical impairments;
2. Is manifest before age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations before the age of 22 in three or more of the following areas of major life activity, that is, self-care, receptive and expressive language, learning, mobility, self-direction and capacity for independent living or economic self sufficiency; and
5. Reflects the need for a combination and sequence of special interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated.

“Developmental disability” includes, but is not limited to, severe disabilities attributable to mental retardation, autism, cerebral palsy, epilepsy, spina bifida and other neurological impairments where the above criteria are met.

“Director” means the Director of the Division of Developmental Disabilities.

“Division” means the Division of Developmental Disabilities.

“Exploitation” means any unjust or improper use of an individual or his or her resources for one’s profit, advantage, or gratification.

“Goal” means a long range outcome. Goals are generally expected to be achieved by an individual within one to five years; they are stated in measurable terms so that their attainment can be determined. Goals must be individually centered and written to reflect the intent and direction of the Individual Habilitation Plan. Goals are broad in nature, realistic, based upon assessed needs and capabilities and attained through the use of behavioral and/or service objectives.

“Habilitation” means the process of providing those comprehensive services that are deemed necessary to meet the needs of persons who are developmentally disabled in programs designed to achieve objectives of health, welfare and the realization of an individual’s maximum physical, social, psychological and vocational potential for useful and productive activities. Habilitation services may include, but are not limited to, the following:

1. Developing socially appropriate behaviors including sexual behaviors and interpersonal skills, and eliminating maladaptive behaviors;
2. Developing cognitive skills including, but not limited to, recognizing personal

- danger, telling time, managing money, making change, recognizing street and other signs, solving problems, etc.;
3. Developing recreation and leisure time skills;
  4. Orienting to the community and training for mobility and travel;
  5. Developing or remediating communication skills;
  6. Developing appropriate activities of daily living such as grooming, dressing and self-care habits, such as toileting, eating and shaving; and
  7. Training in assertiveness, and advocacy in dealing with citizenship, legal, family and/or social needs.

“Human Rights Committee” means a group comprised of professionals, individuals served, advocates and/or interested persons from the community at large who function as an advisory body to the CEO on issues directly or indirectly affecting the rights of individuals served.

“Individual Habilitation Plan (IHP)” means a written plan of intervention and action that is developed by the interdisciplinary team. It specifies both the prioritized goals and objectives being pursued by each individual and the steps being taken to achieve them. It may identify a continuum of skill development that outlines progressive steps and the anticipated outcomes of services. The IHP is a single plan that encompasses all relevant components, such as an education plan, a behavior modification plan, a program plan, a rehabilitation plan, a treatment plan and a health care plan. The complexity of the IHP will vary according to the needs, capabilities and desires of the person. In most instances, the IHP shall address all major needs identified. The major needs shall be prioritized. For an individual who makes only specific service requests, the IHP shall be a service plan which addresses only those specific requests.

“Imminent danger” means a situation which could reasonably be expected to cause a serious risk to the health, safety or welfare of an individual receiving services.

“Individual with developmental disabilities” (individual, person served) means that person with developmental disabilities residing in a licensed private facility for the developmentally disabled.

“Informed consent” means a formal expression, oral or written, of agreement with a proposed course of action by an individual who has the capacity, the information and the ability to render voluntary agreement on his or her own behalf or on behalf of another.

“Interdisciplinary Team (IDT)” means an individually constituted group responsible for the development of a single, integrated IHP. The team shall consist of the person receiving services, the legal guardian, the parents or family member (if the adult desires that the parent or family member be present), those persons who work most directly with the individual served, and professionals and representatives of the service areas who are relevant to the identification of the individual’s needs and the design and evaluation of programs to meet them.

“Investigation” means the systematic inquiry into the factors which have contributed to an incident, allegation or complaint. An investigation may range from a brief examination of records and statements to a comprehensive collection and analysis of all pertinent evidence.

“Least restrictive” means a principle whereby the interventions in the lives of persons with developmental disabilities are carried out with a minimum of limitation, intrusion, disruption, or departure from commonly accepted patterns of living.

“License” means the authorization issued by the New Jersey Department of Human Services for a period of one year, to the legally responsible person or entity in the facility providing residential services to persons with developmental disabilities.

“Measurable” means there are established criteria which are observable and can be quantified via a data collection system.

“Neglect” means the failure of the facility staff to provide for or maintain the care and safety of individuals under his or her supervision, including, but not limited to, failure to provide and maintain proper and sufficient food, clothing, health care, shelter and/or supervision.

“Normalization” means a principle of making available to the persons receiving services the commonly accepted patterns and conditions of everyday life.

“Physical restraint” means physical contact with an individual, initiated by one or more staff members, which restricts freedom of movement either partially or totally. Physical restraints as herein defined may be implemented as:

1. A procedure intended to protect an individual from inflicting injury upon himself or herself, staff or other individuals; or
2. As a behavior reduction procedure intended to reduce the frequency of a maladaptive behavior including, but not limited to, self injurious or otherwise aggressive behavior.

“Pica” means the maladaptive behavior of ingesting inedible substances or objects, including, but not limited to, soil, toys, or paint chips.

“Psychoactive medication” means those chemical substances which exert a direct effect upon the central nervous system and which are utilized as part of a treatment plan to address psychiatric disorders, symptoms of psychiatric disorders or to influence and modify behavior. Specifically, the generic classes of psychoactive medication include, but are not limited to:

1. Neuroleptics, such as chlorpromazine;
2. Anti-depressants, such as imipramine;
3. Agents for control of mania and depression, such a lithium;
4. Sedatives, hypnotics to promote sleep, such a flurazepam hydrochloride;
5. Psychomotor stimulants, such as methylphenidate hydrochloride; and
6. Anti-convulsants, such as Carbamazepine.

“Regulated medical waste” means any solid waste generated in the diagnosis, treatment, immunization of human beings or animals, research pertaining thereto, or in the production or testing of biologicals listed in the following: cultures or stocks; pathological wastes; human blood and blood products; sharps; animal waste; isolation wastes; and unused sharps, in accordance with N.J.A.C. 7:26-3A.

“Service objective” means a significant desired outcome that cannot be achieved as a result of learning or training. It includes quantifiable but non-behavioral outcomes such as seizure reduction or maintenance of blood pressure within a stated range, and quality of life outcomes such as developing and maintaining social networks. It also includes outcomes dependent on the behavior of staff, such as provision of adaptive or mobility equipment, obtaining specialized assessments, or referral for alternative placement.

“Severe medical problem” means any acute or long term condition which warrants frequent nursing care or monitoring, including, but not limited to, nasogastric tube feedings, gastronomy, colostomy, tracheostomy, intravenous therapy, decubitus ulcer, quadriplegia and poorly controlled diabetes.

“Unusual incident” means an event involving an individual served by the Department or employee involving indications or allegations of criminal actions, injury, negligence, exploitation, abuse, clinical mismanagement or medical malpractice, a major unforeseen event, e.g., serious fire, explosion, power failure that presents a significant danger to the safety or well being of individuals served and/or employees; or a newsworthy incident.

“Vehicle operator” means a facility staff person utilizing a facility owned or leased vehicle to transport individuals.

“Volunteer” means an unpaid person who supports and supplements daily programs and services. A person may volunteer individually, or as a member of an organized group.



## **SUBCHAPTER 2. LICENSURE**

### **10:47-2.1 Admissions to private facilities**

No private facility for persons with developmental disabilities shall accept individuals until the facility has obtained a license issued by the Department. The facility shall not exceed its licensed capacity.

### **10:47-2.2 Surveys of facilities**

Survey visits may be made to a facility at any time by authorized staff of the Department of Human Services. Such visits may include, but not be limited to, the review of all facility documents, individuals' records and conferences with individuals and staff.

### **10:47-2.3 License**

- (a) A temporary license may be issued to a facility for a period of six months and may be renewed as determined by the Department, based upon the achievement of a substantial degree of compliance with this chapter.
- (b) A full license may be issued by the Department, based upon compliance with this chapter.
- (c) Any license shall be conspicuously posted in the facility.
- (d) Pursuant to N.J.S.A. 26:2H-13.1 et seq., the Department may take action against a facility's license, or may impose civil monetary penalties on the facility in accordance with N.J.A.C. 8:43E-3.
- (e) The facility may appeal the imposition of such action and/or such penalties in accordance with N.J.A.C. 10:6-1.

## **SUBCHAPTER 3. ADMINISTRATION**

### **10:47-3.1 Management and organizational standards**

The facility shall have available a copy of this chapter (N.J.A.C. 10:47) and other State and Federal regulations relevant to the function of the facility. This includes copies of all regulations cited within this chapter.

### **10:47-3.2 Inspection**

- (a) The facility shall allow the licensing agency or its representatives to inspect all aspects of a program's operations and to interview any staff member of, or any individual in the care of, the facility.
  - 1. A facility shall make all information related to assessment of compliance with these requirements available to the licensing agency or its representatives.

### **10:47-3.3 Waivers**

- (a) The facility shall be in compliance with all applicable provisions of Federal, State and local or municipal laws, regulations and codes unless a waiver for specific requirement(s) has been granted through a prior written agreement with the licensing agency. This agreement shall specify the particular requirement(s) to be waived, the duration of the waiver, and the terms under which the waiver is granted.
  - 1. Waiver of requirements may be granted providing that such a waiver would present no danger to the health, safety, welfare, or rights of the individual and when strict enforcement of a requirement would place an undue burden upon the facility.

### **10:47-3.4 Mission statement**

- (a) The facility shall have a written mission statement specifying its philosophy, purposes, and program orientation, and describing both short and long-term goals. The statement should identify the types of services provided and the characteristics of the population to be served by the facility.
  - 1. The statement of philosophy and goals shall be reevaluated at least annually.

### **10:47-3.5 Conflict of interest; provision of goods and services**

The facility shall not permit public funds to be paid or committed to be paid to any corporation, firm, association, partnership, or business in which any of the members of the governing body of the facility, or the members of the immediate families of members of the governing body or executive personnel have any direct or indirect financial interest, or in which any of these persons serve as an officer or employee, unless the services or goods involved are provided at a competitive cost or under terms favorable to the facility.

**10:47-3.6 Governing body; non-proprietary facilities**

(a) In a non-proprietary facility, there shall be a board of directors, board of trustees, or other similar governing body responsible for the facility's management, control, and operation, the welfare of the individuals served and the formulation of administrative policy.

1. A non-proprietary facility shall have a governing body which includes representatives of the community in which the facility is located, representatives of the parents, and providers of services.
  - i. The names and addresses of all board members shall be supplied to the licensing and inspecting agencies.
  - ii. The professional background of each member shall be provided.
  - iii. Changes in membership shall be reported to the licensing and inspecting agencies annually.
2. The governing body shall elect any of the following to its membership; a president or chairperson, vice president or co-chairperson, secretary, treasurer or other members; based upon the governing needs of the facility. It shall have the power to appoint such officers and committees as it may require to assist in carrying out its functions.
  - i. The governing body shall conduct regular meetings and such special meetings as required.
  - ii. Minutes shall be recorded and readily available to representatives of the licensing and inspecting agencies.
3. The governing body of a facility shall designate a person to act as chief executive officer of the facility and shall delegate sufficient authority to such person necessary to manage the affairs of the facility effectively.
  - i. The chief executive officer, in conjunction with the governing body, shall be responsible for the general direction and establishment of policies concerning the operation of the facility and welfare of the individuals served.
4. The governing body of a facility shall ensure that the facility:
  - i. Is in continual compliance and conformity with all relevant laws and/or regulations, whether Federal, State, local or municipal, affecting the operation of the facility;
  - ii. Is in continual compliance and conformity with the terms of all leases, contracts, or other legal agreements to which the facility is a party;
  - iii. Is maintained, staffed, and equipped in such a manner as to effectively implement the programs of the facility;
  - iv. Is adequately funded and fiscally sound. To this end, the governing body shall be responsible for:
    - (1) The review and approval of the facility's annual budget; and

- (2) The review of an annual report completed by an independent auditor. The audit shall be made available upon request to any public agency which provides funds to the facility and the licensing agency; and
- v. Consults with the licensing and inspecting agencies prior to making any substantial alteration in the program provided by the facility or the physical plant.

