**HEALTH**

**HEALTH SYSTEMS BRANCH**

**DIVISION OF CERTIFICATE OF NEED AND LICENSING**

**Rehabilitation Hospital Licensing Standards**

**Proposed New Rules: N.J.A.C. 8:43H,**

Authorized By: Judith M. Persichilli, R.N., B.S.N., M.A., Commissioner (with the approval of the Health Care Administration Board).

Authority: N.J.S.A. 26:2H-1 et seq., specifically 26:2H-5.

Calendar Reference: See summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2021-

**Submit written comments** by , 2021, electronically to http://www.nj.gov/health/legal/ecomments.shtml, or by regular mail postmarked by , 2021, to:

Joy L. Lindo, Director

Office of Legal and Regulatory Compliance

Office of the Commissioner

New Jersey Department of Health

PO Box 360

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The agency proposal follows:

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## Summary

The Department of Health (Department) proposes new rules at N.J.A.C. 8:43H to establish the Rehabilitation Hospital Licensing Standards. This chapter first became effective in August 1989. 21 N.J.R. 1067(a); 21 N.J.R. 2476(b). N.J.A.C. 8:43H was readopted without change on June 17, 1994. 26 N.J.R. 1628(a); 26 N.J.R. 2896(c). Pursuant to Executive Order No. 66 (1978), N.J.A.C. 8:43H expired in June 1999. N.J.A.C. 8:43H was readopted as new rules effective November 15, 1999. N.J.A.C. 8:43H was readopted effective April 22, 2005. 36 N.J.R. 1843(a); 37 N.J.R. 1728(a). N.J.A.C. 8:43H expired on April 22, 2010. 36 N.J.R. 4908(a); 37 N.J.R. 1728(a). Establishing these minimum requirements would maintain a high level of quality care for patients in rehabilitation hospitals.

The proposed new rules contain 17 subchapters. Proposed new Subchapter 1 General Provisions and Qualifications would establish the scope and purpose of the chapter (N.J.A.C. 8:43H-1.1 and 1.2) and would define words and phrases that the chapter uses (N.J.A.C. 8:43H-1.3). These terms would include: “Academy of Nutrition and Dietetics” or “AND,” “activities of daily living” or “ADL,” “adult patient,” “advance directive,” “New Jersey Advance Directives for Health Care Act,” “Association of Rehabilitation Nurses,” “audiologist,” “available,” “bylaws,” “case management,” “cleaning,” “clinical note,” “Commissioner,” “communicable disease,” “comprehensive rehabilitation services,” “conspicuously posted,” “Controlled Dangerous Substances Acts,” “current,” “Department,” “dietitian,” “discharge plan,” “Division of Health Facility Survey and Field Operations” or “DHFSFO,” “documented,” “drug,” “Drug administration,” “environmental modification services,” “family,” “floor stock,” “formulary,” “full-time,” “governing authority,”

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“health care facility,” “hospital,” “interdisciplinary care plan,” “interdisciplinary care team,” “intravenous infusion admixture service,” “job description,” “licensed nursing personnel,” “licensed practical nurse” or “LPN),” “medical director,” “monitor,” “nursing director for rehabilitation nursing services” or “nursing director,” “nursing unit,” “occupational therapist,” “pediatric patient,” “pediatrician,” “pharmacist,” “psychologist,” “physiatrist,” “physical therapist,” “physician,” “Practitioner Orders for Life-Sustaining Treatment form” or “POLST form,” “prescriber,” “progress note,” “registered professional nurse” or “RN,” “rehabilitation hospital,” “respiratory therapist,” “restraint,” “self-administration,” “shift,” “signature,” “social worker,” “speech-language pathologist,” “staff education plan,” “supervision,” “unit dose drug distribution system,” and “unlicensed assistive personnel” or “UAP.”

Proposed new N.J.A.C. 8:43H-1.4(a) would incorporate by reference certain subchapters of N.J.A.C. 8:43G, Hospital Licensing Standards, that would apply to rehabilitation hospitals. Proposed new N.J.A.C. 8:43H-1.4(b) would provide that rehabilitation hospitals shall be subject to the requirements of N.J.A.C. 8:43E, General Licensure Procedures and Standards Applicable to All Licensed Facilities.

Proposed new Subchapter 2 would establish the rehabilitation hospital licensure process. Proposed new N.J.A.C. 8:43H-2.1 would establish requirements for the certificate of need process to initiate or expand comprehensive rehabilitation services. In addition, proposed new N.J.A.C. 8:43H-2.1 would establish the Department’s enforcement of conditional certificate of need approval and ability to impose sanctions should a facility fail to comply with these conditions. Proposed new N.J.A.C. 8:43H-2.2 through 2.4 establish a voluntary functional review process to assist potential new

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comprehensive rehabilitation providers to seek guidance and consultation from the Department concerning the proper implementation of the licensure requirements and/or a preliminary determination of whether a proposed facility or service complies with the applicable licensure rules.

