SUBCHAPTER 3. COMPLIANCE WITH MANDATORY RULES AND ADVISORY STANDARDS

8:39-3.2 Advisory standards
(a) Advisory standards contain benchmarks of excellence or superior attainment in providing care of high quality.
(b) Facilities are strongly encouraged to use advisory standards in striving to provide the highest quality of care possible.

SUBCHAPTER 5. MANDATORY ACCESS TO CARE

8:39-5.1 Mandatory policies and procedures for access to care
(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.

SUBCHAPTER 9. MANDATORY ADMINISTRATION

8:39-9.1 Ownership
(a) The facility shall inform the Department of the ownership and management of the facility and its location, and proof of ownership shall be available at the facility.
1. In the case of group or corporate management of a facility, the facility shall specify:
   i. The name and address of the firm or corporation; and
   ii. The names and addresses of all stockholders who own 10% or greater of the voting shares; members of any limited liability corporation; partners; and directors of the firm or corporation.
2. Any proposed change in ownership shall be approved by the Department in accordance with N.J.A.C. 8:39-2.12.
(b) The facility shall not be owned or operated by any person convicted of a crime relating adversely to the person's capability of owning or operating the facility.

8:39-9.2 Administrator
(a) The facility shall be directed by an individual who holds a current New Jersey license as a nursing home administrator. The administrator shall be administratively responsible for all aspects of the facility.
1. In a facility with more than 240 beds, in addition to the licensed administrator, there shall be a full-time administrative supervisor who is assigned the evening shift and reports directly to the licensed administrator.
2. In a facility with 100 beds or more, the administrator shall serve full-time in an administrative capacity within the facility.
3. In facilities with fewer than 100 beds, a licensed administrator shall serve at least half-time within the facility.
4. Two facilities may share a common administrator, if such facilities are within a 20-mile radius and if the total number of beds for which both facilities are licensed is no more than 120.
(b) A facility shall not retain in any administrative, managerial, supervisory, or similar position, a nursing home administrator whose license is either suspended or revoked, pursuant to N.J.S.A. 26:2H-27 and 26:2H-28 and N.J.A.C. 8:34-1.1.

(c) When a vacancy exists in the position of administrator for 48 hours or more, the facility shall arrange for licensed administrative supervision on a consultant basis, which shall continue until a new licensed administrator shall be appointed, which shall be within 90 days of the appointment of the consultant.

8:39-9.3 Mandatory policies and procedures for staff
(a) There shall be written policies and procedures for personnel that are reviewed annually, revised as needed, and implemented. They shall include at least:
1. A written job description for each category of personnel in the facility and distribution of a copy to each newly hired employee;
2. Personnel policies in compliance with Federal and State requirements;
3. A system to ensure that written, job-relevant criteria are used in making evaluation, hiring, and promotion decisions;
4. A system to ensure that employees meet ongoing requirements for credentials; and
5. Written criteria for personnel actions that require disciplinary action.
(b) The facility shall make reasonable efforts to ensure that staff providing direct care to residents in the facility are in good physical and mental health, emotionally stable, of good moral character, and are concerned for the safety and well-being of residents; and have not been convicted of a crime relating adversely to the person's ability to provide care, such as homicide, assault, kidnapping, sexual offenses, robbery, and crimes against the family, children or incompetents, except where the applicant or employee with a criminal history has demonstrated his rehabilitation in order to qualify for employment at the facility. ("Reasonable efforts" shall include an inquiry on the employment application, reference checks, and/or criminal background checks where indicated or necessary.)
(c) The facility shall ensure that all private duty nursing staff and contract personnel are monitored and those who do not meet the requirements at (b) above or facility policies and procedures are not permitted to perform services in the facility.
(d) The facility shall develop and implement a grievance procedure for all staff. The procedure shall include, at least, a system for receiving grievances, a specified response time, assurance that grievances are referred appropriately for review, development of resolutions, and follow-up action.
(e) Each staff member shall wear clean clothes and shall use good personal hygiene.

8:39-9.4 Mandatory notification
(a) The administrator shall provide to the owner and/or governing body of the facility a copy of the licensing survey report and any additional survey-related data sent by the Department to the administrator of the facility.
(b) Results of the most recent licensure survey, Federal standard certification conducted by the Department and any plan of correction shall be available for inspection by any resident or visitor, in a readily accessible place, at all times. A notice announcing the availability of those results and all other surveys conducted in the past 12 months shall be conspicuously posted in diverse readily accessible areas of the facility.
(c) The facility shall make all policy and procedure manuals available to residents, families, and guardians during normal business hours or by prior arrangement.
(d) A facility shall notify the Department immediately in writing at such time as it becomes financially insolvent and upon the filing of a voluntary or involuntary petition for bankruptcy under Title 11 of the United States Code.
(e) The facility shall notify the Department immediately by telephone (609-633-8981, or 1-800-7929770 after office hours), followed within 72 hours by written confirmation, of any of the following:
1. Interruption for three or more hours of physical plant services and/or other services essential to the health and safety of residents;
2. Termination of employment of the administrator or the director of nursing, and the name and qualifications of the proposed replacement;
3. All alleged or suspected crimes which endanger the life or safety of residents or employees, which are also reportable to the police department, and which result in an immediate on-site investigation by the police.
   i. In addition, the State Office of the Ombudsman for the Institutionalized Elderly (1-877-5826995) shall be immediately notified of any suspected or reported resident abuse, neglect, or exploitation of residents aged 60 or older, pursuant to P.L. 1983 c.43, N.J.S.A. 52:27G-7.1, and the Department shall be immediately notified for residents under the age of 60; and
4. All fires, disasters, deaths, and imminent dangers to a resident’s life or health resulting from accidents or incidents in the facility.
(f) The facility shall notify the Department of the admission of any resident under 18 years of age.

8:39-9.6 Mandatory policies and procedures for advance directives
(l) At least one education or training program each year shall be held and documented for all administrative and resident care staff regarding the rights and responsibilities of staff under the New Jersey Advance Directives for Health Care Act (P.L. 1991, c.201) and the Federal Patient Self Determination Act (P.L. 101-508), and internal facility policies and procedures to implement these laws.

SUBCHAPTER 10. ADVISORY ADMINISTRATION

8:39-10.1 Advisory policies and procedures for administration
(a) The administrator monitors trends in staff turnover.
(b) Each of at least five service directors participates in facility planning through preparation of annual budgets and annual reports, and participates in annual budget conferences among all service directors and the administrators.

...8:39-10.3 Advisory staff education and training
(a) Personnel who provide direct resident care are offered an opportunity to attend at least one education program each year and receive fee reimbursement or compensatory time off. Records of continuing education programs attended are maintained.
(b) The facility conducts a tuition aid program directed toward the career development and upward mobility of staff, including both professional and ancillary personnel.
(c) The facility is a teaching nursing home, that is, the site of an internship, externship, or residency training program for health professionals, as part of the curriculum of an
accredited or State-approved school or training program. The facility has sought input from the residents and/or the resident council concerning teaching programs.
(d) The facility maintains a library of textbooks and/or recent periodicals on long-term care, geriatric care, nursing, and other disciplines that is accessible to staff.