**10:47-3.7 Governing body; proprietary facilities**

- (a) A proprietary facility operated by any owner, partnership, or corporation shall certify to the Department the names, addresses, occupations or professions of all the owners and the extent of financial interest of each.
- (b) A proprietary facility shall have documents which fully identify its ownership. A corporation, partnership, or association shall identify its officers and shall have, where applicable, the charter; partnership agreement; constitution, articles of association; and/or by-laws of the corporation, partnership, or association.

**10:47-3.8 Administrative procedures manual**

- (a) The facility shall assemble and maintain an administrative procedures manual which incorporates all of the written policies and procedures designed to implement the facility's objectives, and key procedures which address the implementation of applicable law and rules.
  - 1. The administrative procedures manual shall describe the policies and procedures of the major operating units, and shall be available to all interested persons. Each procedure shall be designed in accordance with the principles of normalization, age appropriateness, least restriction and shall be consistent with the organizational structure and management philosophy of the facility.
  - 2. The procedures shall be reviewed and updated as necessary but at least every five years.
  - 3. All procedures shall identify the dates of issuance and review or revision.
  - 4. Each policy and/or procedure shall provide:
    - i. A descriptive title which is unique as to permit easy reference and retrieval of each document;
    - ii. An explanation regarding the purpose of the document;
    - iii. A description of sequential steps required to successfully complete a task or action;
    - iv. Assignment of staff responsibilities at each step in the implementation; and
    - v. Reporting and recording requirements for each person involved.

5. A table of organization shall be incorporated in the administrative procedures manual to clearly identify lines of authority, responsibility and communication.
  6. All staff shall be able to describe procedures that they routinely implement.
  7. Policies and procedures shall be readily available and accessible for staff use.
- (b) A written procedure shall be available that specifies one individual responsible for the overall operation of the facility at any specific time. The procedure shall provide a schedule for continuous administrative coverage, and responsibilities shall be clearly defined.
  - (c) A written procedure shall be available detailing requirements for appointment of a guardian in accordance with N.J.A.C. 10:43.
  - (d) A written procedure detailing round-the-clock accountability of individuals shall be implemented.
  - (e) A written procedure shall be available to delineate action to be taken in cases where an individual is discovered missing.
  - (f) A written policy shall be available that defines the use of mechanical restraints in accordance with N.J.A.C. 10:42. Such policies shall be reviewed by the Director for compliance with N.J.A.C. 10:42 prior to implementation.
  - (g) The facility shall have a Human Rights Committee in accordance with N.J.A.C. 10:41-4.
  - (h) A written procedure shall be available which specifies the maintenance of an unusual incidents log and staff responsibilities regarding unusual incidents.
  - (i) There shall be a written procedure to ensure the investigation of each alleged mistreatment of an individual or an unusual incident or accident.
  - (j) Any unusual incident or accident (categories are found in the subchapter Appendix, incorporated herein by reference) shall be reported to the appropriate Regional Office in the Division of Developmental Disabilities based upon the following time frames:
    1. A+ incidents shall be reported immediately;
    2. A incidents shall be reported the same working day during normal working hours. If the incident occurs after regular working hours, the incident shall be reported the next working day; and
    3. B incidents shall be reported the next working day.
  - (k) A copy of the written investigative report, unless otherwise indicated, shall be forwarded to the Department within 30 calendar days. The report shall contain, but not be limited to, the following information:
    1. The name of the alleged victim(s), date, and time of the incident;
    2. Name(s) of the person(s) involved, including participants and witnesses;
    3. A description of the incident, including any medical treatment administered;
    4. Sanctions that were invoked when the allegation was substantiated; and

5. Any corrective actions taken to prevent a recurrence or to provide additional protection.

**10:47-3.9 Abuse of minors**

In the case of persons under the age of 18, allegations of abuse, neglect or exploitation shall be reported immediately by calling 1-877-NJABUSE.

**10:47-3.10 Abuse of dependent adults**

In the case of individuals 60 years of age and over, allegations of abuse or neglect shall also be reported to the N.J. Office of the Ombudsman (see N.J.S.A. 52:27q – 7.1).

**10:47-3.11 Quality assurance system**

- (a) A facility shall develop, and implement on a continuing basis, an internal administrative quality assurance system which shall ensure:
  1. Compliance with pertinent Federal, State and local laws and regulations;
  2. Effective implementation of the facility's internal policies and procedures; and
  3. An annual summary encompassing the results of the requirements in (a) 1 and 2 above including a corrective action plan.

**10:47-3.12 Behavior management**

- (a) The facility shall establish rules of conduct which promote individual growth by incorporating procedures for reinforcement of positive behaviors and consequences for negative behaviors.
  1. No medication shall be used for the convenience of staff, as a substitute for programs, as punishment, or in quantities that interfere with an Individual's Habilitation Plan (IHP).
  2. Corporal punishment, physical and verbal abuse, neglect and exploitation shall be prohibited.
  3. Seclusion and isolation (that is, the placement of an individual alone in a locked room) shall be prohibited.

**10:47-3.13 Admission policies**

- (a) The facility shall have written admission policies and criteria for admission which shall include:
  1. Chronological age;
  2. The level of developmental programming;
  3. Other services offered;

4. A physical description of the facility; and
  5. Fees for care.
- (b) The written description of admission policies, criteria and fees shall be provided to all placement agencies and shall be available to the parent(s) or guardian of any individual referred for placement.
- (c) An individual shall not be admitted unless his or her needs can be met by the facility's established programs.
- (d) The facility shall establish and make available written procedures concerning admission, readmission, and discharge of an individual with developmental disabilities.
- (e) The number of individuals admitted to a facility shall not exceed its licensed capacity nor its provision for adequate programming.
- (f) The facility shall maintain a record of all admissions and discharges, including names and dates for the previous 10 years.
- (g) The following written reports shall be available upon admission:
1. Complete psychological examination conducted not more than three years prior to the admission of an individual;
  2. Complete medical examination conducted within 48 hours before admission; and
  3. Determination of an initial living unit and program assignment(s).

**10:47-3.14 Pre-Admission**

- (a) Individual records shall include the following data:
1. The full name and sex of the individual;
  2. A copy of the individual's birth certificate or a written statement of the individual's birth date and birth place, including a copy of any guardianship determination made in accordance with N.J.S.A. 30:4-165.5;
  3. Documentation of the current custody and legal guardianship; which shall include the name, address, telephone number of the parent(s) or guardian;
  4. Consent forms signed by the parent(s) of a minor or court appointed guardian allowing the facility to authorize all necessary medical care, routine tests, immunization, and emergency medical or surgical treatment;
  5. Documentation of the existence of a developmental disability prior to the age of 22 (for example, medical diagnosis, psychological evaluation, social history);
  6. A social and developmental history;
  7. A previous placement history;

8. Behavioral information, including, if applicable, the most recent psychological evaluation, current behavior plan and history of previous attempts to modify the behavior;
9. A psychiatric evaluation, if applicable;
10. A medication history and immunization history;
11. Documentation for known allergies;
12. Seizure records and/or neurological examination;
13. A history of serious illness, serious injury, or major surgery and all hospitalizations;
14. A certificate which certifies that the person is free from contagious disease within 48 hours prior to admission;
15. A summary of the latest physical examination, including Mantoux testing, Hepatitis B status and lead levels;
16. A current audiological evaluation, if available;
17. Vision testing, if available;
18. Dental information, if available;
19. An IHP from the sending agency indicating the individual's programmatic and service needs and corresponding recommendations; and
20. Education records and reports as required.

**10:47-3.15 Individual records**

- (a) Individual records shall include the following data:
1. The date of admission;
  2. The individual's social history and Medicaid numbers;
  3. The individual's religious preference;
  4. The name, address and telephone number of all personal physicians and dentists;
  5. A physical examination by the physician within one week of admission which includes:
    - i. An examination for physical injury and disease;
    - ii. An assessment of the individual's general health; and
    - iii. Referrals to an appropriate medical specialist for further assessment and/or treatment;



6. Dental information, vision testing, and audiological evaluation, if not present in pre-admission data;
7. A prescribed medical program if required;
8. Physician's orders prescribing medication treatment and/or therapy;
9. Reports of clinical laboratory, X-ray, operation, and other diagnostic services;
10. Height and weight records;
11. A medically-prescribed diet, if required;
12. A medication administration record, including name and strength of drug, date and time of administration, dosage administered, route of administration and signature of the person administering the drug. (Initials may be used after the individual's full name signature appears at least once on each page of the document);
13. Physician's periodic progress notes as required on the physical, emotional and behavioral status of the individual and course and results of treatment;
14. Progress notes of ancillary services including podiatry, physical therapy, optometry, speech and hearing, etc.;
15. The current Individual Habilitation Plan;
16. Previous reports of individual's social and behavioral progress to correspond to the current Individual Habilitation Plan; and
17. A record of the individual's personal property and funds.

**10:47-3.16 Discharge record**

- (a) Individual records shall include the following discharge data:
  1. The date of discharge, reason for discharge, and the name, telephone number, and address of the person or agency to whom the individual was discharged; and
  2. A written discharge summary describing the individual's medical, behavioral and program needs, current programming goals and developmental progress, and recommendations for future programming to ensure an orderly transition to the new environment.
- (b) The facility shall have a written policy concerning emergency discharge of an individual. For individuals receiving services from the Division of Developmental Disabilities; the policy on emergency discharge shall comply with the requirements of N.J.S.A. 30:4-107.1.
- (c) The facility shall ensure that the individual's clothing accompanies him or her at the time of discharge.

**10:47-3.17 Maintenance of records**

- (a) The facility shall maintain a central record for each individual, which shall include social information, health care, programming, and educational data from the time of admission until the time the individual leaves the facility.
1. Records shall be retained for a minimum of 10 years after the death or most recent discharge of the person. In the case of a discharged minor, such records shall be kept for 10 years following the last date of discharge or until the minor reaches the age of 23 years, whichever is the longer period of time. In the case of a deceased minor, the record shall be kept for 10 years following the date of death.
  2. All active records shall be maintained on the premises and shall be complete, current and readily available for review by authorized persons.
  3. Individual records shall be conspicuously and appropriately identified and maintained in a central records file.
  4. All entries in the record shall be current, legible, dated, and authenticated by the signature and title of the person making the entry.
  5. The facility shall provide a legend to explain any symbol or abbreviation used in an individual's record.
- (b) The facility shall protect and maintain the confidentiality of all records in accordance with N.J.A.C. 10:41-2.