Proposed new N.J.A.C. 8:43H-2.5 would establish the application fee schedule, including the application filing and inspection fees; fees for licensure renewal, applications to add or reduce beds, relocate a facility, and transfer ownership. Proposed new N.J.A.C. 8:43H-2.6 would establish the process for initial licensure application, application review, initial survey, and license issuance. Proposed new N.J.A.C. 8:43H-2.7 would establish a process for the renewal of a license. Proposed new N.J.A.C. 8:43H-2.8 would establish a process for when a hospital must surrender a license and a process for cessation of operations. Proposed new N.J.A.C. 8:43H-2.9 would establish requirements for transfer of ownership of a rehabilitation hospital. N.J.A.C. 8:43H-2.10 would establish requirements for newly constructed or expanded rehabilitation hospitals. Proposed new N.J.A.C. 8:43H-2.11 would establish that rehabilitation hospitals are subject to survey by the Department at any time and would establish a process for surveys. Proposed new N.J.A.C. 8:43H-2.12 would establish requirements for applying for and standards for the granting of a waiver from the requirements of the chapter. Proposed new N.J.A.C. 8:43H-2.13 would establish enforcement actions that may be taken against a rehabilitation hospital. Proposed new N.J.A.C. 8:43H-2.14 would establish that penalties may be imposed upon entities that advertise as providing acute hospital rehabilitation services without being licensed as a rehabilitation hospital. Proposed new N.J.A.C. 8:43H-2.15 would require licensees to update license information.

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Proposed new Subchapter 3 would establish the services to be provided by a rehabilitation hospital, personnel requirements and the policy and procedure manual. Proposed new N.J.A.C. 8:43H-3.1 would establish services to be provided by rehabilitation hospitals and requirements for how these services are to be provided.

Proposed new N.J.A.C. 8:43H-3.2 would establish full disclosure of a rehabilitation hospital's ownership and changes in ownership would be required by. Proposed new N.J.A.C. 8:43H-3.3 would establish personnel policy requirements, including: the need for written job descriptions; licensure, certification or authorization for patient care personnel, as required under laws and rules of the State of New Jersey; written staffing schedules; development and implementation of staff orientation and education plans; and at least one person trained in cardiopulmonary resuscitation in all patient areas when patients are present.

Proposed new N.J.A.C. 8:43H-3.5 would require a written policies and procedures manual for the operation of a facility to be developed, implemented, and reviewed at regular intervals and made available at all times to Department representatives, patients, staff and the public. Proposed new N.J.A.C. 8:43H-3.5 also would establish policies and procedures that must be addressed by the policy and procedures manual. Proposed new N.J.A.C. 8:43H-3.6 would require written agreements for services that are provided by contract or subcontract, specifies the minimum contents of these written agreements, and would establish a rehabilitation hospital's responsibilities for the services provided under these contracts. Proposed new N.J.A.C. 8:43H-3.7 would set forth a rehabilitation hospital's responsibility for reportable events. N.J.A.C. 8:43H-3.8 would require a facility to conspicuously post a notice that information is available in the facility during normal

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business hours regarding waivers granted by the Department; all documents required by this chapter; a list of the rehabilitation hospital's committees and their membership; and policies and procedures regarding patient rights. A facility would be required to maintain for public review in the administrator's office information regarding the membership of the governing authority and changes to the membership within 30 days after the change.

Proposed new N.J.A.C. 8:43H-3.9 would establish a rehabilitation hospital's reporting responsibility to the Medical Practitioner Review Panel and the clearing House Coordinator required by the Cullen law. Proposed new N.J.A.C. 8:43H-3.10 would establish rehabilitation hospital financial reporting responsibilities.

Proposed new N.J.A.C. 8:43H-4.1 would require rehabilitation hospitals to have a governing authority that is responsible for the operation, management, and financial viability of a facility, and would set forth the responsibilities of the governing authority.

Proposed new Subchapter 5 relates to the administration of rehabilitation hospitals. Proposed new N.J.A.C. 8:43 H-5.1 would require a facility's governing authority to appoint a chief executive/administrator, who is available to a facility at all times and accountable for rehabilitation services. Proposed new N.J.A.C. 8:43H-5.2 would establish the administrator's responsibilities.