SUBCHAPTER 11. MANDATORY RESIDENT ASSESSMENT AND CARE PLANS

...8:39-11.2 Mandatory policies and procedures for resident assessment and care plans...
...(j) The facility shall have a written transfer agreement with one or more hospitals for emergency care and inpatient and outpatient services.

SUBCHAPTER 13. MANDATORY COMMUNICATION

8:39-13.1 Mandatory communication policies and procedures
(a) Each service shall maintain a current manual of policies and procedures for providing services.
(b) The administrative staff shall retain a written current manual of policies and procedures for the facility as a whole and for each individual service.
(c) The facility shall notify any family promptly of an emergency affecting the health or safety of a resident.
(d) The facility shall notify the attending physician or advanced practice nurse promptly of significant changes in the resident's medical condition.
(e) The facility shall promptly notify a family member, guardian or other designated person about a resident’s death.
1. Notification shall be made at the time of the pronouncement of the resident’s death, and the time between the pronouncement of the resident’s death and notification shall not exceed one hour unless the family member, guardian or other designated person to be contacted provided other instructions as to when the required notification is to occur.
2. The facility shall enter any alternate instructions in the resident’s record alongside the contact information.
3. The facility shall maintain confirmation and written documentation of that notification.
4. The facility shall adopt and maintain in its manual of policies and procedures a delineation of the responsibilities of the facility’s staff in making such prompt notification regarding the death of a resident as required by this paragraph.

8:39-13.3 Mandatory staff communication qualifications
(a) Staff shall always communicate with residents and families in a respectful way, and shall introduce and identify themselves to residents as required and necessary.
(b) The facility shall ensure that all staff, including staff members not fluent in English, are able to communicate effectively with residents and families.

8:39-13.4 Mandatory staff education and training for communication
(a) Each service shall conduct an orientation program for new employees of that service unless the orientation program is conducted by the administrator or a qualified designee.
1. For purposes of complying with this requirement, "new employees" shall be defined to include all permanent and temporary resident care personnel, nurses retained through an outside agency, and persons providing services by contract.
2. The orientation program shall begin on the first day of employment.
3. The orientation program for all staff shall include orientation to the facility and the service in which the individual will be employed, at least a partial tour of the facility, a review of policies and procedures, identification of individuals to be contacted under specified circumstances, and procedures to be followed in case of emergency.

(b) Each service shall provide education or training for all employees in the service at least four times per year and in response to resident care problems, implementation of new procedures, technological developments, changes in regulatory standards, and staff member suggestions. All staff members shall receive training at least two times per year about the facility’s infection control procedures, including handwashing and personal hygiene requirements.

(c) At least one education training program each year shall be held for all employees on each of the following topics:

1. Procedures to follow in case of emergency;
2. Abuse, neglect, or misappropriation of resident property;
   i. Abuse prevention strategies including, but not limited to, identifying, correcting, and intervening in situations where abuse, neglect, or misappropriation of resident property is likely to occur;
   ii. Identifying events, such as suspicious bruising of residents or patterns and trends that may constitute abuse, neglect, or misappropriation of resident property;
   iii. Protecting residents from harm during an investigation of abuse, neglect, or misappropriation of resident property;
   iv. Identification of staff responsible for investigating and reporting results to the proper authorities;
   v. Reporting substantiated incidents to the appropriate local/State/Federal agencies and taking all necessary corrective actions depending on the results of the investigation; and
   vi. Reporting to the State nurse aide registry or licensing authorities any knowledge of any actions of any court of law which would indicate that an employee is unfit for service;
3. Resident rights;
4. Training in the specialized care of residents who are diagnosed by a physician as having Alzheimer’s disease. The required training program shall be in conformance with the curriculum developed by the Department in accordance with N.J.S.A. 26:2M-7.2 (for certified nurse aides, licensed practical nurses, registered professional nurses and other healthcare professionals who provide direct care to residents within the facility);
   i. Copies of the mandatory training program may be obtained from the Department by submitting a written request to: Long-Term Care Licensing and Certification Division of Long-Term Care Systems; New Jersey State Department of Health and Senior Services; PO Box 367; Trenton, NJ 08625-0367; and
5. Pharmacy (for all direct care staff).

SUBCHAPTER 14. ADVISORY COMMUNICATION

8:39-14.1 Advisory resident services
...(d) A facility newsletter is provided to residents and families at least quarterly.
(e) Each staff member wears an easily readable name tag.

8:39-14.2 Advisory staff education and training for communication
(a) Periodic meetings are held with each service to discuss ways to improve care of all residents.
(b) Education and training of staff includes an accredited program in cardiopulmonary resuscitation (CPR) which offers staff an opportunity to be recertified on an annual basis.
(c) Each service establishes and implements education or training programs for members of other services on diverse topics.
(d) Education or training sessions are offered which address new concepts and directions in cultural and interpersonal concepts.

SUBCHAPTER 20. ADVISORY INFECTION CONTROL AND SANITATION

8:39-20.2 Advisory staff qualifications
...(c) The infection control coordinator has completed an APIC Basic Training Course or has received at least 25 hours of training in infection control, and receives an additional six hours of training annually.

8:39-20.3 Advisory staff education and training for infection control
At least four education or training programs on infection control are held every year so that all staff members are fully informed about infection control requirements that apply to them.

SUBCHAPTER 21. MANDATORY LAUNDRY SERVICES

8:39-21.4 Mandatory quality assurance for laundry
All facilities, including those that contract with a commercial laundry service, shall evaluate the service as part of the quality assurance program.

SUBCHAPTER 23. MANDATORY MEDICAL SERVICES

8:39-23.1 Mandatory structural organization for medical services
(a) Each facility shall have a medical director who is currently licensed to practice medicine by the New Jersey State Board of Medical Examiners.
1. The medical director shall coordinate medical care and direct the administrative aspects of medical care in the facility.
2. The medical director shall approve all medical care policies and procedures. These policies and procedures shall be followed.
3. The medical director shall participate in the facility's quality assurance program through attendance at meetings, or interviews, and/or preparation or review of reports.
4. The medical director shall be an active participant on the facility's infection control committee, pharmacy and therapeutics committee, and a committee that is responsible for developing policies and procedures for resident care.
5. The medical director shall ensure that for each resident there is a designated primary and an alternate physician who can be contacted when necessary.
6. The medical director shall review all reports of incidents that have been documented in accordance with N.J.A.C. 8:39-9.4(e)4.
7. The medical director, or physicians designated by the medical director, shall respond quickly and effectively to medical emergencies that are not handled by another attending physician, including inpatient admissions.
(b) In facilities providing pediatric care services, the medical director/attending physician shall be board certified, or eligible to be board certified, by the American Board of Pediatrics or American Board of Family Practice.
(c) Facilities with fewer than 60 beds may develop an alternate system of medical direction, if the facility can document that medical staff perform the requirements at (a)1 through 4 above.