## **SUBCHAPTER 4. PERSONNEL AND STAFF TRAINING**

### **10:47-4.1 Policies**

- (a) Personnel practices shall comply with all applicable Federal, State, and local laws, ordinances, rules and regulations pertaining to employment, including civil rights, retirement plans or social security, minimum wages, hours and workmen's compensation.
  - 1. The facility shall assure that all staff undergo a criminal background check as required by N.J.S.A. 30:6D-63 et seq.
- (b) Upon employment, all staff shall submit a written statement from a licensed physician or advanced practice nurse indicating that he or she is in good health and medically determined to be free of communicable and infectious diseases.
- (c) The facility shall be responsible to obtain professional services required for the implementation of the Individual Habilitation Plan, when these services are not provided by employees of the facility.
- (d) The facility shall have written evidence that all professionals providing services to the facility, by direct employment or on a fee for service basis, whether working directly with the individuals being served or providing consultation to employees of the facility, are appropriately qualified, certified, and/or licensed to provide the service(s) rendered.
- (e) The facility shall have written personnel policies and procedures that shall be provided to all staff members and available to all persons seeking employment.
- (f) The facility shall have complete written job descriptions for each job title within the facility. Documentation that each employee has been given a copy of his or her job description shall be maintained.
- (g) The facility shall have a written policy for the supervision and evaluation of all employees.
- (h) Staff shall have the ability to communicate with the individuals for whom they are responsible.

### **10:47-4.2 Personnel records**

- (a) The facility shall have a personnel file for each employee containing:
  - 1. The application for employment and/or resume;
  - 2. Reference letters from former employer(s) and personal references or notation of telephone contacts with such references;
  - 3. Medical examinations;
  - 4. Documentation that upon employment the employee received a two-step Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions shall be employees with documented negative two-step Mantoux skin results (zero to nine millimeters of induration) within the last year, employees with a documented Mantoux skin test result (10 or more millimeters of induration), employees who have received appropriate medical

treatment for tuberculosis, or when medically contraindicated. Results of the Mantoux tuberculin skin tests administered to new employees shall be acted upon as follows:

- i. If the first step of the Mantoux tuberculin skin test result is less than 10 millimeters of induration, the second step of the two-step Mantoux test shall be administered one to three weeks later.
  - ii. If the Mantoux test is significant (10 millimeters or more of induration), a chest X-ray shall be performed and, if necessary, followed by chemoprophylaxis or therapy.
5. A copy of any professional credentials/certifications;
  6. A copy of the employee's written job description;
  7. Annual performance evaluations and/or personnel actions or other appropriate materials, reports, and notes relating to employment with the facility;
  8. The employee's hiring and termination dates; and
  9. The results of the employee's criminal background check.
- (b) The facility shall maintain the personnel file of an employee during their tenure and for a period of five years after termination.

**10:47-4.3 Staff training**

- (a) The facility shall provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.
- (b) Before assuming their normal duties, new employees shall receive an orientation to acquaint them with:
1. The organization's philosophy, goals, programs, and practices;
  2. An overview of developmental disabilities and any special needs of the individuals being served, for example, medical or behavioral problems requiring specific, tailored training;
  3. The appropriate job description and the personnel policies of the organization;
  4. The prevention of abuse, neglect and exploitation;
  5. Unusual incident reporting and investigating procedures; and
  6. The facility's emergency and safety procedures.
- (c) Direct service staff shall be accompanied by experienced workers on initial tours of duty for at least a period of two weeks or such time as these staff person(s) are able to safeguard the health and safety of individuals being served by the facility.
- (d) Within 120 calendar days of employment, each employee shall receive in-service training which shall address, at a minimum:

1. Training in the principles of normalization;
  2. Review of all policies and procedures not covered during orientation which are relevant to the employee's job;
  3. Acceptable behavior management techniques, including crisis management and restraint usage, if applicable;
  4. Standard First Aid Training based on the American Red Cross curriculum;
  5. Cardio-Pulmonary Resuscitation;
  6. Training in universal precautions;
  7. Detecting signs of illness or dysfunctions that warrant medical or nursing interventions; and
  8. Basic skills to meet health needs and problems of the individual with developmental disabilities.
- (e) The facility shall provide specialized training programs to staff which focus on skills and competencies directed toward the developmental, behavioral, and health needs of the individuals being served. These areas may include, but are not limited to:
1. Persons who work with individuals who require specialized feeding techniques shall receive training in the use of those techniques;
  2. Persons who work with individuals who use mobility devices shall receive training in mobility procedures and the safe use of mobility devices;
  3. Persons who work with individuals with seizure disorders, physical disabilities or other identified medical needs shall receive training in the provision of training, assistance, and care to those individuals; and
  4. Persons who work with individuals with identified mental health needs shall receive training in the provision of training, assistance, and care to those individuals.
- (f) All staff shall be able to demonstrate the skills and techniques necessary to:
1. Intervene when an individual exhibits an inappropriate behavior; and
  2. Implement the program plans for each individual for whom they are responsible.
- (g) Facility training records shall be maintained and include the following:
1. The curriculum and training plan;
  2. A record of attendance which includes the dated signature of the trainer and the trainee; and
  3. An employee's record indicating all training sessions attended.
    - i. The employee's record shall include a section on mandated training.

**10:47-4.4 Staff ratios**

- (a) The facility shall have a minimum of direct care personnel as follows:
  - 1. The on-duty ratio for the day shift shall be at least one to 8.5
    - i. Facilities sending individuals out of the living units for a major portion of the day need not provide coverage during the period of time when the individuals are absent.
  - 2. The on-duty ratio for the evening shift shall be at least one to 8.5.
  - 3. The on-duty ratio for the night shift shall be at least one to 17.
    - i. The facility shall ensure that each individual has ready access to a responsible, awake staff member throughout the night.
- (b) Nursing personnel shall be available to deliver the prescribed medical and nursing care.
  - 1. The facility shall have at least one registered nurse on staff.
  - 2. A facility which serves individuals with severe medical problems shall have a minimum of one licensed practical or registered nurse to every 60 individuals served on each shift from 7:00 a.m. to 11:00 p.m.
    - i. In addition, each facility shall have a minimum of one registered nurse present on each shift from 7:00 a.m. to 11:00 p.m. to supervise nursing services.
- (c) The facility shall have available qualified professional staff through direct employment and/or services provided through written agreement with outside vendors to carry out and monitor the various professional programs and/or services in accordance with the stated goals and objectives of each individual program plan.

**10:47-4.5 Volunteer services**

- (a) A facility which has volunteers working directly with individuals shall have a written policy pertaining to the use of volunteers, which shall include the methods of recruitment, training and supervision of volunteers.
  - 1. Volunteers may supplement but shall not be used in lieu of paid employees.
    - i. The facility shall not depend upon volunteers to perform direct care services.
  - 2. Where volunteers are utilized, the facility shall provide:
    - i. Mantoux screenings as required for employees;
    - ii. A note from a physician indicating that the person is in good health and free of communicable diseases;
    - iii. Direct supervision of volunteers at all times by an experienced staff member;

- iv. An orientation and training program that includes the philosophy, goals, programs and practices of the facility; and
  - v. Training in the performance of specific tasks performed by the volunteer.
- (b) The facility shall develop and distribute procedures for volunteers.
- (c) A facility which accepts students for field placements shall have a written policy describing student placements and responsibilities. Copies should be provided to each student and to his or her school.

## **SUBCHAPTER 5. PROTECTING INDIVIDUALS' RIGHTS**

### **10:47-5.1 General provisions**

- (a) The facility shall have a written statement of policies and procedures that protects the civil and legal rights of all individuals in accordance with N.J.S.A. 30:6D-4.
  - 1. The facility shall ensure that each person admitted is fully informed of their rights and responsibilities and is advised of all rules and regulations governing their conduct while at the facility.
    - i. Information shall be provided prior to, or at the time of, admission or, in the case of a person already in the facility, upon adoption or amendment to existing rights policies, and receipt of such information shall be acknowledged by the individual and/or guardian in writing.
  - 2. The facility shall inform each individual, parent or legal guardian, of the medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment.
  - 3. The facility shall promote participation of parents, and/or legal guardians in the process of developing and implementing the IHP.
- (b) The facility shall assure the civil and legal rights of all individuals with developmental disabilities in accordance with N.J.S.A. 30:6D. These rights shall include, but are not limited to:
  - 1. The opportunity to register and vote at elections;
  - 2. The opportunity to exercise religious freedom;
    - i. Religious services and instruction shall be arranged consistent with the individuals interests; and
    - ii. Licensees and/or staff shall not impose their religious beliefs on individuals under their care;
  - 3. The opportunity to receive and send unopened correspondence and, upon request, to obtain assistance in the writing and reading of such correspondence;
  - 4. The opportunity for private visitations and private telephone conversations with interested parties, without prior notice to the facility, during such reasonable hours as may be established by the facility;
  - 5. Reasonable opportunities for interaction with members of the opposite sex;
  - 6. The confidential handling of personal and medical problems;
  - 7. A reasonable schedule concerning the hours the individuals shall rise and retire according to their developmental level; and
  - 8. An active social and therapeutic recreation program consistent with the individuals interests and capabilities.



- (c) In addition to the rights specified in (b) above, the facility shall allow and encourage individuals to exercise their rights as citizens of the United States, including the right to file complaints, and the right to due process.
- (d) The facility shall not compel individuals to perform services for the facility. The facility shall compensate individuals who are working for the facility at prevailing wages, commensurate with their abilities.

**10:47-5.2 Personal funds**

- (a) The facility shall establish and maintain a system that:
  - 1. Assures a detailed accounting of each individual's personal funds entrusted to the facility on behalf of individuals;
  - 2. Precludes any commingling of individuals' funds with facility funds or that of any other person; and
  - 3. Assures that the individual's financial records are available on request to the individual, parents and/or legal guardian.
- (b) The facility shall develop a policy that permits and encourages the possession and use of money by individuals who are determined capable by the interdisciplinary team.
  - 1. The facility shall provide training in the use of money to individuals in accordance with their needs and abilities, and establish the amount of money an individual may possess in accordance with their needs and abilities which then shall be recorded in the Individual Habilitation Plan.

**10:47-5.3 Clothing and personal possessions**

- (a) Each individual shall have the opportunity to select and purchase clothing according to individual taste and preference.
- (b) The facility shall provide assistance to individuals who require assistance in order to maintain their own clothing.
- (c) The facility shall maintain an annual inventory of each person's clothing.
- (d) The facility shall ensure that individuals have the right to retain and use personal possessions.
  - 1. The facility shall ensure that individuals have access to their personal possessions.
- (e) Provisions shall be made for the protection of the individuals' personal possessions.
  - 1. The facility shall maintain an annual inventory of each person's personal possessions.
- (f) The facility shall provide storage space to include drawers and closets for personal possessions and in-season clothing in each individual's room.

**10:47-5.4 Privacy**

- (a) The facility shall provide each individual with the opportunity for personal privacy, to include, but not limited to:
  - 1. The free use of all common living areas within the home without infringing on the privacy of others;
  - 2. The opportunity to communicate, associate and meet privately with individuals of their choice; and
  - 3. The opportunity for privacy during treatment and care of personal needs.
- (b) The facility shall provide for individual privacy in all living areas including toilets, baths or showers.