Proposed new N.J.A.C. 8:43H-5.3 would require rehabilitation hospitals to establish policies and processes for advanced directives; dispute resolution, including patient, family, and staff discussion forum and community education programs. Proposed new N.J.A.C. 8:43H-5.4 would establish policies and procedures for advance directives and declaration of death that are consistent with the New Jersey Advanced Directives for

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Health Care Act (N.J.S.A. 26:2H-53); the New Jersey Declaration of Death Act (N.J.S.A. 26:6A-1 et seq.); and the patient's religious beliefs with respect to the declaration of death.

Proposed new N.J.A.C. 8:43H-5.5 would establish policies and procedures for the implementation of the "Practitioner Orders for Life-sustaining Treatment Act," N.J.S.A. 26:2H-129 et seq.

Proposed new N.J.A.C. 8:43H-5.6 would establish policies and procedures for the admission of a pediatric patient who is 16 years of age and under 20 years of age, provided that, for patients ages 16 or 17, the hospital notifies the patient's parent or legal guardian of an admission to an adult rehabilitation hospital. Proposed new N.J.A.C. 8:43H-5.7 would establish a process for the admission of an adult patient 20 years or older to a pediatric rehabilitation hospital.

Proposed new Subchapter 6 would address patient care standards. Proposed new N.J.A.C. 8:43H-6.1 would require the establishment, implementation, and review of written patient care policies and procedures. This would include policies and procedures concerning the admission, orientation, transfer, readmission, referral and discharge of patients, and care of deceased patients. The policies and procedures would also need to address patient rights, sexual counseling, environmental modification services, staffing levels based on patient acuity, emergency care, informed consent, financial arrangements, telephone orders, smoking, interpretation and communication services, the care and control of assistive animals and pets, and the care of deceased patients. This section also would require that, in the event of an accident or incident that does not result in injury to the patient, notification of the patient's family is to occur within 24 hours of the occurrence, except in the case of a competent adult (N.J.A.C. 8:43H-6.1). In

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addition, the subchapter would require written protocols for uses of restraints, including identifying the types of restraints to be used at a facility, and the use of alternatives to restraints, such as staff or environmental interventions, structured activities, or behavioral management. This subchapter also would require that physical restraints shall be used when authorized, in writing, by a physician except if necessitated by an emergency.

Proposed new Subchapter 7 would establish standards for developing interdisciplinary care plans through the use of the patient assessment. Proposed new N.J.A.C. 8:43H-7.1 would require an interdisciplinary care plan to be developed for each patient, under the direction of a rehabilitation physician, based on the treatment team's assessment of the individual. The interdisciplinary plan would be initiated upon the admission, would be completed within four days of admission and would measure the patient's improvements on a once-a-week basis to assess the readiness for discharge. Proposed new N.J.A.C. 8:43H-7.1 would establish the contents of the interdisciplinary plan and would establish conditions for participation by the patient and family members in development of the interdisciplinary plan. Proposed new N.J.A.C. 8:43H-7.2 outlines the implementation of the interdisciplinary plan and participation of its members.

Proposed new Subchapter 8 would establish licensure standards for medical services. Proposed new N.J.A.C. 8:43H-8.1 would require medical services to be provided to all patients 24 hours a day, seven days a week. Proposed new N.J.A.C. 8:43H-8.2 would require a rehabilitation hospital to appoint a medical director who shall provide services in accordance with facility by-laws and policies. Proposed new N.J.A.C. 8:43H-8.3 would establish the responsibilities of the medical director and proposed new N.J.A.C. 8:43H-8.4 would establish the responsibilities of physicians. Proposed new

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N.J.A.C. 8:43H-8.4 specifically would require the physician primarily providing care to a patient directly to participate as part of the interdisciplinary care team in developing the patient's plan. Proposed new N.J.A.C. 8:43H-8.5 would require a pediatrician to be available if a facility provides care to pediatric patients and N.J.A.C. 8:43H-8.6 would require that if a medical director of a facility providing services to pediatric patients is a pediatrician, a rehabilitation physician shall be available, in accordance with medical bylaws and facility policy and procedures.

Proposed new Subchapter 9 would establish standards for the provision of nursing services. Proposed new N.J.A.C. 8:43H-9.1 would require a rehabilitation hospital to make nursing services available 24 hours a day, seven days a week, directly within the facility. Proposed new N.J.A.C. 8:43H-9.1 would establish minimum nurse staffing requirements and responsibilities for the development and supervision of the staff orientation and education provided to nursing personnel. Under the direction of the nursing service, rehabilitation hospitals must utilize the approved State Board of Nursing Unlicensed Assistive Personnel (UAP) curriculum in the development and implementation of a training program for unlicensed assistive personnel. Proposed new N.J.A.C. 8:43H-9.2 would require the written appointment of a nursing director to be responsible for the rehabilitation nursing service and to be on duty at all times, with a registered nurse designated in writing to act in his or her absence. Proposed new N.J.A.C. 8:43H-9.3 would establish the responsibilities of the nursing director responsible for rehabilitation nursing services. Proposed new N.J.A.C. 8:43H-9.4 would establish the responsibilities of licensed nursing personnel. Proposed new N.J.A.C. 8:43H-9.5 would establish the role of nursing services as related to pharmaceutical services.