SUBCHAPTER 24. ADVISORY MEDICAL SERVICES

8:39-24.1 Advisory medical staff qualifications
The medical director is board-certified in a primary care specialty, such as family medicine, gerontology, or general internal medicine.
8:39-24.2 Advisory resident medical services
(b) The facility has a staff or consultant psychiatrist with admitting privileges to the inpatient psychiatric unit at a hospital.

SUBCHAPTER 25. MANDATORY NURSE STAFFING

8:39-25.1 Mandatory policies and procedures for nurse staffing
(a) There shall be a full-time director of nursing or nursing administrator who is a registered professional nurse licensed in the State of New Jersey, who has at least two years of supervisory experience in providing care to long-term care residents, and who supervises all nursing personnel.
...(d) In facilities with 150 licensed beds or more, there shall be an assistant director of nursing who is a registered professional nurse.
...(g) The nurse aide component of the facility's total hourly nurse staffing requirement, as specified in (b) above, shall be met by nurse aides who have completed a nurse aide training course approved by the New Jersey State Department of Health and Senior Services and have passed the New Jersey Nurse Aide Certification Examination, in accordance with N.J.A.C. 8:39-43 and/or by newly hired individuals who have worked in the facility for less than four months and who are enrolled in a nurse aide training program.

SUBCHAPTER 26. ADVISORY NURSE STAFFING

8:39-26.3 Advisory nurse staffing amounts and availability
...(d) All nurse aides working in the facility have completed a training and orientation program to all services of at least two weeks full-time duration within the facility prior to their permanent assignment in the facility.
8:39-26.4 Advisory qualifications for nurse staffing
...(b) An advanced practice nurse who is Board certified in family, adult, or geriatric practice is available on staff or under contract with the facility to perform assessments and to provide consultation to other staff members.
(c) The facility employs an advanced practice nurse certified in gerontology or psychiatric nursing on at least a half time basis.
(d) A nurse who holds certification in gerontological nursing, rehabilitation nursing, or a related field of nursing from the American Nurses Credentialing Center of the American Nurses Association, is available on staff or under contract with the facility.

SUBCHAPTER 27. MANDATORY QUALITY OF CARE

8:39-27.1 Mandatory policies, procedures and practices for quality of care
...(d) All nursing and professional staff of the facility shall receive orientation and annual training in the use of restraints, including at least:
i. Emergency and non-emergency procedures;
ii. Practice in the application of restraints and alternative methods of intervention; and
iii. Interventions by licensed and non-licensed nursing personnel.

SUBCHAPTER 29. MANDATORY PHARMACY

...8:39-29.4 Mandatory pharmacy control policies and procedures
...(d) The consultant pharmacist shall:
...2. Periodically, as determined by the quality assurance program, observe a medication pass and review the crediting system...

...8:39-29.8 Mandatory pharmacy quality assurance
The pharmacy and therapeutics committee shall review reports of medication errors and suspected adverse drug reactions and shall summarize these reports yearly.

SUBCHAPTER 31. MANDATORY PHYSICAL ENVIRONMENT

...8:39-31.2 Mandatory general maintenance
a) Personnel engaged in general maintenance activities shall receive orientation upon employment and, at least once a year, education or training in principles of asepsis, cross-infection control, and safe practices.

8:39-31.3 Mandatory quality assurance for housekeeping
Facilities that contract with a housekeeping service shall use quality assurance measures to ensure that the housekeeping requirements of this chapter are met.

...8:39-31.6 Mandatory fire and emergency preparedness
(a) Employees shall be trained in procedures to be followed in an emergency operations plan and instructed in the use of fire fighting equipment and resident evacuation of the buildings as part of their initial orientation and at least annually thereafter.
(b) Fire drills shall be conducted a total of 12 times per year, with at least one drill on each shift and one drill on a weekend. The facility shall attempt to have the local fire department participate in at least one fire drill per year. An actual alarm shall be considered a drill if it is documented.
(c) Fire regulations and procedures shall be posted in each unit and/or department. A written evacuation diagram that includes evacuation procedures and locations of fire exits, alarm boxes, and fire extinguishers shall be posted conspicuously on a wall in each resident care unit and/or department throughout the facility.
(d) There shall be a procedure for investigating and reporting fires. All fires shall be reported to the Department immediately by phone and followed up in writing within 72 hours. In addition, a written report of the investigation by the fire department containing all pertinent information shall be forwarded to the Department as soon as it becomes available.
...(f) The facility shall have a written comprehensive emergency operations plan developed in coordination with the local office of emergency management. This plan shall:
1. Identify potential hazards that could necessitate an evacuation, including natural disasters, national disasters, industrial and nuclear accidents, and labor work stoppage;
2. Identify the facility and an alternative facility to which residents would be relocated, and include signed, current agreements with the facilities;
3. Identify the number, type and source of vehicles available to the facility for relocation and include signed current agreements with transportation providers. Specially configured vehicles shall be included;
4. Include a mechanism for identifying the number of residents, staff, and family members who would require relocation and procedures for evacuation of non-ambulatory residents from the facility;
5. List the supplies, equipment, records, and medications that would be transported as part of an evacuation, and identify by title the individuals who would be responsible;
6. Identify essential personnel who would be required to remain on duty during the period of relocation;
7. Identify by title and post in a prominent place the name(s) of the persons who will be responsible for the following:
   i. Activating the emergency operations plan, issuing evacuation orders, and notifying of State and municipal authorities;
   ii. Alerting and notifying of staff and residents;
   iii. Facility shutdown and restart;
   iv. In place sheltering of residents and continuity of medical care; and
   v. Emergency services such as security and firefighting; and
8. Describe procedures for how each item in (f)7 above will be accomplished.
(g) There shall be a written plan for receiving residents who are being relocated from another facility due to a disaster. This plan shall include at least an estimate of the number and type of residents the facility would accommodate and how staffing would be handled at different occupancy levels.
(h) Copies of the emergency operations plan shall be sent to municipal and county emergency management officials for their review.
(i) The administrator shall serve as, or appoint, a disaster planner for the facility.
   1. The disaster planner shall meet with county and municipal emergency management coordinators at least once each year to review and update the written comprehensive evacuation plan; or if county or municipal officials are unavailable for this purpose, the facility shall notify the State Office of Emergency Management.
   2. While developing the facility’s evacuation plan, the disaster planner shall coordinate with the facility or facilities designated to receive relocated residents.
(j) Any staff member who is designated as the acting administrator shall be knowledgeable about and authorized to implement the facility’s plans in the event of an emergency.
(k) All staff shall be oriented to the facility’s current plans for receiving and evacuating residents in the event of a disaster, including their individual duties.
(l) The facility shall ensure that residents receive nursing care throughout the period of evacuation and return to the original facility.
(m) The facility shall ensure that evacuated residents who are not discharged are returned to the facility after the emergency is over.
(n) The facility shall maintain at least a three-day supply of food and have access to an alternative supply of water in case of an emergency.
(o) The facility shall conduct at least one evacuation drill each year, either simulated or using selected residents. State, county, and municipal emergency management officials shall be invited to attend the drill at least 10 working days in advance.
The facility shall establish a written heat emergency action plan which specifies procedures to be followed in the event that the indoor air temperature is 82 degrees Fahrenheit or higher for a continuous period of four hours or longer.