**10:47-5.5 Personal hygiene**

- (a) The facility shall provide for the basic hygienic needs of the individuals served. Individuals shall be helped to attain maximum independence in caring for their needs. The following shall be assured:
  - 1. Baths or showers shall be provided daily;
  - 2. Individuals who soil shall bathe and change immediately;
  - 3. Individuals shall brush their teeth at least twice a day and provisions shall be made for the cleaning of dentures;
  - 4. Individuals shall shampoo their hair at least twice a week, or more frequently if necessary;
  - 5. Toe nails and finger nails shall be cut as needed;
  - 6. Men shall have the opportunity to shave as needed;
  - 7. Individual toilet articles such as hairbrush, comb, toothbrush, toothpaste, razor, soap, shampoo, washcloth and towel, shall be supplied to each individual and kept in a separate receptacle;
  - 8. Feminine hygiene protection shall be provided as needed; and
- 4. Every person who does not eliminate appropriately and independently shall be engaged in a toilet training program, unless medically contraindicated.

## **SUBCHAPTER 6. HEALTH SERVICES**

### **10:47-6.1 General medical and health care**

- (a) At least one physician or advanced practice nurse, licensed to practice in New Jersey, shall assume overall responsibility for the direction and provision of medical and health care.
- (b) Arrangements shall be made with a community hospital for the acceptance of any person requiring inpatient or outpatient hospital services. Services shall include emergency, diagnostic, and/or treatment services.
  - 1. Written approval for treatment in emergency situations shall be obtained from the legal guardian or competent adult at the time of admission.
  - 2. Written approval for routine hospital treatment shall be obtained from the legal guardian, or from the competent adult individual before treatment is rendered to that individual.
- (c) Primary immunizations shall be given, as required, upon admission and reimmunizations as recommended on a regular basis for diphtheria, tetanus, pertussis, polio, measles, and other diseases as identified consonant with acceptable medical practices and New Jersey Department of Health and Senior Services regulations in accordance with N.J.A.C. 8:57.
- (d) Provision shall be made for the isolation of persons with a communicable disease and the prevention of its spread in accordance with N.J.A.C. 8:57.
  - 1. Communicable diseases shall be reported to State and local health authorities and the inspecting agency in accordance with N.J.A.C. 8:57.
  - 2. Private accommodations shall be provided for observation and/or for temporary isolation until transfer is made.
  - 3. The Mantoux Skin Test for tuberculosis shall be given every three years. If the individual has had a previous positive Mantoux tuberculin skin test, or the result of the Mantoux tuberculin skin test is significant (10 or more mm of induration), the licensee shall require:
    - i. That the individual obtain a written statement from a physician or advanced practice nurse certifying that he or she poses no threat of tuberculosis contagion; or
    - ii. A protocol to follow, recommended by the physician or advanced practice nurse, before allowing the individual to come into contact with other individuals being served and staff.
- (e) Written procedures shall be prominently posted for staff members to follow in the event of a medical emergency.
- (f) Health services staff shall be trained in the facility's procedures for medical emergencies.
- (g) First aid supplies shall be available and accessible to all staff.

- (h) Other than first aid, no medication or treatment shall be administered by employees of the facility except on written order of a licensed physician or advanced practice nurse.

**10:47-6.2 Primary care provider services**

- (a) A physician or advanced practice nurse licensed in the State of New Jersey shall perform examinations and administer and/or prescribe treatment as needed for preventive, routine and emergency medical care.
- (b) An annual complete physical examination with findings noted shall be performed for each individual. The physical examination shall require:
  - 1. Vision and hearing shall be grossly evaluated. For persons with observed problems, visual acuity and audiology studies shall be performed as clinically indicated;
  - 2. The stool shall be tested for occult blood annually after age 50 for persons of average risk for colon-rectal cancer; and
  - 3. An annual breast examination shall be recorded for all adult women. Mammography and cervical cytology shall be performed in accordance with standards recommended by the American Cancer Society, unless the physician or advanced practice nurse documents that the tests are medically contraindicated. (American Cancer Society, 1599 Clifton Rd. NE, Atlanta, Georgia 30329)
- (c) The physician or advanced practice nurse shall follow-up on each individual's medical needs on an ongoing basis and record necessary information in the individual's record.
  - 1. Physician's or advanced practice nurse's orders for medical treatment shall be updated as necessary.
  - 2. Medication orders should be reviewed and revised as necessary but at least annually.
- (d) Specialists' services in all pertinent fields of medicine shall be provided.
- (e) When referring an individual to a specialist or hospital for services, the physician, advanced practice nurse or designee shall ensure that copies of all necessary medical records are forwarded to the specialist.

**10:47-6.3 Nursing services**

- (a) Nursing services shall be provided in accordance with N.J.A.C. 13:37.
- (b) A licensed professional nurse shall assess each individual's health status and record their findings in the individual's record as needed but at least annually.

**10:47-6.4 Dental services**

- (a) A licensed dentist shall provide:
  - 1. Routine and preventive dental care at least annually.

2. A record documenting the results of the dental examination, signed and dated by the dentist, shall be maintained in the individual's record.

**10:47-6.5 Pharmaceutical services**

- (a) The facility shall provide pharmaceutical services under the direction of a New Jersey licensed pharmacist, in accordance with N.J.A.C. 13:39.
- (b) The facility shall provide pharmaceutical services, both dispensing and consultant, either directly or through written contractual agreements.
- (c) The facility shall have written policies and procedures, describing the methods for obtaining, dispensing, storing, administering, and usage of medications. The policies and procedures shall be reviewed and updated annually.
- (d) The facility shall have a policy and procedure for the use of "as needed" (PRN) orders.
- (e) The facility shall comply with Federal and State rules and regulations governing the order, storage, dispensing, administration, recording and disposal of medications.
- (f) Any medication or change in medication dosage by the physician or advanced practice nurse shall be immediately noted on the current written medication record by staff.
  1. Verbal orders from the physician or advanced practice nurse shall be confirmed in writing within 24 hours or by the first business day following receipt of the verbal order.
  2. The prescription or medication sheet shall be revised at the earliest opportunities.
- (g) Medications shall be distributed by either a unit dose or an individual prescription system.
  1. All medication shall have the label affixed by the pharmacy, in accordance with N.J.A.C. 13:39.
    - i. All medication shall be kept in their original containers from the pharmacy and shall be properly identified with the pharmacist's label.
  2. When medication is prescribed "as needed" (PRN), the prescription label shall include the following:
    - i. The individual's name, date, name of medication, dosage, specification of interval between dosages, maximum amount to be given during a 24 hour period, a stop date, and under what conditions the PRN medication shall be administered.
  3. Discontinued and outdated medications and containers with worn, illegible, or missing labels shall be returned to the dispensing pharmacy within 30 days for proper disposal or disposed of by the facility in accordance with N.J.A.C. 13:39-9.6(a) 13.
- (h) The facility shall have a system of accountability for drug administration that identifies each medication to the point of administration.
  1. Medications shall be administered by authorized employees to the right individual, in the right amount, through the right route and at the right time.

2. Medications prescribed for one individual shall not be administered to another.
  3. Each dose of medication administered shall be recorded in the medication administration record immediately after administration.
  4. The administration of PRN medication shall be documented in the medication administration record and communicated to the oncoming shift.
  5. Medication errors shall be reported in writing in accordance with the facility's written procedures. Medication errors with serious or potentially serious consequences should be considered an unusual incident and reported in accordance with N.J.A.C. 10:47-3.8(j). In addition, the physician shall be notified immediately.
- (i) All adverse drug reactions shall be reported to the attending physician immediately and a description of the incident shall be included in the individual's records.
- (j) The facility shall provide a locked storage area for all medications.
1. All medications shall be kept in a locked cabinet, closet or medication cart.
  2. Storage areas shall be locked at all times except when medications are being prepared for administration or placed into storage.
  3. Poisons and external preparations (including eye and ear medications) shall be stored separately from internal medications.
  4. A refrigerator shall be provided for medications requiring refrigeration.
    - i. The refrigerator shall be maintained at a temperature between 36 degrees Fahrenheit and 45 degrees Fahrenheit.
    - ii. Medications stored in multi-use refrigerators shall be kept in a locked box and properly labelled.
- (l) Aseptic techniques shall be maintained in the handling of instruments, surgical supplies, syringes and needles.
- (l) Needles and syringes shall be stored, used, and disposed of in accordance with N.J.A.C. 7:26-3A.
- (m) A record shall be maintained of the purchase, storage, and disposal of needles and syringes.

**10:47-6.6 Psychoactive medication**

- (a) The facility shall have a written policy governing the use of psychoactive medication.
- (b) The use of psychoactive medication shall be premised on the grounds that it constitutes an appropriate intervention either alone or in conjunction with other strategies to treat a psychiatric disorder or to manage a behavior disorder, as follows:
1. For treatment of psychiatric disorders, the medication shall be prescribed for the purpose of reducing or eliminating the symptoms of a psychiatric disorder which is diagnosed by a psychiatrist using the DSM-IV. (DSM-IV can be obtained from

the American Psychiatric Association, 1900 K Street, Washington, D.C. 20005.) Except in an emergency, the IDT shall meet and determine if behavior interventions should be used in conjunction with psychoactive medication. The decision of the team shall be documented.

2. For behavior management, the psychoactive medication shall be prescribed for the purpose of managing a problem behavior when no specific psychiatric diagnosis has been made. Before the psychoactive medication is administered, the IDT shall meet. The use of psychoactive medication shall not be considered the sole modality to address the behavior but shall be supplemented by appropriate interventions based on a functional analysis, for example, environmental strategies and/or behavior modifications, staff training, and individual management strategies. The IDT may decide to use other appropriate behavior interventions in lieu of psychoactive medication.
- (c) When a psychiatric condition is not diagnosed and a psychoactive medication is being recommended for behavior management, the Behavior Management Committee and the chairperson of the Human Rights Committee shall review and recommend their approval of the medication prior to implementation.
    1. Review by the full Human Rights Committee, with medical input, shall occur within 30 days of implementation.
  - (d) Psychoactive medication shall not be used for punishment, for the convenience of staff, or as a substitute for programmatic intervention.
  - (e) Informed written consent shall be required for each generic class of psychoactive medication. A new consent would not be needed if there is a change of medication within the same generic class.
  - (f) All individuals receiving psychoactive medication and the legal guardian, where applicable, shall be informed of the generic class of psychoactive medication proposed, the purpose, the dosage, and possible side effects of the medication. Steps to inform each individual shall be documented in their record.
  - (g) Individuals receiving psychoactive medication shall be personally examined by the prescribing physician prior to the initial administration.
  - (h) Except in emergencies, psychoactive medication shall always be prescribed in writing prior to its administration. Telephone orders shall be permitted in an emergency and countersigned by the physician within 24 hours.
  - (i) Short-acting injectable psychoactive medication used in emergencies shall be administered only by a licensed physician or licensed professional nurse.
    1. The individual shall be monitored continuously by a staff person trained to observe potential adverse effects.
    2. The physician ordering the intramuscular psychoactive medication shall examine the individual within a 48 hour time period.
  - (j) "As needed" or "PRN" usage of psychoactive medications shall be prohibited.
  - (k) Persons receiving services shall be maintained on the lowest possible effective dosage of psychoactive medication.