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Proposed new Subchapter 10 would establish standards for the provision of pharmaceutical services. Proposed new N.J.A.C. 8:43H-10.1 would require pharmacy services to be available 24 hours a day, seven days a week, directly within the facility. If a facility has an institutional pharmacy, the pharmacy would be required to be licensed by the New Jersey State Board of Pharmacy (NJSBP), operate in accordance with NJSBP rules, and possess a current Drug Enforcement Administration registration and a Controlled Dangerous Substance registration from the Department.

Proposed new N.J.A.C. 8:43H-10.2 would require the appointment of a pharmacist and would establish pharmacist's responsibilities. Proposed new N.J.A.C. 8:43H-10.3 would require a facility's governing authority to appoint a multidisciplinary Pharmacy and Therapeutics Committee and would establish its responsibilities for developing policies and procedures for the storage and administration of drugs. Proposed new N.J.A.C. 8:43H-10.4 would establish the content of a rehabilitation hospital's policies and procedures for drug administration. Proposed new N.J.A.C. 8:43H-10.5 would require a pharmacist to periodically inspect all areas of a facility where drugs are dispensed, administered, or stored and to maintain records of those inspections. Proposed new N.J.A.C. 8:43H-10.6 includes requirements for drugs to be stored and controlled in accordance with the "New Jersey Pharmacy Practice Act" and the New Jersey Board of Pharmacy Rules.

Proposed new Subchapter 11 would require the provision of physical therapy, occupational therapy, respiratory therapy, and speech-language pathology, directly within a facility. Proposed new N.J.A.C. 8:43H-11.1 would require that a facility provide each adult patient at least three hours of services per day, five days per week. Services would

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include any one or combination of the following as determined by the interdisciplinary team in collaboration with the patient and/or the patient's family: physical therapy, occupational therapy, speech-language pathology, respiratory therapy, and/or psychology/social work. Proposed new N.J.A.C. 8:43H-11.1(d) would require that a facility provide each pediatric patient with rehabilitation therapy services as determined by the interdisciplinary team in collaboration with the patient and/or family. Pediatric rehabilitation therapy services may include physical therapy, occupational therapy, speech-language pathology, and respiratory therapy.

Proposed new N.J.A.C. 8:43H-11.2 would require a facility to appoint a physical therapist, occupational therapist, respiratory therapist, speech-language pathologist, and audiologist to be responsible for the direction, provision and quality of their respective services and would establish responsibilities for each of these individuals.

Proposed new N.J.A.C. 8:43H-11.3 identifies the statutory authority and responsibilities for audiologists, speech-language pathologists, physical, occupational, and respiratory therapists, as well as their involvement in an interdisciplinary team and interdisciplinary care plan with the other appropriate health care professionals. Proposed new N.J.A.C. 8:43H-11.4 addresses the provision of consultant services not available in the rehabilitation hospital and provided on an outpatient basis.

Proposed new Subchapter 12 would establish minimum standards for social work and psychological services. Proposed new N.J.A.C. 8:43H-12.1 would require rehabilitation hospitals to provide counseling services in the form of social work services and psychological services directly at a facility. Proposed new N.J.A.C. 8:43H-12.2 would require a facility to appoint a social worker and a psychologist to be responsible for the

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direction, provision, and quality of their respective services and would establish responsibilities for each of these individuals. Proposed new N.J.A.C. 8:43H-12.3 would require each social worker or psychology staff member, in accordance with written job descriptions and within their scope of practice, to provide patient care and be a participant in the interdisciplinary team and to be involved in assessing, developing, implementing and reassessing the interdisciplinary care plan when indicated.

Proposed new Subchapter 13 would establish minimum requirements for emergency procedures. Proposed new N.J.A.C. 8:43H-13.1 would require an emergency plan for a facility that includes plans and procedures to be followed in case of medical emergencies, equipment breakdown, fire, or other disaster. Emergency procedures would be required to include individuals to be notified, emergency equipment locations and alarm signals, evacuation routes, procedures for evacuating patients, frequency of fire drills, and tasks and responsibilities assigned to all staff. The section also would require that the emergency plan and emergency procedures be conspicuously posted at wheelchair height throughout a facility. Proposed new N.J.A.C. 8:43H-13.2 would require simulated emergency drills to be conducted and documented on each shift at least four times each year; random testing of the emergency plan that includes at least one manual pull alarm three times per quarter to promote patient safety; and annual examination and maintenance of fire extinguishers in accordance with manufacturer and National Fire Protection Association requirements.