1. These procedures shall include the immediate notification of the Department of Health and Senior Services.
2. In implementing a heat emergency action plan, a facility shall not prevent a resident from having a room temperature in his or her resident room in excess of 82 degrees Fahrenheit if the resident and the resident’s roommate, if applicable, so desire, and if the resident’s physician approves.
3. A heat emergency plan need not be implemented if the resident care areas are not affected by an indoor temperature in excess of 82 degrees Fahrenheit.
4. The heat emergency action plan shall include a comprehensive series of measures to be taken to protect residents from the effects of excessively high temperatures.

**SUBCHAPTER 32. ADVISORY PHYSICAL ENVIRONMENT**

...8:39-32.2 Advisory fire and emergency preparedness
(a) The facility conducts at least two evacuation drills each year, either simulated or using selected residents, at least one of which is conducted on a weekend or during an evening or night work shift. Results of the drills are to be summarized in a written report, which is shared with the county and municipal emergency management coordinators.
(b) A municipal, county, or State emergency management official conducts an education or training program in the facility on disaster planning and emergency preparedness at least once a year.
(c) Fire drills are conducted annually on each weekend shift.

**SUBCHAPTER 33. MANDATORY QUALITY ASSESSMENT AND/OR QUALITY IMPROVEMENT**

8:39-33.1 Mandatory quality assessment and/or quality improvement structural organization
(a) Quality assessment and/or quality improvement procedures shall be developed and implemented through a written plan that specifies time frames.
(b) Responsibility for the quality assessment and/or quality improvement program shall be assumed by designated individuals, who shall include the director of nursing services, a physician or advanced practice nurse, and at least three other staff members, and who shall report directly to the administrator.
(c) Summary findings of the quality assessment and/or quality improvement program shall be submitted in writing to the administrator and the administrator shall take action that includes staff education or training on the basis of the program's findings.
(d) The quality assessment and/or quality improvement program shall review at least inventory control, maintenance inspections and reports, procedures for reporting incidents and hazards, and procedures for emergency response to incidents and hazards.
(e) Quality assessment and/or quality improvement program findings shall be presented to the administrator with recommendations for corrective actions to address problems.

8:39-33.2 Mandatory quality assessment and/or quality improvement policies and procedures
(a) The quality assessment and/or quality improvement program shall identify problems in
the care and services provided to the residents and shall include the audit of medical
records.
(b) The quality assessment and/or quality improvement program shall monitor the
performance of each service.
(c) The quality assessment and/or quality improvement program shall monitor trends in
the following:
1. The prevalence of pressure sores and skin breakdowns;
2. Psychoactive drug use;
3. Transfers to hospitals;
4. Medication errors;
5. Catheterization rates and catheterization care;
6. Weight loss and fluid intake;
7. Infection rates in all residents;
8. Resident depression;
9. Restoration of function following specific types of events, such as hip fractures;
10. Use of restraints;
11. Resident falls resulting in injury;
12. Incidents of abuse, neglect or misappropriation of resident property; and
13. Other possible indicators of level of quality care not listed in this subchapter.
(d) The quality assessment and/or quality improvement program shall develop and
implement a system to measure the effectiveness of the reassessment process with respect
to: frequency, comprehensiveness, accuracy, implementation, and interdisciplinary
approach.

8:39-33.3 Mandatory quality assessment and/or quality improvement of resident services
The quality assessment and/or quality improvement program shall include the gathering of
resident care information from residents and visitors.

8:39-33.4 Mandatory quality assessment and/or quality improvement of staff education
and training
The quality assessment and/or quality improvement program shall evaluate staff
education programs.

SUBCHAPTER 34. ADVISORY QUALITY ASSESSMENT AND/OR QUALITY IMPROVEMENT

8:39-34.1 Advisory quality assessment and/or quality improvement policies and
procedures
(a) The facility develops and maintains an active, continuous quality improvement process
that involves staff, residents, families and/or the community in improving the quality of
services provided by the facility.
(b) The quality assessment and/or quality improvement program uses a resident
classification system, such as acuities or specified diagnostic classifications, as an indicator
in measuring resident outcomes.
(c) The quality assessment and/or quality improvement program includes periodic surveys
of families to ascertain their satisfaction, suggestions, knowledge of resident’s health
conditions and treatments, and/or knowledge of facility policies and staff members’ roles.
(d) There is a system to receive input on resident safety issues.
SUBCHAPTER 35. MANDATORY MEDICAL RECORDS

8:39-35.1 Mandatory organization for medical records
At least 14 days before a facility plans to cease operations, it shall notify the New Jersey State Department of Health and Senior Services in writing of the location and method of retrieval of medical records.