- (l) All psychoactive medication shall be monitored by the prescribing physician for clinical effectiveness as necessary but at least quarterly.
- (m) Because of potential serious toxicity, lithium, carbamazepine, valproic acid, clozapine, and clomipramine shall be used only after a complete history, physical examination, and laboratory assessment of the individual has been made by a physician. Lithium shall be administered under the surveillance of a physician, or advanced practice nurse, preferably a psychiatrist, to include monitoring of blood levels.
- (n) The use of psychoactive medication shall be incorporated in the individual's habilitation plan.
  - 1. The IDT shall review the use of psychoactive medication quarterly. If, after a reasonable length of time, there is no apparent improvement, other treatment options should be considered. The IDT shall determine whether the individual is being negatively affected by the medication or other concerns associated with the medication are noted.
  - 2. The results of the review shall be documented in the individual's record. Concerns of the IDT shall be referred to the Physician, Behavior Management Committee and/or Human Rights Committee.
  - 3. When a psychotropic medication is prescribed and administered in an emergency, the IDT shall meet to review the use of the psychotropic medication within the next 5 working days. The results of this review shall be documented in the client record.

**10:47-6.7 Medical records**

- (a) An accurate, complete and up to date medical record shall be maintained for each individual. This record shall include:
  - 1. A list of all current diagnoses, which shall be located in an identified area of the record;
  - 2. A list of all significant past illnesses, surgeries and trauma, which shall be located in an identified area of the record;
  - 3. A health status review by licensed professional nurses as needed but at least annually;
  - 4. An annual physical examination;
  - 5. An immunization record;
  - 6. List of known allergies;
  - 7. Vision examination every three years;
  - 8. Report of annual dental examination or accurate dental records;
  - 9. Physician's orders;
  - 10. Physician's periodic progress notes on the physical, emotional, and behavioral status of the individual;



11. Nurse's and clinical notes;
12. Reports of clinical laboratory x-ray, surgical, or other diagnostic services;
13. Height and weight records; and
14. A medication administration record.

**10:47-6.8 Lead control**

- (a) A lead control program shall be developed in each facility which shall ensure that all individuals served shall be protected from the harmful effects of lead poisoning.
- (b) Because pica is a form of maladaptive behavior, a behavior modification plan shall be considered by the interdisciplinary team as part of the Individual Habilitation Plan (IHP) of each individual who exhibits pica behavior. If a behavior modification plan is not recommended, the team shall document the justification in the IHP. The team shall follow the provisions of N.J.A.C. 10:47-7.4 in developing a behavior modification plan.
- (c) Diagnosis of pica and/or history of pica must appear in a visible area in the IHP (preferably on the cover sheet).

## **SUBCHAPTER 7. HABILITATION SERVICES**

### **10:47-7.1 Individual Habilitation Plan**

- (a) Within 30 days of admitting a developmentally disabled individual, the facility shall develop an Individual Habilitation Plan (IHP).
- (b) Each individual's IHP shall be developed by the Interdisciplinary Team (IDT).
  - 1. One member of the IDT shall be designated the plan coordinator.
- (c) The IDT shall elicit and respect the individual's or guardian's preferences.
- (d) Where the individual's rights are restricted, they shall be documented in the IHP.
  - 1. The IHP shall indicate when restrictions may be lessened or rights restored.
  - 2. A review date, not to exceed 90 days, shall be established.
  - 3. The individual or guardian shall be advised of their right of appeal, in accordance with N.J.A.C. 10:48-1.
- (e) An IHP shall be based upon an assessment of the individual's capabilities.
  - 1. The results of screenings and evaluations shall be used in the development of the IHP.
  - 2. Findings shall be recorded in terms that are clearly understood by all participants.
    - i. The results of each assessment shall be interpreted to the individual and/or to the parents/guardian as requested.
  - 3. The assessment process shall be adapted to the age, cultural background, language, ethnic origin and means of communication used by the individual and the family.
    - i. Assessment should be conducted in a setting familiar to the individual.
  - 4. Each individual's assessment shall be reviewed and updated at least annually.
- (f) The IHP shall address the person's development in the following areas, as appropriate:
  - 1. Physical development and health;
  - 2. Dietary needs;
  - 3. Sensorimotor development;
  - 4. Affective development;
  - 5. Social skills;
  - 6. Communication skills;
  - 7. Auditory functioning;

8. Cognitive development;
  9. Adaptive behaviors or independent living skills necessary for the individual to be able to function in the community;
  10. Recreation and use of leisure time; and
  11. Vocational skills.
- (g) Each IHP shall be reviewed and revised as needed, but at least annually.
- (h) The scheduling of the IDT meeting shall facilitate the participation of the individual, and his or her family members or other persons who represent the individual.
- (i) The IHP shall include at least the following:
1. A cover page;
  2. A summary of assessment information;
  3. A summary of progress toward previous IHP goals and objectives;
  4. The identification of individual's preferences, capabilities and needs;
  5. Goals;
  6. Behaviorally stated, measurable, sequential objectives;
  7. Clearly stated method(s) of achieving each objective;
  8. The identification of IDT members and persons responsible for ensuring the delivery of services/programs described in the plan;
  9. A listing of all current and planned services/programs and their dates of initiation, frequency, and anticipated duration;
  10. Barriers to meeting the individual's needs;
  11. Guardianship status; and
  12. The signatures of all IDT members in attendance at the meeting.
- (j) The IHP shall be a part of the individual's record, as defined in N.J.A.C. 10:41, and shall be subject to the confidentiality provisions of that chapter.
- (k) The individual or his or her parent or guardian shall be provided a copy of the IHP.
- (l) Each agency serving the individual shall receive a copy of the IHP.
- (m) Any recommendation in the IHP may be appealed in accordance with N.J.A.C. 10:48.
- (n) Behavior management plans shall be part of the IHP, in accordance with N.J.A.C. 10:47-7.5.
- (o) The current IHP shall be filed in the individual's record.

1. A copy of the current IHP shall be accessible to all staff working with the individual. The IHP shall contain progress notes by each discipline providing services to the individual.
  2. The plan coordinator shall review the IHP as needed, but at least quarterly, comment on progress notes recorded and verify implementation through direct observation.
    - i. The findings shall be documented in the progress note section of the IHP.
- (p) Any proposed changes in the IHP shall be recommended in writing to the plan coordinator.
1. All changes in the IHP shall be communicated to the team members.
  2. If the plan coordinator determines that proposed changes result in significant differences in the IHP, he or she shall schedule a meeting of the IDT.
- (q) Any major change in an individual's residential service and/or supports shall include the utilization of the IDT.
1. In the case of a planned transfer or discharge, at least 30 days prior to the anticipated discharge date, at a minimum:
    - i. An addendum to the IHP shall update the existing plan and include the specifics of the transition;
    - ii. The development of the discharge plan shall include the licensee, the individual and his or her guardian, as appropriate, the IDT and a representative of the placing agency;
    - iii. The discharge plan shall assess the individual's continuing needs and recommend a plan for provision of follow-up services in the individual's new environment;
    - iv. The appropriate Division regional office shall be notified; and
    - v. The individual's full records shall be transferred.
  2. Should the licensee and the placing agency determine a residence is no longer suitable or no longer meets the needs of an individual, the individual shall not be maintained at that residence, provided substantive evidence is given to the placing agency.
    - i. All discharges of private placements shall be reported in writing to the licensing agency within five days.

**10:47-7.2 Education**

- (a) The facility shall make arrangements for a formal education program for all individuals between the ages of three and 21, in accordance with N.J.A.C. 6:28.

- (b) The facility shall provide a copy of a clearly defined educational curriculum to the individual, his or her parent(s) and guardian.

**10:47-7.3 Adult training and vocational services**

- (a) The facility shall assure that a continuum of programs is available to all individuals.
  - 1. Training and services shall be appropriate to the age and abilities of each individual.
- (b) The facility shall assure that job training is available for individuals capable of vocational placement in the community.
- (c) The facility shall comply with State and Federal regulations regarding compensation for services rendered including 29 CFR 525, N.J.S.A. 34:11-56A, and N.J.A.C. 12:56.

**10:47-7.4 Psychological services**

- (a) Psychological services shall be provided, either by employees of the facility or through community based providers.
- (b) Psychological services shall include the use of non-aversive and/or aversive techniques to modify behavior. They shall be grouped according to the presumed level of aversiveness as follows:
  - 1. Level I shall include non-aversive techniques that include, but are not limited to: differential reinforcement of alternate behavior, communication behavior, higher rates of behavior, lower rates of behavior, and incompatible behavior; stimulus control/change; sensory stimulation; pointed praise; relaxation training; correction with verbal prompts; extinction; and time out from positive reinforcement, not to exceed five minutes.
  - 2. Level II shall include techniques that are presumed to be mildly aversive and/or restrictive in nature, including but not limited to: correction utilizing physical prompts; response cost; negative practice; and time out from positive reinforcement not to exceed 15 minutes.
  - 3. Level III shall include techniques that are presumed to be more aversive and/or restrictive than Level II techniques and which place the person at increased risk which include but are not limited to: aversive stimulation, manual restraint, meal modification, mechanical restraint, overcorrection with or without positive practice, response cost including personal property or community activities, sensory masking, time out utilizing any techniques not found in Levels I and II, and time out from positive reinforcement in a designated room.

**10:47-7.5 Behavior management procedure manual**

- (a) The facility shall develop a behavior management procedure manual which describes treatment modalities for individuals manifesting behavior problems.
  - 1. Where a behavior management plan is indicated, such plan shall be approved by the IDT and shall be incorporated in the IHP, prior to implementation.

- (b) To receive authorization to implement behavior management plans using aversive techniques, the facility shall submit its behavior management procedure manual to the Office of the Director, for review by a committee appointed by the Director, Division of Developmental Disabilities for approval. Approval shall be based upon the requirements contained in this chapter.
- (c) After approval of the facility's behavior management procedure manual, subsequent approvals for each behavior management plan shall comply with the following:
  - 1. Level I and Level II techniques shall have received approval of the individual's IDT;
  - 2. In addition to approval of the individual's IDT, the plan for use of Level III techniques shall receive prior review and approval of the Behavior Management Committee, the Human Rights Committee, the chief executive officer (CEO), and medical certification from a physician;
  - 3. If a behavior management program employs techniques on more than one level of aversiveness, the approval procedures applied shall be those for the most aversive level; and
  - 4. Individually prescribed programs using aversive techniques shall require complete annual review and approval. Implementation of the current program may continue during the approval process.
- (d) The use of aversive techniques in willful violation of provisions of those regulations shall be construed as physical, psychological and/or verbal abuse.

**10:47-7.6 Behavior management committee**

- (a) The behavior management committee shall review and make recommendations for the approval or disapproval of all behavior plans using Level III techniques. The CEO shall make the final decision and assume responsibility for whatever course of action is pursued. The CEO shall document substantive reasons when proceeding against the advice and recommendation of the Behavior Management Committee.
- (b) The composition and operation of behavior management committee shall be as follows:
  - 1. The Committee shall consist of not less than five nor more than 15 members;
  - 2. The Committee shall be comprised of no more than one third common membership of the Behavior Management and Human Rights committees of a facility;
  - 3. The members of the Behavior Management Committee shall be appointed by the CEO;
  - 4. A chairperson shall be appointed by the CEO;
  - 5. The behavior management committee shall meet as frequently as needed;
  - 6. Attendance by at least 50 percent of membership shall constitute a quorum; and
  - 7. Members shall abstain from voting on any issue that might constitute a conflict of interest.

