

# New Jersey

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<b>Opening Statement</b>	<p>New Jersey's Department of Health (DOH), Division of Health Facilities Evaluation and Licensing, licenses three types of assisted living services:</p> <ul style="list-style-type: none"><li>(1) assisted living residences, which are new construction;</li><li>(2) comprehensive personal care homes, which are converted licensed residential health care facilities; and</li><li>(3) assisted living programs, which are agencies providing services to tenants of publicly subsidized housing and cannot become licensed as an assisted living residence. Assisted living residences and comprehensive personal care homes may collectively be referred to as assisted living facilities. Facilities providing assisted living services require a certificate of need to be licensed.</li></ul>
<b>Licensure Term</b>	Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs
<b>Definition</b>	<p>Assisted Living: A coordinated array of supportive personal and health services, available 24 hours per day, to residents who have been assessed to need these services including persons who require nursing home level of care. Assisted living promotes resident self-direction and participation in decisions that emphasize independence, individuality, privacy, dignity, and homelike surroundings.</p> <p>Assisted Living Residences: A facility which is licensed by DOH to provide apartment-style housing and congregate dining and to ensure that assisted living services are available when needed, for four or more adult persons unrelated to the proprietor. Apartment units offer, at a minimum, one unfurnished room, a private bathroom, a kitchenette, and a lockable door on the unit entrance.</p> <p>Comprehensive Personal Care Home: Provide room and board to ensure that assisted living services are available when needed, to four or more adults unrelated to the proprietor. Residential units in comprehensive personal care homes house no more than two residents and have a lockable door on the unit entrance.</p>

Assisted Living Program: The provision of or arrangement for meals and assisted living services, when needed, to the tenants (also known as residents) of publicly subsidized housing which—because of any Federal, State, or local housing laws, rules, regulations or requirements—cannot become licensed as an assisted living residence. An assisted living program may also provide staff resources and other services to a licensed assisted living residence and a licensed comprehensive personal care home.

## **Regulatory and Legislative Update**

No recent legislative or regulatory changes affecting this report

## **Move-in Requirements Including Required Disclosures/Notifications**

New Jersey has no entry requirements or restrictions. Facilities must disclose their policies concerning Medicaid admissions to prospective and current residents. Providers must distribute a statement of residents' rights, which are specified in regulation.

Mandatory discharge is required if a resident requires specialized long-term care, such as respirators, ventilators, or severe behavior management. Facilities may specify other discharge requirements, such as if the resident is:

- (1) bedridden for more than 14 consecutive days;
- (2) requires 24-hour nursing supervision;
- (3) is totally dependent on assistance with four or more activities of daily living;
- (4) has a cognitive decline severe enough to prevent the making of simple decisions;
- (5) has a stage III or IV pressure sore;
- (6) has multiple stage II pressure sores with exceptions;
- (7) requires more than assistance with transfer;
- (8) is a danger to self or others;
- (9) or has a medically unstable condition or special health problem that cannot be properly addressed in the assisted living environment.

## **Facility Scope of Care**

Facilities provide a coordinated array of supportive personal and health services 24 hours per day, including assistance with personal care, nursing, pharmacy, dining, activities, recreational, and social work services to meet the individual needs of each resident. The assisted living residence, comprehensive personal care home, or assisted living program must be capable of providing nursing services to maintain residents, including residents who require nursing home level of care.

## **Limitations of Services**

The assisted living residence, comprehensive personal care home, or assisted living program shall be capable of providing nursing services to maintain residents, including residents who require nursing home level of care. However, the resident may be, but is not required to be moved from the facility or program if it is documented in the resident record that a higher level of care is required, as demonstrated by one or more of the following characteristics:

1. The resident requires 24-hour, seven day a week nursing supervision;
2. The resident is bedridden for more than 14 consecutive days;
3. The resident is consistently and totally dependent in four or more of the following activities of daily living: dressing, bathing, toilet use, transfer, locomotion, bed mobility, and eating;
4. The resident has a cognitive decline severe enough to prevent the making of simple decisions regarding activities such as bathing, dressing and eating and cannot respond appropriately to cueing and simple directions;
5. The resident requires treatment of a stage three or four pressure sore or multiple stage two pressure sores. However, a resident who requires treatment of a single stage two pressure sore shall be retained and a plan of care developed and implemented to stabilize the pressure sore and the condition which caused it;
6. The resident requires more than "assistance with transfer";
7. The resident is a danger to self or others; or
8. The resident has a medically unstable condition and/or has special health problems, and a regimen of therapy cannot be appropriately developed and implemented in the assisted living environment.

