

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

**AFFIDAVIT OF COMPLIANCE
ASSISTED LIVING RESIDENCES, COMPREHENSIVE PERSONAL CARE HOMES
AND ASSISTED LIVING PROGRAMS
MANDATORY STANDARDS COVERED BY THIS AFFIDAVIT
(ALL REFERENCES ARE TO N.J.A.C. 8:36)**

I, _____, Administrator of
_____, hereby state

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

Describe exceptions to compliance:

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

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

Telephone Number: (609) 633-8993

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

Signature of Administrator	Date
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3.1 (a)	7.4 (c)	18.1
4.1	7.5	18.2 (a) through (d)
5.1 (e)	9.1	18.3
5.1 (g)	9.2	18.4 (a) (b)
5.1 (h) through (k)	10.5 (b)	18.5
5.2 (b)	11.3 (a)	18.6 (a) (b)
5.5 (a)	11.6 (a) 3	19.2 (a)
5.5 (b)	11.7 (e)	19.2 (b)
5.6 (b) (1-7)	11.7 (f)	19.3 (a)
5.6 (c) and 9.3 (c)	11.7 (g)	19.4 (a) 1
5.7 (a) 1-8	14.1 (b)	19.4 (b) 1 and 2
5.8	14.2 (a) (b) (c)	19.4 (b) 3
5.9	14.3 (a)	20.2 (a)
5.10 (a) 1-6	14.3 (b)	20.2 (f)
5.11 (a) 1-7	14.3 (c)	21.1
5.13	15.3	21.2 (a)
5.14	15.4	22.1 – 22.7
5.15	15.6	23.1 – 23.18
5.16	15.7	
5.17		<u>8:43E</u>
5.18	17.2	6.1 through 6.6
6.1(a) (1-11)	17.3 (b) 8	10.1 through 10.5
6.3 (a)	17.4 (a)	
6.3 (b) (c)	17.6	
7.4 (b)	17.8	

Signature of Administrator	Date
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- 3.1 (a) Administrator and alternate is designated in writing.
- 4.1 Resident rights.
- 5.1 (e) Facility admission agreement.
- 5.1 (g) Facility adheres to all applicable Federal, State and Local laws.
- 5.1 (h) - (k) Compliance with 10% Medicaid occupancy if licensed on or after 9/1/01.
- 5.2 (b) Facility is not owned or operated by any person convicted of a crime.
- 5.5 (a) Written job descriptions.
- 5.5 (b) Staff licensure, certification and authorization as required.
- 5.6 (b) 1-7 Develop and implement orientation and education plan as required.
- 5.6 (c) & 9.3 (c) Staffing at level of care required by residents.
- 5.7 (a) 1-8 Policy and procedures developed, implemented and reviewed.
- 5.8 Resident transportation.
- 5.9 Written agreements for services not provided directly by facility.
- 5.10 (a) 1-6 Reportable events.
- 5.11 (a) 1-7 Required postings.
- 5.13 Admission and retention of residents.
- 5.14 Involuntary discharge.
- 5.15 Notification requirements.
- 5.16 Interpretation services.
- 5.17 Written transfer agreements.
- 5.18 Managed risk agreements.
- 6.1 (a) 1-11 Written resident care policies and procedures.
- 6.3 (a) Policies and procedure for handling monthly personal needs allowance.
- 6.3 (b) (c) Written records of personal needs accounts maintained.
- 7.4 (b) RN develops nursing practice policies and procedures.
- 7.4 (c) Health care policies and procedures are implemented.
- 7.5 Written policies and procedures to ensure quality care.
- 9.1 Qualifications of personal care assistants.
- 9.2 Qualifications of certified medication aides.
- 10.5 (b) Current diet manual available.
- 11.3 (a) Staff trained to supervise self administration of medications.
- 11.6 (a) 3 Pharmacy policy and procedures regarding self administration of medications.
- 11.7 (e) Medication destruction.
- 11.7 (f) Medication destruction witnessed.
- 11.7 (g) Unit of use crediting mechanism.

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- 14.1 (b) Written plan for emergency transportation.
- 14.2 (a) - (c) Emergency plans, policies and procedures developed.
- 14.3 (a) Fire drills.
- 14.3 (b) One joint drill with local fire department.
- 14.3 (c) Facility tests one pull alarm per month and documents result.
- 15.3 Confidentiality of resident records.
- 15.4 Record retention.
- 15.6 Residents' individual records.
- 15.7 Record of death.
- 17.2 Written housekeeping work plan and staff trained as required.
- 17.3 (b) 8 Annual electrical inspection.
- 17.4 (a) Solid waste procedure.
- 17.6 Water supply.
- 17.8 Written laundry service policies and procedures.
- 18.1 Infection Control Program.
- 18.2 (a) - (d) Infection control policies and procedures. Pneumovac and Flu vaccine requirements.
- 18.3 General facility infection control policies and procedures.
- 18.4 (a) (b) Mantoux testing for employees.
- 18.5 Staff trained in infection control procedures.
- 18.6 (a) (b) Regulated medical waste.
- 19.2 (a) Individualized Alzheimer's care.
- 19.2 (b) Criteria for admission to Alzheimer's unit.
- 19.3 (a) Mandatory staff training in Alzheimer's/Dementia care.
- 19.4 (a) 1 Staffing schedules for Alzheimer's unit available to public on request.
- 19.4 (b) 1 & 2 Alzheimer activity schedule and frequency, available to public on request.
- 19.4 (b) 3 Safety and security policies and procedures in Alzheimer's unit.
- 20.2 (a) Respite care policies and procedures.
- 20.2 (f) Pharmacist's policies and procedures for residents receiving respite services.
- 21.1 Quality Improvement Program.
- 21.2 Use of restraints.
- 22.1 – 22.7 CPCH
- 23.1 – 23.18 ALP

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- 6.1 – 6.6 Pain management.
- 10.1 – 10.5 Patient safety policies, committee, plan.

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 PHYSICAL ENVIRONMENT INSPECTIONS**

Date of Last Standard Survey: _____

Quarterly Fire Official Inspections since last Standard Survey:

Dates: _____
 Municipality: _____

Semi-annual Kitchen Suppression System Inspections and Maintenance since last Standard Survey:

Dates: _____
 Vendor: _____

Fire Alarm Detection System Tests and Maintenance since last Standard Survey:

Dates: _____
 Vendor: _____

Boiler or Heating System Inspections since last Standard Survey:

Dates: _____
 Inspector: _____

Electrical Inspections by a Licensed Electrician since last Standard Survey:

Dates: _____
 Electrician: _____

Elevator Inspections (if applicable) since last Standard Survey:

Dates: _____
 Inspector: _____

Quarterly Sprinkler System Tests and Maintenance since last Standard Survey:

Dates: _____
 Vendor: _____

Fire Drills conducted since last Standard Survey. *Complete grid below.*

Shift	Date	Shift	Date	Shift	Date

Identify drills performed for disasters other than a fire:

Identify joint drills with the local fire officials:

Drills conducted: In-house Out-sourced If out-sourced, Vendor: _____

Has every employee participated in at least one fire drill each year? Yes No

Signature of Person Completing Form	Date
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