- (c) The Behavior Management Committee's responsibilities shall include:
  1. Reviewing behavior management plans to determine whether or not they are clinically/technically appropriate and comply with the agency's manual;
  2. Serving as a resource to the IDT;
  3. Reviewing individual behavior programs involving Level III techniques and recommending approval/disapproval in writing to the CEO. If the plan is disapproved, the reason(s) shall be specified;
  4. Completing a review of all programs using Level III techniques at 30 day intervals for the first 90 days and at least every 90 days thereafter; and
  5. Reviewing other issues involving behavior management as referred.
- (d) Any change in membership shall be reported to the Director within 30 days.
- (e) The minutes of each committee meeting shall be available for review by persons authorized by the Director.
- (f) The CEO, committee members and any observers shall receive copies of the minutes.

**10:47-7.7 Use of Level III techniques**

- (a) In addition to the other requirements of this chapter, the use of Level III techniques shall also require the informed, written non-coerced consent of the individual, if a competent adult, or of the parent/guardian of a minor, or of the guardian of an incompetent adult.
- (b) In securing an informed consent, those individuals whose consent is sought shall be apprised:
  1. Of unsuccessful attempts to use less aversive techniques to reduce the maladaptive behavior;
  2. Of reasons for recommending the use of aversive techniques as the least restrictive method;
  3. Of alternate techniques that might be used to change the maladaptive behavior and the reasons for choosing the planned technique;
  4. Of the benefits and potential risks associated with the use of the aversive technique;
  5. Of the potential risk to the individual or others if the technique is not implemented; and
  6. Of the right to disapprove implementation of these techniques or to withdraw approval at any time.
- (c) When informed consent for the use of Level III techniques is either denied or subsequently withdrawn, or no response is received within 10 working days and the CEO determines that the refusal or delay is in violation of the individual's right to treatment, the

CEO shall refer the matter to the Director for further consideration and possible judicial action.

**10:47-7.8 Medical certification in cases of physical risk**

Techniques which present an element of physical risk to the individual shall require prior written certification from a State licensed physician that the individual's medical condition does not preclude their use.

**10:47-7.9 Emergency mechanical restraint**

The facility's use of emergency mechanical restraint shall comply with the requirements of N.J.A.C. 10:42, Emergency Mechanical Restraint and Safeguarding Equipment.

**10:47-7.10 Social services**

- (a) The facility shall provide social services to all individuals served and, to their families, as appropriate.
- (b) Social services shall include, but shall not be limited to:
  - 1. The coordination of all admissions and discharges between agencies, individuals and families;
  - 2. Contact with the family and/or guardian regarding the individual's IHP, health status or other pertinent information;
  - 3. Individual and group counseling for individuals who can benefit, as documented in the IHP;
  - 4. Participation in the IDT process; and
  - 5. Writing clinical and/or progress notes periodically, which notes shall include:
    - i. Progress in any therapy or counseling;
    - ii. Any family contacts; and
    - iii. Any information relating to the admission or discharge of the individual.

**10:47-7.11 Rehabilitation services**

- (a) The facility shall provide speech pathology and audiology services, in accordance with N.J.S.A. 45:3B-1 et seq., to all individuals who can benefit.
- (b) The facility shall provide physical therapy services, in accordance with N.J.S.A. 45:9-37.11 et seq., to all individuals who can benefit, as documented in the IHP.
- (c) The facility shall provide occupational therapy services to all individuals who can benefit.



**10:47-7.12 Adaptive equipment**

The facility shall assure that adaptive equipment is acquired, maintained, repaired, replaced, and used appropriately for all individuals as necessary.

## **SUBCHAPTER 8. DIETARY SERVICES**

### **10:47-8.1 Dining environment**

- (a) The facility shall promote a pleasant and home-like environment in the dining room. Dining room accommodations within living units shall be separated from other areas.
  - 1. Dining rooms shall be equipped with tables, chairs, eating utensils and dishes designed to meet the developmental needs of each individual.
    - i. Equipment for special training and feeding requirements shall be available and used.
  - 2. The facility shall provide staff and supervision in the dining rooms to promote self-help training and assure each individual receives their prescribed diet and eats in a manner consistent with his or her own developmental level.

### **10:47-8.2 Nutritional services**

- (a) Each individual shall receive a well balanced diet, including modified and specially prescribed diets.
- (b) Unless otherwise specified by the individual's medical needs, the diet shall be prepared in accordance with the latest edition of the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. Diets shall be adjusted for age, sex, disability and activity when necessary.
- (c) The facility shall offer substitute food and beverages to all individuals who refuse the food served at meal times. Such substitutes shall be of equivalent nutritional value.
- (d) Foods used for primary reinforcers as part of a behavior management plan shall be in accordance with the individual's nutritional status and needs.
- (e) Unless medically contraindicated, snacks shall be provided for individuals who desire them.
  - 1. Snacks shall be listed on the menu.
- (f) Individuals shall not be denied meals or snacks except upon a written order of a physician as part of their IHP.

### **10:47-8.3 Meal service**

- (a) Each individual shall be provided at least three nutritionally balanced meals daily.
- (b) Food shall be wholesome, prepared in the form that meets the medical and dietary needs of each individual and attractively served. Foods shall be served:
  - 1. In appropriate portions; and
  - 2. At appropriate temperatures.
- (c) Food returned from an individual's plate shall be discarded.

**10:47-8:4 Food service and menu planning**

- (a) Each facility shall have one or two designated staff responsible for food service and menu planning.
- (b) Menus shall be prepared at least one week in advance and copies retained on file for a period of one month. Menus shall:
  - 1. Be prepared with regard for the nutritional and therapeutic needs, cultural backgrounds, food habits and personal food preferences of the individuals;
  - 2. Provide a variety of foods at each meal; and
  - 3. Be adjusted for seasonal changes.
- (c) Current menus shall be available in the food preparation area.

**10:47-8.5 Food sanitation**

- (a) The facility shall ensure that kitchens and areas used for food preparation, storage, serving and clean-up of all meals shall be maintained in accordance with N.J.A.C. 8:24, Retail Food Establishments.
- (b) Food service staff shall be trained in all aspects of food management including, but not limited to:
  - 1. Portion control;
  - 2. Therapeutic diets;
  - 3. Cross contamination;
  - 4. Sanitation; and
  - 5. Food temperatures.
- (c) Kitchens used for meal preparation in a facility shall be provided with the necessary equipment for the preparation, storage, serving, and cleanup of all meals, as follows:
  - 1. All equipment shall be maintained in working order;
  - 2. All equipment, countertops, preparation areas, and utensils used for eating, drinking, preparation, and serving of food shall be kept clean, in good condition, and free of chips and cracks;
  - 3. All utensils used for eating, drinking, preparation an serving of food or drink shall be washed after each use in accordance with N.J.A.C. 8:24; and
  - 4. When dishwashers are not used, serving dishes, glasses, and flatware shall be placed on clean racks to air dry and shall not be dried by the use of towels or cloths of any kind.
- (d) Storage and refrigeration of food shall comply with N.J.A.C. 8:24.

1. Prepared food stored in a refrigerator or in a dry storage area shall be kept protected, dated, and labelled if not in the original container.
2. All refrigeration units shall be provided with an accurate thermometer, and the product storage temperature should not exceed 40 degrees Fahrenheit.
3. All freezer units shall be provided with an accurate thermometer and products shall be kept well frozen, in accordance with the standards of the New Jersey Department of Health.

## **SUBCHAPTER 9. PHYSICAL ENVIRONMENT**

### **10:47-9.1 General requirements**

- (a) The facility grounds shall be maintained free of any hazards to health and safety.
- (b) The facility shall ensure that all structures on the grounds are maintained in good repair and do not present a danger to health and/or safety.
  - 1. All structures shall meet the requirements of the New Jersey Uniform Construction Code, N.J.A.C. 5:23.
  - 2. Automatic fire suppression systems shall be installed in all Use Group Category I buildings, structures or portions thereof.
  - 3. Walls and ceilings shall be free of asbestos hazards.
  - 4. The facility shall not use lead based paint for any purpose, nor purchase any equipment, furnishing or decorations surfaced with lead based paint.
- (c) Individual personal preferences shall be considered when choosing decoration and furnishings in the living areas.
- (d) Individuals shall be allowed to decorate their living areas.
- (e) All furnishings shall be maintained in good repair.
- (f) The facility shall provide sufficient and appropriate storage facilities.
  - 1. The facility shall have securely locked storage areas for all potentially harmful materials. Keys to storage areas shall be available only to staff members.
  - 2. Locked closets shall be provided for storage of housekeeping supplies and equipment as needed.
- (g) All stairways and hallways shall be kept free and clear of obstructions at all times.
  - 1. All stairways shall be kept adequately illuminated with electric lights controlled by switches at the top and bottom of the stairs.
  - 2. Stairways shall be provided with well secured hand rails on both sides.
  - 3. Stair treads shall have a non-skid surface.
- (h) All rooms including hallways and stairways shall be lighted by natural light or electricity.
  - 1. Nightlights shall be provided as needed based upon individual needs.
  - 2. An auxiliary generator or battery type lighting shall be available for emergency purposes in accordance with B.O.C.A. National Building Code, Article 8 Section 824.0.

- (i) The temperature shall be maintained within a normal comfort range, not less than 68 degrees Fahrenheit or greater than 81 degrees Fahrenheit, through the use of heating, air conditioning or other means.
- (j) The heating, ventilating and air conditioning system shall comply with all local and State codes and rules.
  - 1. The facility shall take precaution to ensure that the heating system, including hot water pipes, are insulated to protect the safety of individuals.

**10:47-9.2 Bedrooms**

- (a) The facility shall:
  - 1. Ensure that each bedroom in the facility has a floor area of at least 70 square feet for each occupant;
  - 2. Not use any room with a ceiling height of less than seven feet six inches as a bedroom;
  - 3. Not permit more than four individuals to occupy a designated bedroom;
  - 4. Ensure that individuals over five years of age do not share a bedroom with a member of the opposite sex unless legally married; and
  - 5. Ensure that each bedroom has a window which provides natural light.
- (b) Each individual shall have his or her own bed. The bed shall be at least thirty inches wide, solidly constructed and appropriate to the individual's height. The bed shall have a clean, comfortable, non-toxic, fire retardant mattress which is maintained in good repair.
  - 1. Cots and other portable beds shall be prohibited.
  - 2. The mattress covering shall be moisture proof, when the individual's condition requires.
- (c) The facility shall ensure that clean sheets, pillows, pillow cases, and blankets are provided in accordance with seasonal needs.
  - 1. Sheets and pillow cases shall be changed at least weekly, but more frequently if necessary.
- (d) All bedrooms shall be a ground level or above and conveniently located to bathing and toilet facilities.
  - 1. All bedroom doors shall open to corridors.
- (e) The facility shall provide each individual their own dresser or other storage space for private use in the bedroom area. Off-seasonal clothing may be stored outside the bedroom area.

**10:47-9.3 Bathrooms**

- (a) The facility shall have a minimum of one wash basin with hot and cold water, one flush toilet and one bathtub or shower with hot and cold water for every 10 individuals.
  - 1. Bathrooms shall be located to permit access without disturbing other individuals during sleeping hours.
  - 2. Each bathroom shall be properly equipped with toilet paper, disposable towels, soap, and other items required for personal hygiene.
    - i. Waste receptacles shall be located near the handwashing facilities.
  - 3. Each bathroom shall contain secured mirrors visible to the individuals and safety devices necessary to meet their needs.
  - 4. Toilets, sinks, bathtubs and showers shall be maintained in good operating condition, kept clean and free of objectionable odors.