## **Resident Assessment Requirements and Frequency**

Upon admission, each resident must receive an initial assessment to determine his or her needs. If the initial assessment indicates that the resident requires health care services, a health care assessment must be completed within 14 days of admission by a registered professional nurse using a form either from DOH or meeting specified criteria. Residents must be reassessed in a time frame that depends on the type of service plan they have in place.

## **Medication Management**

Certified nurse aides, certified home health aides, or staff members who have other equivalent training approved by the DOH and who have completed a medication aide course and passed a certifying exam are permitted to administer medication to residents under the delegation of a registered nurse (RN). Allowable injections include epinephrine and pre-drawn insulin injections as well as disposable insulin delivering mechanical devices commonly known as "pens." Effective January 2013, an assisted living facility may request a

waiver from the Department that will allow the RN to delegate to certified medical aides the administration of injectable medications (in addition to insulin) via disposable, integrated, mechanical medication delivery devices that are prefilled by the manufacturer.

### **Staff Scheduling Requirements**

Facilities that advertise or hold themselves out as having an Alzheimer's unit are required to establish written policies and procedures for the unit, establish criteria for admission and discharge from the unit, have staff attend a mandatory training program, compile staffing information, and provide, upon request, a list of activities directed toward Alzheimer's residents and safety policies and procedures specific to residents diagnosed with Alzheimer's.

In a facility that advertises or holds itself out as having an Alzheimer's/dementia program, training in specialized care shall be provided to all licensed and unlicensed staff who provide direct care to residents with Alzheimer's or dementia.

An administrator must be appointed. An administrator or their designated alternate must be available at all times and on site on a full-time basis in facilities with 60 or more licensed beds and on a half-time basis in facilities with fewer than 60 licensed beds. Staffing must be sufficient to meet residents' needs. At least one awake personal care assistant and one additional employee must be on site 24 hours per day. An RN must be available 24 hours per day.

### **Administrator/Director Education and Training Requirements**

Administrators must be at least 21 years of age and possess a high school diploma or equivalent. Administrators must also either hold a current New Jersey license as a nursing home administrator or be a New Jersey certified assisted living administrator.

Administrators must complete a minimum of 30 hours of continuing education every three years relating to assisted living concepts and related topics.

### **Direct Care Staff Education and Training**

The facility or program shall develop and implement a staff orientation and a staff education plan, including plans for each service and designation of person(s) responsible for training. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding topics such as, but not limited to: the provision of services and assistance in accordance with the concepts of assisted living and including care of residents with physical impairment; emergency plans and procedures; the infection prevention and control program; resident rights; abuse and neglect; pain management; and the care of

residents with Alzheimer's and related dementia conditions.

Personal care assistants must either successfully complete an approved nurse aide training course, an approved homemaker/home health aide training program, or other equivalent approved training program. They must complete at least 20 hours of continuing education every two years in assisted living concepts and related topics, including cognitive and physical impairment and dementia.

Medication aides must complete an additional 10 hours of continuing education related to medication administration and elderly drug use every two years.

In addition, administrators and staff receive training within one year of hire and then biennially, concerning:

- (1) caring for LGBTQI seniors and seniors living with HIV; and
- (2) preventing discrimination based on sexual orientation, gender identity or expression, intersex status, and HIV status.

## **Quality Requirements**

The facility shall establish and implement a written plan for a quality improvement program for resident care. The plan shall specify a timetable and the person(s) responsible for the quality improvement program and shall provide for ongoing monitoring of staff and resident care services.

Quality improvement activities shall include, but not be limited to, the following:

1. At least annual review of staff qualifications and credentials;
2. At least annual review of staff orientation and staff education;
3. Establishment of objective criteria for evaluation of the resident care provided by each service area;
4. Evaluation of resident care services, staffing, infection prevention and control, housekeeping, sanitation, safety, maintenance of physical plant and equipment, resident care statistics, and discharge planning services;
5. Review of medication errors and adverse drug reactions by the pharmacist; and
6. Evaluation by residents and their families of care and services provided by the facility.

The results of the quality improvement program shall be submitted to the licensed operator at least annually and shall include, at a minimum, the deficiencies found and recommendations for

corrections or improvements. Deficiencies that jeopardize resident safety shall be reported to the licensed operator immediately.