Proposed new Subchapter 14 would establish requirements for case management and discharge planning. Proposed new N.J.A.C. 8:43H-14.1 would require each patient to have a discharge plan, that discharge planning be initiated at an early stage of the

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patient's hospitalization, be part of a facility plan, involve family members, if applicable, and include instructions given to the patient or family for care following discharge. Proposed new N.J.A.C. 8:43H-14.2 would require the establishment and implementation of written policies and procedures for discharge services and prescribes the content of these policies and procedures.

Proposed new Subchapter 15 would establish minimum requirements for a quality improvement program. Proposed new N.J.A.C. 8:43H-15.1 would require rehabilitation hospitals to establish and implement a quality assurance program for patient care which would specify a timetable, the persons responsible for the program, and provide for monitoring of staff, clinical competencies, and patient care services. Proposed new N.J.A.C. 8:43H-15.2 specifies the quality improvement activities to be undertaken by a rehabilitation hospital. Proposed new N.J.A.C. 8:43H-15.3 would require staff responsible for the quality assurance program to submit the results of the quality assurance program to the governing authority and would require a facility's governing authority to take measures to improve quality based on the results of the quality assurance program.

Proposed new Subchapter 16 would establish physical plant standards for rehabilitation hospitals. Proposed new N.J.A.C. 8:43H-16.1, would establish standards for the construction, alteration, or renovation of rehabilitation facilities, and would require compliance with the New Jersey Uniform Construction Code (Use Group I-2), standards imposed by the United States Department of Human Services, the Americans with Disabilities Act, and with the FGI Guidelines.

Proposed new Subchapter 17 would establish functional service area requirements for rehabilitation facilities. Proposed new N.J.A.C. 8:43H-17.1 would require

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that the facilities be accessible to the physically handicapped, pursuant to the Americans with Disabilities Act. Proposed new N.J.A.C. 8:43H-17.2 would establish the types of functional service areas that must be maintained by a rehabilitation hospital. Proposed new N.J.A.C. 8:43H-17.3 would establish functional service area requirements for medical evaluation services. The following proposed new sections would establish functional service area for the type of service that follows the section in parenthesis: N.J.A.C. 8:43H-17.4 (psychology services); N.J.A.C. 8:43H-17.5 (social work services); N.J.A.C. 8:43H-17.6 (vocational services); N.J.A.C. 8:43H-17.7 (patient dining, recreation therapy and community spaces); N.J.A.C. 8:43H-17.8 (respiratory therapy services); N.J.A.C. 8:43H-17.9 (dietary services and nutritional counseling); N.J.A.C. 8:43H-17.10 (administration services); N.J.A.C. 8:43H-17.11 (patient rooms and nursing units); N.J.A.C. 8:43H-17.12 (physical therapy services); N.J.A.C. 8:43H-17.13 (occupational therapy services); N.J.A.C. 8:43H-17.14 (speech language pathology and audiology services); N.J.A.C. 8:43H-17.15 (radiology services); N.J.A.C. 8:43H-17.16 (laboratory services); N.J.A.C. 8:43H-17.17 (pharmacy services); N.J.A.C. 8:43H-17.18 (sterilization services); N.J.A.C. 8:43H-17.19 (linen services); N.J.A.C. 8:43H-17.20 (housekeeping services); N.J.A.C. 8:43H-17.21 (employees facilities); N.J.A.C. 8:43H-17.22 (engineering service and equipment areas); N.J.A.C. 8:43H-17.23 (educational services); N.J.A.C. 8:43H-17.24 (details); and, N.J.A.C. 8:43H-17.25 (finishes).

Because a 60-day comment period has been provided on this notice of proposal, this notice is exempted from the rulemaking calendar requirement pursuant to N.J.A.C. 1:30-3.3(a)5.

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## Social Impact

The proposed new rules would ensure that high-quality, effective care is provided to patients in licensed rehabilitation hospitals and protect patient health and safety.

People affected by the proposed new rules would include patients who, due to disease or injury which impairs functioning, require comprehensive rehabilitation services and specialized integrated care to reach an attainable degree of independence. The Department expects that the proposed new rules would have a favorable social impact on both patients and the 15 licensed rehabilitation hospitals. Patient care would be provided through an interdisciplinary approach, with an interdisciplinary care plan that is initiated upon the patient's admission and tailored to the patient's clinical responses by the interdisciplinary team. A rehabilitation hospital would provide three hours of physical therapy and other therapeutic services per patient daily to each patient beginning on admission. The interdisciplinary approach would help prevent fragmentation of services and promote continuity of care.