8:39-35.2 Mandatory policies and procedures for medical records
(a) Each active medical record shall be kept at the nurses’ station for the resident’s unit.
(b) The facility shall maintain for staff use a current list of standard professional abbreviations commonly used in the facility’s medical records.
(c) Medical records shall be organized with a uniform format across all records.
(d) A medical record shall be initiated for each resident upon admission. The current medical record shall be readily available and shall include at least the following information, when such information becomes available:
1. Legible identifying data, such as resident’s name, date of birth, sex, address, and next of kin, and person to notify in an emergency;
2. The name, address, and telephone number of the resident’s physician, an alternate physician or advanced practice nurse, and dentist;
3. Complete transfer information from the sending facility, including results of diagnostic, laboratory, and other medical and surgical procedures, and a copy of the resident’s advance directive, if available, or notice that the resident has informed the sending facility of the existence of an advance directive;
4. A history and results of a physical examination, including weight, performed by the physician or advanced practice nurse on admission, in accordance with N.J.A.C. 8:39-11.2(c) and results of the most recent examination by the physician, or advanced practice nurse, or New Jersey licensed physician assistant;
5. An assessment and plan of care made by each discipline involved in the resident’s care;
6. Clinical notes for the past three months incorporating written, signed and dated notations by each member of the health care team who provided services to the resident, including a description of signs and symptoms, treatments and/or drugs given, the resident’s reaction, and any changes in physical or emotional condition entered into the record when the service was provided;
7. All physician’s or advanced practice nurse’s orders for the last three months;
8. Telephone orders, each of which shall be countersigned by a physician or advanced practice nurse within seven days, except for orders for non-prescription drugs or treatments, which shall be signed at the physician’s or advanced practice nurse’s next visit to the resident;
9. Records of all medications and other treatments that have been provided during the last three months;
10. Consultation reports for the last six months;
11. Records of all laboratory, radiologic, and other diagnostic tests for the last six months;
12. Records of all admissions, discharges, and transfers to and from the facility that occurred in the last three months;
13. Signed consent and release forms;
14. Documentation of the existence, or nonexistence, of an advance directive and the facility’s inquiry of the resident concerning this;
15. A discharge plan for those residents identified by the facility as likely candidates for discharge into the community or a less intensive care setting; and
16. A discharge note written on the day of discharge for residents discharged to the community, a less intensive care setting, another nursing home or hospital, which includes at least the diagnosis, prognosis, and psychosocial and physical condition of the resident.
(e) The medical record shall be completed within 30 days of discharge.
(f) If part of a care plan is not implemented, the record shall explain why.
(g) All entries in the resident’s medical record shall be written legibly in ink, dated, and signed by the recording person or, if a computerized medical records system is used, authenticated.
1. If an identifier such as a master sign-in sheet is used, initials may be used for signing documentation, in accordance with applicable professional standards of practice.
2. If computer-generated orders with an electronic signature are used, the facility shall develop a procedure to assure the confidentiality of each electronic signature and to prohibit the improper or unauthorized use of computer-generated signatures.
3. If a facsimile communications system (FAX) is used, entries into the medical record shall be in accordance with the following procedures:
   i. The physician, advanced practice nurse, or New Jersey licensed physician assistant shall sign the original order, history and/or examination at an off-site location;
   ii. The original shall be FAXed to the long-term care facility for inclusion into the medical record;
   iii. The physician, advanced practice nurse, or New Jersey licensed physician assistant shall submit the original for inclusion into the medical record within 72 hours; and
   iv. The FAXed copy shall be replaced by the original. If the facsimile reports are produced by a plain-paper facsimile process that produces a permanent copy, the plain-paper report may be included as a part of the medical record, as an alternate to replacement of the copy by the original report.
(h) If a resident or the resident’s legally authorized representative requests, orally or in writing, a copy of his or her medical record, a legible photocopy of the record shall be furnished at a fee based on actual costs, which shall not exceed prevailing community rates for photocopying. ("Legally authorized representative" means spouse, immediate next of kin, legal guardian, resident’s attorney, or third party insuror where permitted by law.) A copy of the medical record from an individual admission shall be provided to the resident or the resident’s legally authorized representative within two working days of request.
1. The facility shall establish a policy assuring access to copies of medical records for residents who do not have the ability to pay; and
2. The facility shall establish a fee policy providing an incentive for use of abstracts or summaries of medical records. The resident or his or her authorized representative, however, has a right to receive a full or certified copy of the medical record.
(i) Access to the medical record shall be limited only to the extent necessary to protect the resident. A verbal explanation for any denial of access shall be given to the resident or legal guardian by the physician or advanced practice nurse and there shall be documentation of this in the medical record. In the event that direct access to a copy by the resident is medically contraindicated (as documented by a physician or advanced practice nurse in the resident’s medical record), the medical record shall be made available to a legally authorized representative of the resident or the resident’s physician or advanced practice nurse.
(j) The resident shall have the right to attach a brief comment or statement to his or her medical record after completion of the medical record.
(k) The record shall be protected against loss, destruction, or unauthorized use. Medical records shall be retained for a period of 10 years following the most recent discharge of the resident, or until the resident reaches the age of 23 years, whichever is the longer period of time. A summary sheet of each medical record shall be retained for a period of 20 years, and X-ray films or reproductions thereof shall be retained for a period of five years.

**SUBCHAPTER 36. ADVISORY MEDICAL RECORDS**

8:39-36.1 Advisory policies and procedures for medical records
(a) The name by which the resident wishes to be called is entered on the cover or first page of the medical record.
(b) There is a comprehensive discharge summary with statistical and narrative information from each service completed for each resident.
(c) The full medical records for all discharged or deceased residents are completed within 15 days.
(d) Telephone orders are countersigned by a physician or advanced practice nurse within 48 hours except for orders for non-prescription drugs or treatments, which are countersigned within seven days.

8:39-36.2 Advisory staff education and training for medical records
The facility requires that staff use only standard professional abbreviations in medical records and maintains a current list of such abbreviations.

8:39-36.3 Advisory staff qualifications for medical records
(a) The facility utilizes the services of a medical record practitioner or consultant who is:
1. Certified or eligible for certification as a registered record administrator (RRA) or an accredited record technician (ART) by the American Medical Record Association (American Medical Record Association, 875 North Michigan Avenue, Suite 1850, John Hancock Center, Chicago, Illinois 60611); or
2. A graduate of a program in medical record science accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association in collaboration with the Council on Education of the American Medical Record Association (American Medical Record Association, 875 North Michigan Avenue, Suite 1850, John Hancock Center, Chicago, Illinois 60611).

**SUBCHAPTER 40. ADVISORY SOCIAL WORK**

8:39-40.5 Advisory social work staff education and training
The facility encourages the social worker to participate in community agency associations and other professional organizations.

**SUBCHAPTER 43. CERTIFICATION OF NURSE AIDES IN LONG-TERM CARE FACILITIES**

8:39-43.1 Nurse aide competency
An individual who meets any of the following criteria shall be considered by the Department to be competent to work as a nurse aide in a licensed long-term care facility in New Jersey:

1. Has a currently valid nurse aide in long-term care facilities certificate and is registered in good standing on the New Jersey Nurse Aide Registry; or
2. Has been employed for less than 120 days and is currently enrolled in an approved nurse aide in long term care facilities training course and scheduled to complete the competency evaluation program (skills and written/oral examination) within 120 days of employment; or
3. Has been employed for no more than 120 days, has completed the required training specified in (a) 2, above, and has been granted a conditional certificate by the Department while awaiting clearance from the criminal background investigation conducted in accordance with N.J.A.C. 8:43I.

8:39-43.2 Requirements for nurse aide certification
(a) An applicant for certification as a nurse aide in long-term care facilities shall:
1. Successfully complete a nurse aide in long-term care facilities training program that has been approved by the Department; and
2. Provide evidence that he or she is of good moral character, including, but not limited to, compliance with the requirements of the Criminal Background Investigation Program in accordance with N.J.A.C. 8:43I; and
3. Pass both the Department’s clinical skills competency exam and written/oral exam.
(b) An applicant shall fulfill the requirements in (a) above in order to be listed on the New Jersey Nurse Aide Registry.