The administrator shall implement measures to ensure that corrections or improvements are made.

## **Infection Control Requirements**

The licensed professional nurse, in coordination with the administrator, shall be responsible for the direction, provision, and quality of infection prevention and control services. The health care services director, in coordination with the administrator, shall be responsible for, but not limited to, developing and maintaining written objectives, a policy and procedure manual, and an organizational plan for the infection prevention and control service.

The facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and procedures shall be consistent with the Centers for Disease Control publications and OSHA standards.

Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:

1. In accordance with Chapter II, New Jersey State Sanitary Code, Communicable Diseases, at N.J.A.C. 8:57, a system for investigating, reporting, and evaluating the occurrence of all infections or diseases which are reportable or conditions which may be related to activities and procedures of the facility and maintaining records for all residents or personnel having these infections, diseases, or conditions;
2. Infection control in accordance with OSHA Standards 29 CFR 1910.1030, Bloodborne pathogens, incorporated herein by reference, as amended and supplemented;
3. Exclusion from work, and authorization to return to work, for personnel with communicable diseases;
4. Surveillance techniques to minimize sources and transmission of infection;
5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident;
6. Protocols for identification of residents with communicable diseases and education of residents regarding prevention and spread of communicable diseases;
7. Sterilization, disinfection, and cleaning practices and techniques used in the facility, including, but not limited to, the following:
  - i. Care of utensils, instruments, solutions, dressings, articles, and

surfaces;

ii. Selection, storage, use, and disposition of disposable and non-disposable resident care items. Disposable items shall not be reused

iii. Methods to ensure that sterilized materials are packaged, labeled, processed, transported, and stored to maintain sterility and to permit identification of expiration dates; and

iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment, and other devices and equipment that provide a portal of entry for pathogenic microorganisms; and

8. Needles and syringes used by residents as part of home self-care shall be disposed of in accordance with N.J.S.A. 2C:36-6.1 and N.J.A.C. 8:43E-7.

Competency must be provided by the trainer on: hand-hygiene, PPE donning/doffing, safe handling of sharps, cleaning/disinfecting, proper removal of infectious wastes

Each new employee upon employment shall receive a two-step Mantoux or serum tests (QuantiFERON Gold or T-spot). The only exceptions shall be employees with documented negative two-step Mantoux skin test results (zero to nine millimeters of induration) within the last year, employees with a documented positive Mantoux skin test result (10 or more millimeters of induration), employees who have received appropriate medical treatment for tuberculosis, or when medically contraindicated.

Annual symptom screening is required.

The facility shall develop policies and procedures for the collection, storage, and handling of regulated medical waste.

All staff members shall be informed about the facility's infection control procedures, including personal hygiene requirements.

A designated IP can cover up to five buildings for multi-chain facilities in ALFs

Facilities are to develop an outbreak response plan.

## **Emergency Preparedness**

The facility shall develop written emergency plans, policies, and procedures which shall include plans and procedures to be followed in case of medical emergencies, power failures, fire, and natural disasters. The emergency plans shall be filed with the Department and the Department shall be notified when the plans are changed. Copies of emergency plans shall also be forwarded to other

agencies in accordance with State and municipal laws.

The emergency plans, including a written evacuation diagram specific to the unit that includes evacuation procedure, location of fire exits, alarm boxes, and fire extinguishers, and all emergency procedures shall be conspicuously posted throughout the facility. All employees shall be trained in procedures to be followed in the event of a fire and instructed in the use of fire-fighting equipment and resident evacuation as part of their initial orientation and at least annually thereafter. All residents shall be instructed in emergency evacuation procedures.

Procedures for emergencies shall specify persons to be notified, process of notification and verification of notification, locations of emergency equipment and alarm signals, evacuation routes, procedures for evacuating residents, procedures for reentry and recovery, frequency of fire drills, tasks and responsibilities assigned to all personnel, and shall specify medications and records to be taken from the facility upon evacuation and to be returned following the emergency.

**Medicaid Policy and Reimbursement**

1115 NJ FamilyCare Compressive Demonstration - MLTSS program  
<https://www.nj.gov/humanservices/dmahs/home/mltss.html>

**Citations**

<http://www.hcanj.org>  
<https://www.nj.gov/health/healthfacilities/index.shtml>