Overall, the proposed new rules would maintain the quality of services for patient care and the quality of the staff's performance in delivery of those services.

The proposed new rules would require facilities to participate in quality improvement activities to evaluate each patient's needs, expectations, and satisfaction, and to develop a patient care outcome system that is based on industry-accepted indicators. Facility-wide functions such as staffing, infection control, housekeeping and maintenance would reflect current practitioner requirements, public health practices, and building codes.

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## Economic Impact

The Department expects that the proposed new rules would have a positive impact on the rehabilitation hospital community and patients in need of their services. The proposed new rules would assist acute care facilities in discharging patients to comprehensive rehabilitation hospitals more expeditiously and would prevent the unnecessary and costly transfer of patients to intermediary environments.

The proposed new rules at N.J.A.C. 8:43H would allow facilities flexibility in management practices, such as developing policies and procedures best suited to their individual circumstances and determining staffing qualifications to meet patient care needs and rehabilitation goals. The proposed new rules would provide the latitude needed for facilities to conserve resources by allowing them to determine the most efficient manner to utilize services and personnel. Use of an interdisciplinary team approach would foster cost-efficient use of a facility's resources so that an interdisciplinary plan can be developed with specific rehabilitation goals and timeframes.

Discharge planning is another requirement of the proposed new rules that would help to control costs. Effective discharge planning would be initiated within 24 hours of the patient's admission, with the participation of the interdisciplinary team, the patient, and the patient's family. Effective discharge planning would help to prevent improper post-discharge placements and facilitate the patient's transition to a setting commensurate with the level of care needed, and in which the individual can reach his or her potential. Well-planned post-discharge care is effective in avoiding potential costs associated with inappropriate placements, service gaps, or interruption of services.

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The proposed new rules would not impose an additional economic burden on the regulated community beyond what is already required by the expired chapter. The proposed new rules maintain the standards for the treatment environment in the expired rules, and thereby improve patients' abilities to function at maximum capacity and avoid long-term institutionalization.

## Federal Standards Analysis

The proposed new rules are similar to the Medicare Standards, established pursuant to 42 CFR Parts 412 and 482, with which rehabilitation hospitals must comply in order to be Medicare-certified. The proposed new rules would exceed the Federal Medicare certification standards in the following areas: employee health requirements, especially for direct patient care; policies and procedures regarding patient rights; and the establishment of an infection prevention and control program. The proposed new rules would be consistent with licensure rules for comparable New Jersey health care facilities. The Department believes it appropriate to exceed the Federal standards because the health and welfare of rehabilitation hospital patients is no less important than the health and welfare of patients in other State-licensed health care facilities or services.

The costs of compliance are not significant, in that they require health screening tests, such as TB tests, and implementation of patient rights requirements within the context of the provision of services generally. The proposed infection prevention and control program requirements are necessary, due to the increase in treatment-resistant diseases because rehabilitation hospital patients are susceptible to communicable disease. The cost of prevention is minimal and is far less than the cost of treatment.

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I, Judith M. Persichilli, R.N., B.S.N., M.A., Commissioner, Department of Health, certify that the Federal standards analysis above accurately and plainly explains to the public the purposes and expected consequences of the proposed rule.

Judith M. Persichilli, Commissioner of Health

## Jobs Impact

The Department does not expect that any jobs would be generated or lost in the State of New Jersey as a result of the proposed new rules.

## Agriculture Industry Impact

The proposed new rules would have no impact on the agriculture industry of the State of New Jersey.

## Regulatory Flexibility Statement

The proposed new rules would impose requirements only on comprehensive rehabilitation hospitals licensed in New Jersey, which are not “small businesses,” within the meaning of the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq., as each comprehensive rehabilitation hospital employs more than 100 people full-time. Therefore, the proposed new rules impose no requirements on small businesses, and no regulatory flexibility analysis is necessary.

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## Housing Affordability Impact Analysis

The proposed new rules would have no impact on affordable housing in New Jersey, nor would they evoke a change in the average costs associated with housing because the proposed new rules would establish standards for the licensing of rehabilitation hospitals and would have no bearing on housing development or costs.

## Smart Growth Development Impact Analysis

The proposed new rules would not have any impact on the achievement of smart growth, nor would they evoke a change in housing production in Planning Areas 1 or 2 or within designated centers under the State Development and Redevelopment Plan in New Jersey because the proposed new rules would establish standards for the licensing of rehabilitation hospitals and would have no bearing on housing development or costs.

## Racial and Ethnic Community Criminal and Public Safety Impact

The Department has evaluated this rulemaking and determined that it would not have an impact on pretrial detention, sentencing, probation, or parole policies concerning adults and juveniles in the State. Accordingly, no further analysis is required.