8:39-43.3 Exceptions
(a) The following persons may take the Department’s written/oral examination without first completing a nurse aide training course and clinical skills evaluation approved in accordance with N.J.A.C. 8:39-43.10:
1. Students, graduate nurses, or foreign licensed nurses, pending licensure, who submit evidence of successful completion of a course in the fundamentals of nursing;
2. Persons who submit evidence of the successful completion of a course in the fundamentals of nursing within the 12 months immediately preceding application to take the written/oral competency examination, including:
   i. Persons certified as a nurse aide in long term care facilities in another state by a state governmental agency and listed on that state’s nurse aide registry, who do not meet the requirements for equivalency specified at N.J.A.C. 8:39-43.3 (a) 1, above; and
   ii. Persons who have had training and experience as a nurse aide in a military service, equivalent to that of a nurse aide; and
3. Persons who are certified as homemaker-home health aides by the New Jersey Board of Nursing, in accordance with N.J.A.C. 13:37-14, as amended and supplemented, and who successfully complete the Long-Term Care Module of the Core Curriculum for Unlicensed Assistive Personnel approved by the Department; and
4. Persons who successfully complete the Core Curriculum for Unlicensed Assistive Personnel approved by the Department and the New Jersey Board of Nursing, and the Long-Term Care Module of the Core Curriculum for Unlicensed Assistive Personnel approved by the Department.
8:39-43.4 Certificates
(a) A nurse aide in long term care facilities certificate shall be valid for a period of two years from the date of issue.
(b) A nurse aide certificate shall not be retained by an employer for any reason.
(c) A nurse aide certificate is not transferable by sale, gift, duplication, or other means and shall not be forged or altered.

8:39-43.5 Revocation and suspension of certificates
(a) A certificate issued to a nurse aide in accordance with this subchapter shall be revoked in the following cases:
1. Finding of abuse, neglect or misappropriation of property of a resident of a long-term care facility or assisted living residence, or of a patient, resident, or client of any other facility or agency licensed by the Department;
2. Conviction or guilty plea as specified at N.J.A.C. 8:39-9.3(b) or other crime or offense as specified at N.J.A.C. 8:43I-2.1 (b); or
3. Sale, purchase, or alteration of a certificate; use of fraudulent means to secure the certificate, including filing false information on the application; or forgery, imposture, dishonesty, or cheating on an examination.

(b) The Commissioner or his or her designee may summarily suspend the certificate of a nurse aide when the continued certification of an individual poses an immediate threat to the health, safety or welfare of the public, including residents and patients of long term care facilities, assisted living facilities and other licensed health care facilities or agencies. An individual whose certificate is summarily suspended shall have the right to appeal to the Commissioner for an expedited hearing at the Office of Administrative Law, which shall be conducted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and N.J.S.A. 52:14F-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1. If the summary suspension is upheld at the Office of Administrative Law, the individual whose certificate has been summarily suspended shall have the right to apply for injunctive relief in the Superior Court of New Jersey. Nothing in this subsection shall be construed to prevent the Commissioner from thereafter revoking the license in accordance with (a) above.

8:39-43.6 Recertification
(a) The Department shall require the renewal and updating of a nurse aide listing on the registry at least once every two years on a schedule established by the Department.
(b) In order to be recertified, an individual shall have a currently valid nurse aide in long term care facilities certificate and shall have been employed performing nursing or nursing-related services for at least seven hours for pay, in a licensed health care facility or for an agency licensed by the Department, within the past 24 months from the date of expiration as specified on the nurse aide certificate, and shall not have had his or her certificate revoked in accordance with N.J.A.C. 8:39-43.5 (a), and shall not have his or her certificate suspended in accordance with N.J.A.C. 8:39-43.5 (b).
(c) The designated facility representative shall verify such employment by signing the individual’s recertification data mailer upon request of the individual.
(d) Any individual who does not meet the recertification requirement listed in (b) above and who wishes to be recertified, shall repeat the requirements for certification at N.J.A.C. 8:39-43.2, unless the original date of issue of the certificate is within the five years prior to
the expiration date listed on the certificate and the nurse aide successfully completes the skills evaluation and written/oral examination.

1. Any individual who has allowed his or her certificate to expire must undergo a criminal background investigation as required by N.J.A.C. 8:43I, regardless of whether the person must complete a training program.

8:39-43.7 Nurse aide registries
(a) The Department shall establish and maintain a nurse aide registry in accordance with 42 CFR 483.156, as supplemented and amended.
(b) The Department shall establish and maintain a nurse aide abuse registry in accordance with 42 CFR 483.156, as supplemented and amended.

1. The nurse aide abuse registry shall include the names of individuals who are found to have abused, neglected or misappropriated the property of any resident while working in a long-term care facility as an uncertified nurse aide.

8:39-43.8 Hearings for resident abuse, resident neglect, or misappropriation of resident property
(a) Prior to entering a finding on the nurse aide abuse registry, the Department shall provide an opportunity of at least 30 days notice to the certified nurse aide or uncertified nurse aide, identifying the intended action, the factual basis and source of the finding, and the individual’s right to a hearing.
(b) If a hearing is requested, it shall be conducted by the Office of Administrative Law or by a hearing officer of the Department in accordance with hearing procedures established by the Administrative Procedure Act., N.J.S.A. 52:14B-1 et seq., and 52:14F-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.
(c) No further right to an administrative hearing shall be offered to a certified nurse aide or uncertified nurse aide who has been afforded a hearing before a state or local administrative agency or other neutral party, or in a court of law, at which time the nurse aide received adequate notice and an opportunity to testify and to confront witnesses, and where there was an impartial hearing officer who issued a written decision verifying the findings of abuse, neglect, or misappropriation of property of a resident. The individual shall have a right to enter a statement to be included in the registry contesting such findings.

8:39-43.9 Equivalency for nurse aides registered in other states
(a) A nurse aide certificate received in another state or territory of the United States may be entered on the registry, provided that the following conditions are satisfied:
1. The Department receives documentation from the state’s or U.S. territory’s registry that such nurse aide has completed a training and competency evaluation program at least equal to that required in New Jersey;
2. The nurse aide has not been convicted of any crimes and has no documented findings of abuse, neglect, or misappropriation of resident property on the registry; and
3. The nurse aide complies with the requirements for a criminal background investigation as required by N.J.A.C. 8:43I.

8:39-43.10 Approval of a nurse aide in long term care facilities training program
(a) Written approval of the Department is required prior to enrollment of students and the commencement of a training program in an educational institution, a facility, or a
proprietary program. Training program approval, when granted, shall be granted for a 24-month period.

(b) An approved training program for nurse aides shall consist of 90 hours of training. This shall include 50 hours of classroom instruction and 40 hours of clinical experience in a New Jersey licensed long-term care facility. All training programs shall use the curriculum approved by the Department, in accordance with (c) below.