**10:47-9.4 Laundry services**

- (a) The facility shall provide regular laundering of individual clothing.
- (b) The laundry room shall be separate from the kitchen and other working areas, and shall be arranged to prevent the cross contamination of clean and soiled laundry.
- (c) All soiled laundry shall be stored, transported, collected, and delivered in a laundry bag, basket or covered cart as appropriate.
- (d) Contaminated soiled laundry shall be bagged and processed separately.
- (e) Soiled and clean laundry shall be kept separate.
- (f) Clean laundry shall be protected from contamination during processing, storage, and transporting.
- (g) The facility shall have a supply of sheets, pillow cases, towels, and washcloths equal to at least two times the number of individuals served.
- (h) The facility shall have a supply of blankets equal to at least two times the number of individuals served.

## **SUBCHAPTER 10. LIFE SAFETY**

### **10:47-10.1 Fire safety**

- (a) The facility shall have an annual fire inspection conducted by a State or local fire official.
  - 1. A written statement or certificate shall be on file at the facility stating that the building(s) are satisfactory for occupancy and meet the minimum requirements of the New Jersey Uniform Fire Safety Act, and rules promulgated in accordance with that Act.
  - 2. Deficiencies noted during the inspection shall be corrected within time limits established by the State or local enforcement agency.
- (b) An automatic fire detection and alarm system shall be comprised of the following:
  - 1. Smoke detectors;
    - i. In each bedroom;
    - ii. In living and dining rooms;
    - iii. In all hallways;
    - iv. In recreation areas; and
    - v. At the top of all stairs.
  - 2. Thermal detectors;
    - i. In the kitchen (135 fixed); and
    - ii. In the furnace area (190 fixed).
  - 3. A manual pull station within five feet of each exit;
  - 4. Signaling devices as needed to be audible in all areas throughout the building;
  - 5. Emergency standby power capable of operating the system for four continuous minutes after 24 hours on emergency power; and
  - 6. A.C. power which shall be on a dedicated branch circuit. The circuit disconnection means shall be accessible to authorized personnel and shall be clearly marked "fire alarm circuit."
- (c) Any area used for the storage of combustible supplies and equipment shall be separated from other parts of the building by fire resistant construction approved by the State or local fire official.
- (d) The boiler and heating room shall be separated from the rest of the building and enclosed with one hour rated material.
- (e) Portable fuel burning space heaters and electric space heaters shall not be used in any facility.



- (f) Non-ambulatory individuals shall not be placed in bedrooms above the first floor of any facility.
- (g) Individuals shall not be placed in bedrooms above the second floor, unless the bedroom is provided with a comprehensive automatic sprinkler system.
- (h) The telephone number of the local fire department serving the facility or '911' shall be posted at each telephone.
- (i) All passages leading to fire exits shall be properly illuminated by natural or artificial light 24 hours a day.
  - 1. Signs bearing the word, "EXIT" in plain legible letters shall be placed at each exit opening.
    - i. Additional signs shall be placed in corridors, where necessary, to indicate the direction of exit.
    - ii. Letters shall be at least six inches in height.
  - 2. Letters of internally illuminated exit signs shall be at least four and one-half inches in height.
  - 3. All exit and directional signs shall be clearly legible by electric illumination when natural light fails.
- (j) Two separate means of egress leading directly to the exterior of the building of each floor occupied by individuals shall be provided.
  - 1. Means of egress must be kept free of obstructions at all times.
  - 2. Exiting fire escapes shall be examined annually by the fire official and repairs completed as recommended.
- (k) Doors shall be outward opening and equipped with self-closing and positive latching devices.
  - 1. Doors shall be placed so that traffic to and from any room shall not be through bedrooms, kitchens, or bathrooms.
  - 2. All closets, bedrooms and bathrooms equipped with locks shall have keys readily accessible and visible within the same location as the door.
- (l) Basements may be used as activity rooms if they are dry, warm, adequately illuminated with natural or artificial light and separated from laundry, heating and other hazardous equipment.
  - 1. Two means of egress shall be provided if a basement is used as an activity room.
- (m) Basements shall be kept in good order, clear of excess furniture and equipment, and shall not be used for indiscriminate storage.
  - 1. Doors at the head of the basement stairways shall be constructed in accordance with N.J.A.C. 5:23.

2. Basement ceilings shall be protected with material in accordance with N.J.A.C. 5:23.
  3. Side walls and ceiling enclosing basement stairways shall be protected with material in accordance with N.J.A.C. 5:23.
  4. Paint and other highly flammable material should be stored outside residential buildings.
  5. Combustible partitions shall be prohibited.
- (n) Installation of oil furnaces and equipment shall be in accordance with N.J.A.C. 5:23.
1. In cases where oil burning equipment has already been installed in properties, the vent pipe and fill pipe shall be located outside the building.
- (o) Electrical wiring shall be in accordance with National Electrical Code, available from the National Fire Protection Association, One Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9101.
- (p) Annually, the licensee shall obtain a written statement by a registered electrical inspector that the electrical circuits and wiring are satisfactory.
1. The electrical inspector's report shall include:
    - i. The date of the inspection;
    - ii. Assurance that circuits are not overloaded;
    - iii. A statement that all wiring and permanent fixtures are maintained in good condition; and
    - iv. A statement that all portable electrical appliances, including lamps, are equipped with heavy duty cord and maintained in good condition.
  2. Temporary wiring shall be UL listed rated appropriate to the anticipated load unless approved by the electrical inspector.
  3. Extension cords shall be prohibited.
- (q) The facility shall have a procedure describing its smoking rules.
- (r) The facility shall provide an adequate number of fire extinguishers in the basement and on each floor of every building, in accordance with the recommendation of the National Fire Protection Association Standard Number 10, available from the NFPA, One Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9101.
1. All fire extinguishers shall bear the seal of the Underwriter's Laboratories. (Available from Publications Stock, 333 Princeton Road, Northbrook, IL 60062.)
  2. Extinguishers shall be recharged and inspected in accordance with the manufacturer's specifications.
    - i. Each extinguisher shall be labelled to show the date of such inspection and refilling.

3. One portable fire extinguisher shall be placed next to each fire alarm box.
    - i. All other fire extinguishers shall be placed as directed by the fire official.
  4. The following types of fire extinguishers shall be provided:
    - i. A 20 BC rating in kitchen areas where a domestic range is used;
    - ii. A hood and duct suppression (extinguishing) system, with both automatic and manual actuation, in kitchen areas where a commercial range is used. There should be an automatic fuel shut off; and
    - iii. A 4A:BC fire extinguisher with a 40 BC rating in the basement area.
- (s) All personnel and individuals shall be trained in: fire prevention; the use of fire protection equipment and devices; and procedures to be followed in the event of an emergency. The training shall be given to all employees prior to their duty assignment and should be reviewed at 12 month intervals.
- (t) Every facility shall have a written plan for the evacuation of the individuals to safe areas away from the building, in the event of fire or any other type of disaster, as follows:
1. All employees shall be instructed in their duties under this plan;
  2. A diagram of each floor indicating location of fire extinguishers and the means of egress for each individual shall be prominently posted on each floor; and
  3. The facility shall provide an emergency lighting system.
- (u) Fire alarm systems shall be checked monthly by an employee designated by the licensee. A record shall be maintained showing the date checked, the name of the person checking the system, and any findings.
- (v) The facility shall conduct a fire drill at least once a month in every building in which individuals are housed or services are provided.
1. The drills shall be unannounced and held at various hours of the day and night.
  2. A record shall be maintained of the date of the drill, time required for evacuation, the number of staff and individuals participating in the drill, a brief synopsis of what occurred during the drill and the signature and title of the staff person completing the report.
  3. Arrangements shall be made to have a fire drill supervised by the local fire department at least annually.
- (w) Kitchen exhaust fans, filters, and metal ducts shall be kept free of grease and dirt at all times and metal ducts from such fans shall extend at least two feet beyond the building.
1. Areas around kitchen ranges shall be kept free of grease at all times.
  2. Kitchens containing commercial cooking appliances, deep fryers, grills, etc. shall have approved kitchen exhaust system (range hood) complete with an automatic fire suppression system in accordance with B.O.C.A. National Building Code, Article 17, Section 1702.20 and B.O.C.A. Basic National Mechanical Code.

**10:47-10.2 Sanitation**

- (a) All buildings and facilities shall meet all State and local health requirements.
- (b) There shall be a sufficient supply of hot and cold water at all times, which shall be provided in accordance with N.J.A.C. 8:43-15.6 and N.J.A.C. 8:24.
- (c) The facility shall provide for the collection, storage and disposal of solid, recyclable, and regulated medical, as well as toxic and hazardous waste materials, in accordance with N.J.A.C. 7:26.
  - 1. A sufficient number of containers to hold all garbage and rubbish containing food waste shall be provided.
  - 2. All waste water shall be discharged into a municipal or public sanitary sewage system, when such system is available.
    - i. If a private sewage system is necessary, the type, size, location, construction, and major repairs or alterations shall be approved by the State or local health jurisdiction.
  - 3. Regulated medical waste must be transported and disposed of in accordance with N.J.A.C. 7:26-3A.
- (d) The facility shall provide convenient toilet and hand washing facilities for employees.
- (e) The facility shall ensure that the grounds and buildings are kept free from all vermin.
  - 1. All windows and doors, except fire exit doors, shall be provided with screens or insect repelling devices.
  - 2. Safety precautions shall be observed in all rodent and insect control programs.
    - i. Any application of pesticides shall be in accordance with N.J.A.C. 7:30.

**10:47-10.3 Transportation**

- (a) Each vehicle used under the auspices of the facility in transporting individuals shall be properly registered, inspected, and insured in accordance with New Jersey State motor vehicles laws and rules.
  - 1. The licensee shall maintain or document valid liability insurance on all vehicles used to transport individuals.
  - 2. The interior of each vehicle shall be maintained in a clean, safe condition and shall be free of obstacles obstructing clear passage to operable doors.
  - 3. All items maintained in the vehicle, including, but not limited to, first aid kits, fire extinguishers and snow tires shall be securely fastened at all times.
- (b) The vehicle operator shall operate the vehicle in a safe manner at all times by abiding by all laws pertaining to motor vehicle safety, including posted speed limits, cautions, and all other posted advisories.

1. The vehicle operator shall not be permitted to operate a facility vehicle when a physical or mental impairment compromises his or her ability to operate a vehicle safely. This includes, but is not limited to illness, injuries, vision problems, emotional distress, or medication side effects. The Department may require the facility to obtain a second opinion regarding the fitness of a vehicle operator.
  2. The vehicle operator shall not operate a vehicle while under the influence of drugs and/or alcohol. This includes prescribed medications and over-the-counter medications that warn against operating machinery while taking such medication.
  3. The vehicle operator shall conduct a visual safety check of the vehicle before each trip to inspect for obvious safety hazards including mirrors, directional signals, seat belts, child passenger restraint systems, booster seats, wheelchair tie-downs and other safety related equipment. Unsafe vehicles shall be reported to the appropriate facility maintenance authority and shall be immediately repaired or removed from use until all necessary repairs are completed.
  4. The vehicle operator and all passengers shall use a properly adjusted and fastened seat belt system, child passenger restraint system or booster seat system at all times while in transit. All safety mechanisms in vehicles used to transport individuals in wheelchairs shall be employed at all times.
  5. Before departure, the vehicle operator shall ensure that all passengers are secured safely in the vehicle by seat belt, child passenger restraint system, or booster seat system. The vehicle shall not be in motion without passengers being properly secured in their seats.
  6. No vehicle operator shall use a hand-held communication device while the vehicle is in motion. Vehicle operators shall pull to the side of the road to a safe location to respond to or to make a phone call.
- (c) The vehicle shall be inspected prior to the expiration date on the registration sticker.
- (d) The vehicle shall be serviced according to manufacturer's recommendations.
- (e) Each vehicle operator acting on behalf of the facility shall be properly licensed to operate the class of vehicle used in transporting individuals, and such license status shall be routinely updated.
1. No person shall transport individuals without a driver's license valid in the State of New Jersey.
  2. A vehicle operator who transports individuals in vans seating 15 or more passengers shall have a commercial driver's license current and valid in the State of New Jersey.
  3. No vehicle operator with more than five points shall operate a facility owned/leased vehicle. It shall be the responsibility of the vehicle operator to advise the designated facility staff of the status of the vehicle operator's license. Vehicle operators with five or more points shall be required to reduce their points to less than five points within 30 days of such notification either by standard point reduction or by a New Jersey Motor Vehicle Commission approved point reduction program.
- (f) Vehicle occupancy shall not exceed the number of properly operating seat belts and the vehicle's rated capacity.

