SUBCHAPTER 4. MANDATORY RESIDENT RIGHTS

8:39-4.1 Resident rights

(a) Each resident shall be entitled to the following rights:

...1. To retain the services of a physician or advanced practice nurse the resident chooses, at the resident’s own expense or through a health care plan;

3. To participate, to the fullest extent that the resident is able, in planning his or her own medical treatment and care;

4. To refuse medication and treatment after the resident has been informed, in language that the resident understands, of the possible consequences of this decision. The resident may also refuse to participate in experimental research, including the investigations of new drugs and medical devices. The resident shall be included in experimental research only when he or she gives informed, written consent to such participation;

...12. To be treated with courtesy, consideration, and respect for the resident’s dignity and individuality;

16. To have physical privacy. The resident shall be allowed, for example, to maintain the privacy of his or her body during medical treatment and personal hygiene activities, such as bathing and using the toilet, unless the resident needs assistance for his or her own safety;

17. To have reasonable opportunities for private and intimate physical and social interaction with other people, including arrangements for privacy when the resident’s spouse visits. If the resident and his or her spouse are both residents of the same nursing home, they shall be given the opportunity to share a room, unless this is medically advisable, as documented in their records by a physician or advanced practice nurse;

...21. To stay out of bed as long as the resident desires and to be awakened for routine daily care no more than two hours before breakfast is served, unless a physician recommends otherwise and specifies the reasons in the resident’s medical record;

23. To meet with any visitors of the resident’s choice between 8:00 A.M. and 8:00 P.M. daily. If the resident is critically ill, he or she may receive visits at any time from next of kin or a guardian, unless a physician or advanced practice nurse documents that this would be harmful to the resident’s health;

24. To take part in nursing home activities, and to meet with and participate in the activities of any social, religious, and community groups, as long as these activities do not disrupt the lives of other residents;

27. To request visits at any time by representatives of the religion of the resident’s choice and, upon the resident’s request, to attend outside religious services at his or her own expense. No religious beliefs or practices shall be imposed on any resident;
28. To participate in meals, recreation, and social activities without being subjected to discrimination based on age, race, religion, sex, nationality, or disability. The resident’s participation may be restricted or prohibited only upon the written recommendation of his or her physician or advanced practice nurse;

29. To organize and participate in a Resident Council that presents residents’ concerns to the administrator of the facility. A resident’s family has the right to meet in the facility with the families of other residents in the facility;

**SUBCHAPTER 7. MANDATORY RESIDENT ACTIVITIES**

**8:39-7.3 Mandatory resident activity services**

(g) Resident activities programs shall be developed and modified on the basis of input from residents, as well as staff, family, and others.

**SUBCHAPTER 9. MANDATORY ADMINISTRATION**

**8:39-9.6 Mandatory policies and procedures for advance directives**

(c) A resident shall be transferred to another health care facility only for a valid medical reason, in order to comply with other applicable laws or Department rules, to comply with clearly expressed and documented resident choice, or in conformance with the New Jersey Advance Directives for Health Care Act, N.J.S.A. 26:2H-53 et seq., in the instance of private, religiously affiliated health care institutions who establish policies defining circumstances in which it will decline to participate in the implementation of advance directives. Such institutions shall provide notice to residents or their families or health care representatives prior to or upon admission of their policies. A timely and respectful transfer of the individual to another institution which will implement the resident’s advance directive shall be affected. The facility’s inability to care for the resident shall be considered a valid medical reason. The sending facility shall receive approval from a physician or advanced practice nurse and the receiving health care facility before transferring the resident.

(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 13. MANDATORY COMMUNICATION**

**8:39-13.2 Mandatory resident communication services**

(a) Residents and their families shall be given the opportunity to participate in the development and implementation of the care plan, and their involvement shall be documented in the resident’s medical record.

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.

**SUBCHAPTER 14. ADVISORY COMMUNICATION**

8:39-14.1 Advisory resident services

...(b) Periodic meetings are open to all staff, residents, and families to discuss any problems, encourage the resident to reach his or her potential, examine the goals and expectations of different individuals, describe how questions and complaints can be presented, and review the concept of interdisciplinary care.

(c) Provision is made for residents to retain membership, join, and/or participate in community activities. These should include organizations, community projects, holiday observances, or charitable events.

8:39-17.4 Mandatory resident dietary services

(a) Each resident shall receive a diet which:

1. Corresponds to the physician's or advanced practice nurse's order, the dietitian's instructions, and resident's food preferences;

...(e) The facility shall select foods and beverages, which include fresh and seasonal foods, and shall prepare menus with regard to the nutritional and therapeutic needs, cultural backgrounds, food habits, and personal preference of residents.

**SUBCHAPTER 18. ADVISORY DIETARY SERVICES**

8:39-18.4 Advisory resident dietary services

...(e) Residents are offered a selective menu consisting of at least three main entrees at each meal.

(f) A menu committee composed of residents participates in meal planning.

**SUBCHAPTER 27. MANDATORY QUALITY OF CARE**

8:39-27.3 Mandatory general resident services

... (d) Residents shall be encouraged and helped to select the clothing they will wear each day.

8:39-27.4 Mandatory post-mortem policies and procedures
(a) Deceased residents shall be removed in a timely fashion from rooms where other residents are staying and transported within the facility in a dignified manner.

**SUBCHAPTER 28. ADVISORY QUALITY OF CARE**

8:39-28.1 Advisory policies and procedures for resident care

(a) The facility conducts scheduled interdisciplinary staff discussions, and discussions with residents and families, about the right of residents to die with dignity.

**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.

**SUBCHAPTER 46. ALZHEIMER’S/DEMENTIA PROGRAMS ADVISORY STANDARDS**

8:39-46.4 Advisory activity programming

The Alzheimer’s/dementia program provides a daily schedule of special activities, seven days a week and at least two evenings per week, designed to maintain residents’ dignity and personal identity, enhance socialization and success, and to accommodate the various cognitive and functional abilities of each resident.

8:39-46.5 Advisory nutrition [Alzheimer’s/dementia programs]

(a) The Alzheimer’s/dementia program provides nutritional intervention as needed, based upon assessment of the eating behaviors and abilities of each resident. Interventions may include, but are not limited to, the following:

...3. Simplified choices of foods or utensils