(c) The New Jersey Curriculum for Nurse Aide Personnel in Long Term Care Facilities ("the curriculum"), which has been approved by the Department, shall be the approved curriculum for a 90 hour training program. The entire content of the curriculum shall be taught. A copy of the curriculum and the form needed to apply for approval of a training course may be obtained by contacting the following office: Certification Program; New Jersey Department of Health and Senior Services; P.O. Box 367; Trenton, NJ 08625-0367.

(d) The New Jersey competency evaluation shall consist of both a skills examination and a written/oral examination.

(e) A facility-based approved training program and the New Jersey competency evaluation shall be scheduled so as to be completed within 120 days of the starting date of employment for a nurse aide.

(f) A training program offered in an educational institution to train and test certified nurse aides shall be approved by the Department.

(g) No resident care unit shall serve as the site of clinical instruction for more than one training program at a time.

(h) The training program for nurse aides shall not be used as a substitute for staff orientation or staff education programs.

(i) Classroom and clinical instruction for particular tasks or procedures shall be scheduled concurrently to the extent practicable.

(j) The Department may request submission of additional information or require the redesign and/or revision of the program materials. Redesign or revision of the program application does not ensure that approval will be granted.

(k) Any changes in a training program, such as changes in location, dates, times or instructors, shall be reported in writing, to the Certification Program at least 30 working days prior to the planned change. No change shall be implemented without the written approval of the Certification Program.

(l) The facility or educational institution conducting a training program shall maintain on file a copy of the lesson plans for the course. Each lesson plan shall state, at a minimum, the following:
1. The objective(s) of the lesson;
2. The content of the lesson;
3. A description of clinical activities for each lesson, consistent with the objectives in the curriculum;
4. The hours of instruction;
5. Methods of presentation and teacher strategies; and
6. Methods for evaluation of students with respect to their classroom and clinical performance in the facility.

(m) Each nurse aide training program instructor/evaluator shall:
1. Be currently licensed in New Jersey as a registered professional nurse;
2. Possess at least three years of full-time or full-time equivalent experience in a licensed health care facility;
3. Possess at least one year of full-time or full-time equivalent experience as a registered professional nurse in a licensed long term care facility, within the five years immediately preceding submission of the instructor/evaluator resume to the Certification Program of the Department for approval; and
4. Have successfully completed a training workshop offered by the Department for instructors/evaluators.
(n) The student-to-instructor ratio for classroom instruction shall not exceed a ratio of 20 students to one instructor.
(o) The student-to-instructor ratio for clinical instruction shall not exceed a ratio of 10 students to one instructor.
(p) Each student shall be under the supervision of the registered professional nurse instructor at all times when providing resident care as part of the student’s clinical experience in the facility. The registered professional nurse instructor shall be responsible for evaluating the student’s classroom and clinical performance.
(q) The resume of each nurse instructor/evaluator currently teaching the training program shall be available in the facility or educational institution.

8:39-43.11 Evaluation of training programs
(a) The facility or educational institution conducting a training program shall develop, implement, and document a process for evaluating the effectiveness of the training program. The evaluation process shall include, at a minimum, the following:
1. Assignment of responsibility for the evaluation process;
2. An annual written evaluation report, including findings, conclusions, and recommendations;
3. A written evaluation by the facility or educational institution of the performance of instructors/evaluators;
4. Written evaluations, by students, of the training program; and
5. Statistical data that shall be maintained on file in the facility or educational institution. The statistical data shall include, at a minimum, the following for each course:
i. The beginning and ending dates;
ii. The number of students enrolled;
iii. The number and percentage of students who satisfactorily completed the course;
iv. The number and percentage of students who failed the course;
v. The number and percentage of students who passed the New Jersey Nurse Aide Competency Evaluation Program, including written/oral examination and skills; and
vi. The number and percentage of students who failed the New Jersey Nurse Aide Competency Evaluation Program, including written/oral examination and skills.
(b) The facility or training program shall retain all evaluation reports for at least three years and shall submit a report to the Department upon request.

8:39-43.12 Student records
(a) Each facility or educational institution that conducts a training program shall establish a student record for each student. The student record shall include, at a minimum, the following:
1. The beginning and ending dates of the training program;
2. An attendance record;
3. A signed skills competency task form; and
4. An evaluation of the student's classroom and clinical performance, completed by the student's instructor.

(b) The facility shall retain the records specified at (a) above for at least four years.

(c) The facility or educational institution conducting a training program shall ensure that a student who is absent receives a reasonable and timely opportunity to obtain the classroom and/or clinical instruction missed, as documented in the student's record.

8:39-43.13 Denial or termination of a nurse aide in long-term care facilities training program

(a) The Department shall conduct unannounced site visits of a nurse aide in long-term care facilities training program.

(b) The Department may deny, suspend, or withdraw approval if it determines that a nurse aide training program fails to follow the application as submitted to, and approved by, the Department.

(c) Approval of a nurse aide training program offered by or in a facility that participates in the Medicare or Medicaid Programs shall be denied in accordance with 42 CFR 483.151 (b).

(d) Suspension or withdrawal of training program approval shall not affect currently enrolled students, who shall be permitted to complete the training program unless the Department determines that continuation of the program would jeopardize the health or safety of residents in any long-term care facility.

(e) If a nurse aide training program is discontinued for any reason, but the facility or educational institution continues to operate, the facility or educational institution shall be responsible for maintaining the records of students and graduates.

(f) If a nurse aide training program is discontinued for any reason and the facility or educational institution ceases to operate, the records of students and graduates shall be transferred to an agency acceptable to the Department. The Department shall be advised, in writing, of the arrangements made to safeguard the records.

(g) If a nurse aide training program is discontinued for any reason, the facility or educational institution shall:

1. Assist in the transfer of students to other approved nurse aide training programs;
2. Provide the Department with a list of the students who have transferred to another training program, and the dates on which the students were transferred; and
3. Notify the Department that the requirements for closing have been fulfilled and provide notice of final closing.

(h) If a facility or educational institution plans to voluntarily discontinue a nurse aide training program, the facility or educational institution shall:
1. Provide the Department with a written statement of the rationale and plan for the intended closing;
2. Continue the program until the class established for currently enrolled students has been completed; and
3. Notify the Department, in writing, of the closing date of the program at least 90 days prior to that date.

8:39-43.14 Responsibilities of Administrator

(a) The licensed nursing home administrator or administrator of the educational institution conducting the training program shall be responsible for implementation of the
training program in accordance with the rules in this subchapter. This responsibility shall include, but not be limited to, ensuring that:
1. The curriculum is implemented in accordance with the application as submitted and approved by the Certification Program of the Department;
2. Resident care provided by the student does not exceed the tasks and procedures that the student has satisfactorily demonstrated, as documented by the registered professional nurse on a skills competency task form; and
3. Job descriptions are established indicating the responsibilities of each nurse instructor/evaluator.