- (g) The facility shall provide sufficient supervision in each vehicle used by the facility to transport individuals.
1. No individual whose IDT has determined that being left unattended in a vehicle would present a danger to him or her shall be left without direct supervision by facility staff in a vehicle at any time.
  2. No individual shall remain in a vehicle that does not have the air conditioning on when the outside temperature exceeds 80 degrees Fahrenheit or in a vehicle that does not have the heater on when the outside temperature falls below 40 degrees Fahrenheit.
  3. No vehicle shall be left running and unattended at any time.
  4. No individual shall be locked in a vehicle at any time when facility staff are not physically present in the vehicle.
  5. No facility staff shall transport individuals in the staff person's personal vehicle.
- (h) Vehicles used to transport individuals with physical disabilities shall be adapted to their needs.
- (i) The following additional transportation arrangements shall be required for facilities serving non-ambulatory individuals:
1. A hydraulic lift that also provides for manual usage shall be provided in all vehicles, except automobiles, used to transport nonambulatory individuals;
  2. Wheelchairs shall be properly tied down, using the appropriate securement points, while individuals who use wheelchairs are in the vehicle; and
  3. The arrangement of the wheelchairs shall provide aisle space and shall not impede access to the exit doors of the vehicle.
- (j) The facility shall ensure that each individual is provided with transportation in order to implement the individual's IHP and in case of emergency.
- (k) All vehicles used under facility auspices to transport individuals shall have the following, which shall be properly secured in or on the vehicle, as appropriate:
1. Emergency equipment that shall include a spare tire, jack and at least three portable red reflector warning devices;
  2. A first aid kit to include:
    - i. Antiseptic;
    - ii. Rolled gauze bandages;
    - iii. Sterile gauze bandages;
    - iv. Adhesive paper or ribbon tape;
    - v. Scissors;

- vi. Adhesive bandages (for example, Band-Aids);
  - vii. CPR mask; and
  - viii. Vinyl gloves;
- 3. Snow tires, all-weather tires, or chains when weather conditions dictate their use; and
  - 4. A 10:BC dry chemical fire extinguisher.

## APPENDIX

### DDD CLASSIFICATION OF INCIDENT CATEGORIES

Primary Type Code	Category	DHS Community Incident Category List	Reporting Level
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AB116	ABUSE	Physical (alleged) - to Service Recipient - Major Injury	A+
AB114	ABUSE	Physical (alleged) - to Service Recipient - Moderate Injury	A
AB112	ABUSE	Physical (alleged) - to Service Recipient - Minor Injury	B
AB110	ABUSE	Physical (alleged) - to Service Recipient - No Injury (Community only)	B
AB220	ABUSE	Emotional (DYFS & IA Only) Substantiated	A+
AB210	ABUSE	Emotional (DYFS & IA Only) Risk of	A
AB310	ABUSE	Verbal/Psychological/Mistreatment (alleged)	B
AB420	ABUSE	Sexual (alleged) - to Service Recipient - penetration/genital contact, oral sex	A+
AB410	ABUSE	Sexual (alleged) - to Service Recipient - all other forms of sexual contact or situations	A
AS116	ASSAULT	Physical - SR to SR - Major Injury	A
AS114	ASSAULT	Physical - SR to SR - Moderate Injury	B
AS126	ASSAULT	Physical - SR to Staff - Major Injury	A
AS124	ASSAULT	Physical - SR to Staff - Moderate Injury	B
AS136	ASSAULT	Physical - SR to Other - Major Injury	A
AS134	ASSAULT	Physical - SR to Other - Moderate Injury	B
AS316	ASSAULT	Physical - Other to SR - Major Injury	A
AS314	ASSAULT	Physical - Other to SR - Moderate Injury	B
CR400	CRIMINAL ACTIVITY	Suspected or alleged; SR (on or off site)/Staff or Other; on site and/or on duty, considered to be potentially newsworthy and not in violation of SR confidentiality. (Community only)	
DL010	DANIELLE'S LAW	Medical emergency: life threatening situation 911 called	A
DL011	DANIELLE'S LAW	Medical emergency: life threatening situation 911 not called. DDD/TBI only	A
DL020	DANIELLE'S LAW	Other than medical: life threatening situation. 911 called	A
DL021	DANIELLE'S LAW	Other than medical: life threatening situation. 911 not called	A
DT110	DEATH	Expected: due to medical condition, disability or end stage disease/illness	A
DT210	DEATH	Unexpected: Sudden [i.e. due to suspected choking, medical incident (suspected heart attack)]	A+
DT310	DEATH	Unexpected: Suicide	A+
DT320	DEATH	Unexpected: Accidental	A+



DT410	DEATH	Unexpected: Undetermined manner (This code to be used for follow up/findings only)	A+
EL110	ELOPEMENT	SR with KROL, IST, NGRI, Detainer, Megan's Law/Sex offender status (Also see Walkaway category)	A+
EL120	ELOPEMENT	SR from a designated screening center if not returned within 2 hours. (Community only)	A
EX110	EXPLOITATION	of SR: Improper use of SR by staff.	A
EX130	EXPLOITATION	of SR: Improper use of SR's funds by staff, value is equal to or above \$ 500 (Community only)	A
EX140	EXPLOITATION	of SR: Improper use of SR's funds by staff, value is below \$ 500 or undetermined (Community only)	B
IN116	INJURY	Accidental - Service Recipient - Major	A
IN114	INJURY	Accidental - Service Recipient - Moderate	B
IN216	INJURY	Self-injurious behavior - Major	A
IN214	INJURY	Self-injurious behavior - Moderate	B
IN226	INJURY	PICA - ingestion of foreign object after PICA behavior has been identified resulting in major injury	A
IN224	INJURY	PICA - ingestion of foreign object after PICA behavior has been identified resulting in moderate injury	B
IN316	INJURY	Unknown origin: SR, Major	A
IN314	INJURY	Unknown origin: SR, Moderate	B
IN426	INJURY	Staff: Work related: (not due to assault) - Major (i.e. broken bones)	A
IN436	INJURY	Staff, Non-work related [but occurring on campus/site] (not due to assault)-Major	A
IN516	INJURY	Restraint Related Major injury	A
IN514	INJURY	Restraint Related Moderate injury	B
IN510	INJURY	Restraint Related Minor injury (Community only)	B
MD110	MEDICAL	Disease/Illness - Single incident of disease that is reportable to DHSS.	B
MD120	MEDICAL	Disease/Illness - Outbreak of a communicable disease that impact on the operation of the program.	A
MD220	MEDICAL	Medication/Treatment Error - Any deviation from prescribed orders that results in serious effects requiring medical intervention	A
MD212	MEDICAL	Medication/Treatment Error - Any deviation from prescribed orders that has the potential for serious effects as determined by a qualified medical professional (i.e. - doctor, pharmacist) (Community only)	B
NE216	NEGLECT	With major injury	A
NE214	NEGLECT	With moderate injury	B
NE212	NEGLECT	With minor injury	B
NE213	NEGLECT	With No injury (but incident resulted in risk to SR) Examples include but are not limited to inadequate food, clothing or supervision. Community only)	B
OP310	OPERATIONAL	Environmental incidents - Spills, illegal dumping	A

OP430	OPERATIONAL	Fire - Major event - resulting in damage which renders facility or part thereof, unusable or resulting in any injuries to staff or service recipients	A+
OP420	OPERATIONAL	Fire - Moderate event - requiring outside assistance to extinguish or contain	A
OP410	OPERATIONAL	Fire - Minor event - extinguished or contained using facility staff/Fire personnel	B
OP590	OPERATIONAL	Media interest: When no other incident category applies.	A+
OP540	OPERATIONAL	Unexpected Staff Shortages - Which may pose a threat to life/safety or impact on facility operations	A
OP530	OPERATIONAL	Public Safety Issues: Posing immediate threat to life/safety (i.e. natural disaster, hostage taking, terroristic threats)	A+
OP520	OPERATIONAL	Mass Disturbances (i.e. riot) involving 5 or more people (staff or SR)	A+
OP510	OPERATIONAL	Operational breakdown Any utility outage or loss of use of equipment which may cause a threat to life or safety and impact on facility operations	A
OP500	OPERATIONAL	Unannounced/Unexpected site visit for any purpose at a facility/school by any regulatory/investigatory/inspection unit. Examples: CMS, DOH, JCAHO, DEP, Public Advocate, Child Advocate, DOJ, Prosecutor's Office or similar agency/office.	B
OP745	OPERATIONAL	Loss: SR(s) funds or property value(individual or aggregate) over \$ 200. (Community only)	B
OP740	OPERATIONAL	Theft: SR(s) funds or property value(individual or aggregate) over \$ 200. (Community only)	A
RE111	RESTRAINT USE	Restraint implemented on a SR without an order or approved behavior plan or in violation of an approved plan. (Community only)	B
RE120	RESTRAINT USE	Restraint to remove SR from harm. (Community only)	B
RG210	RIGHTS VIOLATION	Alleged act challenged by legal or advocacy group	A
RG110	RIGHTS VIOLATION	Alleged act not challenged	B
SA200	SEXUAL ASSAULT	Involving SR as Victim or Perp With or Without Injury	A+
SX110	SEXUAL ASSAULT	SR to SR (nonconsensual)	B
SX120	SEXUAL ASSAULT	SR to Staff or Other	B
SX310	SEXUAL ASSAULT	Other to SR	A
SX400	SEXUAL ASSAULT	Inappropriate Sexual Conduct (i.e. exposing one's self to another, public masturbation) No physical contact with another person but occurring in a public setting.	B

SU116	SUICIDE ATTEMPT	Resulting in major injury	A+
SU114	SUICIDE ATTEMPT	Resulting in moderate injury	B
SU113	SUICIDE ATTEMPT	Resulting in minor injury (Community only)	B
WK410	WALKAWAY [No Criminal Status]	SR Dangerous to self or others (violence) but no criminal status	A+
WK320	WALKAWAY [No Criminal Status]	SR at risk due to disability (medical or cognitive) [i.e. may need medication such as insulin] or due to extreme weather or environmental conditions	A
WK310	WALKAWAY [No Criminal Status]	SR at risk due to age (18 or younger) or 60+	A
EE110	ERROR CODE	Community Incident report entered in error(Community only)	B