**Full text** of the proposed new rules follows (additions indicated in boldface, **thus**; deletions indicated in brackets, [thus]):

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CHAPTER 8:43H

[(RESERVED)]

REHABILITATION HOSPITAL LICENSING STANDARDS

SUBCHAPTER 1. GENERAL PROVISIONS AND QUALIFICATIONS

8:43H-1.1 Purpose

Rehabilitation hospitals provide integrated care to disabled individuals to assist them in reaching the functional levels of which they are capable and to protect their health and safety. The purpose of this chapter is to establish minimum rules to which a rehabilitation hospital is to adhere to obtain a license to operate in New Jersey and to maintain that license in good standing.

8:43H-1.2 Scope

This chapter applies to facilities that provide comprehensive rehabilitation services, including hospitals that provide these services as a separate service. These rules constitute the basis for the licensure of rehabilitation hospitals by the New Jersey Department of Health.

8:43H-1.3 Definitions

(a) The following words and terms, when used in this chapter, shall have the meanings that the New Jersey Pharmacy Practice Act, N.J.S.A. 45:14-40, et seq., particularly at 45:14-41, and/or the rules of the State Board of Pharmacy at N.J.A.C. 13:39, particularly at N.J.A.C. 13:39-1.2, establish for those terms, unless the context clearly indicates otherwise:

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“Biological product”

“Compounding”

“Drug or medication”

“Pharmacist” and

“Therapeutically equivalent”

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

“Activity of daily living” or “ADL” means a function or task for self-care that a person performs either independently or with supervision or assistance.

1. Activities of daily living include at least: bathing, bed mobility, dressing and undressing, eating, locomotion, transferring, and toilet use.

“Adult patient” means a patient who is 20 years of age or older.

“Advance directive” means an “advance directive for health care” or “advance directive” as the “New Jersey Advance Directives for Health Care Act,” N.J.S.A. 26:2H-53, et seq., defines that term.

“American Board of Pediatrics” or “ABP” means the entity by that name for which the contact information is: mailing address 111 Silver Cedar Court, Chapel Hill, NC 27514, website https://www.abp.org, and telephone (919) 929-0461.

“American Osteopathic Board of Pediatrics” or “AOBP” means the entity by that name for which the contact information is: mailing address 142 E. Ontario Street, Chicago, IL 60611-2864, website https://certification.osteopathic.org/pediatrics, and telephone (888) 626-9262 or (312) 202-8267.

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“Association of Rehabilitation Nurses” or “ARN” means the entity by that name for which the contact information is: mailing address 8735 West Higgins Road, Suite 306, Chicago, IL 60631-2738, website https://rehabnurse.org, and telephone (800) 229-7530.

“Audiologist” means a person licensed by the Audiology and Speech Language Pathology Advisory Committee in the Division of Consumer Affairs of the Department of Law and Public Safety as an audiologist pursuant to N.J.S.A. 45:3B-1, et seq., and N.J.A.C. 13:44C.

“Available” means ready for immediate use (pertaining to equipment) or capable of being reached in person in the facility or immediately by telephone (pertaining to personnel).

“Bylaws” means a set of rules that a rehabilitation hospital adopts that govern its operation.

1. A charter, articles of incorporation, and/or a statement of policies and objectives are acceptable equivalents.

“Case management” means a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet the comprehensive health needs of an individual and the individual’s family through communication and use of available resources to promote quality cost-effective outcomes.

“Chief executive and/or chief administrator accountable for rehabilitation services” or “administrator” means a person who has:

1. A baccalaureate degree in health care administration or in a health care discipline; and

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2. Four years of administrative or supervisory experience in a health care facility.

"Cleaning" means the removal by scrubbing and washing, using hot water, soap or detergent, and vacuuming, to remove infectious agents and organic matter from surfaces at which infectious agents may find conditions for surviving or multiplying.

"Clinical note" means a written, signed, and dated notation that a health care professional makes upon rendering a service to a patient.

"Commissioner" means the Commissioner of the New Jersey Department of Health.

"Comprehensive rehabilitation services" means the coordinated and integrated delivery of rehabilitation therapy by an interdisciplinary care team to a patient who requires, and can participate in and benefit from, these services, for the purpose of maximizing the patient's independence.

"Conspicuously post" means place at wheelchair height at a location within the rehabilitation hospital that is accessible to and seen by patients and the public.

"Controlled substances acts" means the Comprehensive Drug Abuse Prevention and Control Act of 1970 (Title II, Public Law 91-513) and the "New Jersey Controlled Dangerous Substances Act," N.J.S.A. 24:21-1, et seq.

"Department" means the New Jersey Department of Health.