8:39-43.15 Employment of a nurse aide
(a) No licensed long term care facility shall employ a person as a nurse aide without making inquiry to the New Jersey nurse aide registry at 1-800-274-8970, and to any other state where the facility believes the nurse aide is registered.
(b) The facility shall have a system in place to document compliance with (a) above.
(c) The facility shall maintain records sufficient to verify the previous employment of nurse aides who are not currently working but whose employment at the facility makes him or her eligible for recertification in accordance with N.J.A.C. 8:39-43.6(c).

8:39-43.16 Nurse aide functions
The nurse aide shall function under the supervision and direction of a registered professional nurse and shall perform tasks that are delegated in accordance with the provisions of N.J.A.C. 13:37-6.2.

8:39-43.17 Mandatory nurse aide education and training
(a) A program of individualized orientation of each nurse aide shall be conducted by a registered professional nurse. The orientation program shall include resident care training and demonstrations in basic nursing skills, followed by an internship of two to five days, depending on experience.
(b) Each nurse aide shall receive, at a minimum, 12 hours of regular in-service education per year, the content of which shall be based on the outcome of performance reviews of every nurse aide, which are completed at least once every 12 months. (The 12 hours may include topics that are covered under OBRA requirements, Pub. L. 100-239 (1989) which overlap or are duplicative of those required at N.J.A.C. 8:39-13.4 (b), up to a maximum of six hours of in-service training per year.)

8:39-43.18 Fees
(a) In accordance with 42 CFR 483.154, as amended and supplemented, fees may be charged by the testing agency for the following:
1. Clinical skills and written examination;
2. Clinical skills and oral examination;
3. Clinical skills and Spanish oral examination;
4. Written examination only;
5. Clinical skills examination only;
6. Oral examination only;
7. Spanish oral examination only;
8. Duplicate or updated certificate, which shall be charged to the individual; and
9. Recertification certificate, which shall be charged to the individual if the individual is neither currently employed nor has been offered employment by a long-term care facility.

(b) The fee charged by the Department for a two-year approval of a training program shall be $75.00.

(c) The Department shall provide timely notice of any changes in fees specified in (a) above in the Public Notices section of the New Jersey Register.

(d) A nurse aide who is employed by, or who has received an offer of employment from, a facility on the date on which the aide begins a nurse aide training and competency evaluation program may not be charged for any portion of the program identified in (a) above, including tuition and testing, and fees for textbooks or other required course materials.

(e) If a nurse aide who is not employed, or does not have an offer to be employed as a nurse aide becomes employed by, or receives an offer of employment from, a licensed long term care facility not later than 12 months after completing a nurse aide training and competency evaluation program, the facility shall provide for the reimbursement of reasonable costs incurred in completing the program. Such costs include, but are not limited to, tuition, testing, and fees for textbooks or other required course materials.

(f) A nurse aide shall be reimbursed the costs of certification within one year of the successful completion of a reasonable probationary period established by the long-term care facility.

(g) No nurse aide shall be required, as a condition of employment, to pay the cost of the training program in the event of voluntary or involuntary termination of employment.

(h) All fees referenced at (a) and (b) above are non-refundable.

SUBCHAPTER 44. MANDATORY STANDARDS FOR RESPITE CARE SERVICES

8:39-44.1 Scope and purpose
(a) Long-term care facilities are authorized by law to accept short-term residents whose regular caregivers are participating in a respite care program. A caregiver is defined as any individual, paid or unpaid, who provides regular in-home care for an elderly, disabled, or cognitively impaired person.

(b) When a caregiver desires respite from this responsibility, continuity of care for the elderly, disabled, or cognitively impaired person is available through temporary placement in a long-term care facility for a period of time specified in advance.

(c) The standards in this subchapter apply only to those long-term care facilities that operate a respite care program.

8:39-44.2 Mandatory policies and procedures
(a) The long-term care facility shall have written respite care policies and procedures that are retained by the administrative staff and available to all staff and to members of the public, including those participating in the program.

(b) The facility shall obtain the following information from the resident’s attending physician or advanced practice nurse prior to admission:
1. A summary of the resident’s medical history and most recent physical examination;
2. Signed and dated medication and treatment orders for the resident’s stay in the facility; and
3. Phone numbers of the attending physician or advanced practice nurse and an alternate physician or advanced practice nurse for consultation or emergency services.
(c) The facility shall choose whether to follow the resident care plan provided by the attending physician or advanced practice nurse or to establish a plan in accordance with N.J.A.C. 8:39-11. The facility is exempt from compliance with N.J.A.C. 8:39-11, if it chooses to follow the care plan provided by the resident’s attending physician.

(d) The facility shall obtain the following information from the resident’s regular caregiver(s):
1. Nursing care needs, including personal hygiene and restorative maintenance care;
2. Dietary routine and preferences; and

(e) The facility shall choose whether to follow the dietary, social, and resident activity plan provided by the caregiver(s) or to establish a plan in accordance with N.J.A.C. 8:39-7, 17 and 39. The facility is exempt from compliance with N.J.A.C. 8:39-7, 17 and 39, if it chooses to follow the plan provided by the caregiver(s).

(f) The pharmacy and therapeutics committee shall establish policies and procedures for providing pharmacy services for the respite care program according to the New Jersey State Board of Pharmacy and other applicable rules and regulations. These policies and procedures shall include the following:
1. Options, if any, for provision of resident medications by sources other than the facility’s usual provider(s);
2. Labeling and packaging of medications;
3. Self-administration of medications, if applicable; and
4. Control measures.

(g) The facility shall apply to respite care residents all the standards contained in this chapter, except those exemptions cited in this section, and in the following: N.J.A.C. 8:39-4.1(a)31, 4.1(b), 5.1(a)through(e), 11.3(a), 15.1(b), 29, 35.2(d)3 through 16, and 37.3.

SUBCHAPTER 45. ALZHEIMER’S/DEMENTIA PROGRAMS

8:39-45.1 Scope and purpose
(a) Long-term care facilities may establish Department approved programs to meet the needs of residents with Alzheimer’s disease or other dementias. In addition to meeting all mandatory requirements specified in this chapter, the program shall provide individualized care based upon assessment of the cognitive and functional abilities of Alzheimer’s and dementia residents who have been admitted to the program.
(b) No facility shall advertise or hold itself out as providing an Alzheimer’s/dementia program unless it meets the data reporting requirements of N.J.S.A. 8:39-45.2 and is recognized by the Department as meeting at least 65 percent of all current advisory standards in N.J.A.C. 8:39-46.

8:39-45.2 Mandatory data reporting requirements
(a) Each facility qualified pursuant to this subchapter to hold itself out as providing an Alzheimer’s/dementia program, shall:
1. Compile and maintain daily records for each shift in the facility and provide to a member of the public, upon request, information that indicates for each shift, as appropriate:
   i. The number of nurses, including the aggregate total of registered nurses and licensed practical nurses and licensed practical nurses providing direct care to residents diagnosed with Alzheimer’s disease and related disorders; and