"Dietitian" means a person:

1. To whom the Commission on Dietetic Registration (CDR) issues a credential as a registered dietitian;

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2. Who has the educational and experiential qualifications that the CDR establishes as a condition of issuing a credential as a registered dietitian; or

3. Who has a master's degree with a major concentration in foods, nutrition, food service, and/or food institution management, from an educational institution accredited by the Academy of Nutrition and Dietetics.

"Discharge plan" means a written plan initiated at an early stage of a patient's hospitalization, which includes at least an evaluation of the patient's needs, the development of goals for discharge, and referrals to community agencies and resources for services following discharge.

"Division of Consumer Affairs" means the Division of Consumer Affairs established in the Department of Law and Public Safety pursuant to N.J.S.A -52:17B-120.

"Division of Health Facility Survey and Field Operations" or "DHFSFO" means the Division within the Department that surveys and inspects licensed health care facilities. The contact information for the Division is PO Box 367, 120 South Stockton St., Lower Level, Trenton, N.J., 08625-0367, https://www.nj.gov/health/

"Documented" means written, signed, and dated.

"Drug administration" means a procedure in which a prescribed drug or biological product is given to a patient by an authorized person in accordance with all laws and regulations governing such procedures.

1. The complete procedure for administration consists of:

i. Removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container);

ii. Verifying that the dose matches the prescriber's orders; and

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iii. Giving the individual dose to the patient.

iv. seeing that the participant takes it,

v. and recording the required information, including the method of administration.

"Environmental modification services" means a process of evaluation and/or adaptation of a patient's living environment as may be needed to permit maximum independent functioning.

"Family" means persons related to a patient by blood, marriage, or commitment.

"FGI Guidelines" means the 2018 edition of the Guidelines for Design and Construction of Hospitals, as amended and supplemented, published by The American Society of Healthcare Engineering of the American Hospital Association, 155 North Wacker Drive, Chicago, IL 60606, Pub. No. ISBN 978-0-87258-935-3, available through the Facility Guidelines Institute, telephone (800) 242-2626, website www.fgiguidelines.org

"Floor stock" means a supply of drugs provided by a pharmacist to a service or unit in a labeled container in limited quantities, as approved by the pharmacy and therapeutics committee of a rehabilitation hospital.

"Formulary" means a list of all drugs approved for use in the rehabilitation hospital, which includes drugs for treating specific illnesses and substitutions of chemically or therapeutically equivalent drugs for trade-name prescription drugs.

"Full-time" means relating to a time period established by the rehabilitation hospital as a full working week, as defined and specified in the rehabilitation hospital's policies and procedures.

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“General hospital” means a “facility” as N.J.A.C. 8:43G, the Hospital Licensing Standards, defines that term, particularly at N.J.A.C. 8:43G-1.2.

“Governing authority” means the organization, person, or persons designated by the licensee to assume legal responsibility for the management, operation, and financial viability of the rehabilitation hospital.

“Health care facility” means a “health care facility” as the Health Care Facilities Planning Act, N.J.S.A. 26:2H-1 et seq., defines that term, particularly at N.J.S.A. 26:2H-2.

"Health care representative" means a person, including a patient's family member, who is authorized to make health care decisions on behalf of a patient.

“Interdisciplinary care plan” means a written, individualized plan of care for each patient that a rehabilitation physician develops with input from the interdisciplinary care team members who are participating in the patient’s care based upon their assessment of the patient and plans for rehabilitation intervention.

“Interdisciplinary care team” means, at a minimum, a rehabilitation physician, an individual representative from nursing, a social worker or case manager, and a licensed or certified therapist from each therapy discipline treating the patient, who work together to plan, provide and evaluate a comprehensive, integrated program of care to the patient.

“Intravenous infusion admixture service” means the preparation by pharmacy personnel of intravenous infusion solutions requiring compounding and/or reconstitution.

“Job description” means written specifications developed for each position in the rehabilitation hospital, containing the qualifications, duties and responsibilities, and accountability required of employees in that position.

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"Licensed nursing personnel" or "licensed nurse" means a registered professional nurse or licensed practical nurse.

"Licensed practical nurse" or "LPN" means a person to whom the New Jersey Board of Nursing in the Division of Consumer Affairs of the Department of Law and Public Safety issues licensure as a licensed practical nurse pursuant to N.J.S.A. 45:11-23, et seq., and N.J.A.C. 13:37.

"Licensing Office" means the Certificate of Need and Healthcare Facility Licensure Program, Division of Certificate of Need and Licensing, Department of Health, PO Box 358, Trenton, New Jersey 08625-0358.

"Medical director" means a physician who meets the requirements of 42 CFR §412.29(g).

1. If a rehabilitation hospital primarily provides services to pediatric patients, the medical director may be a pediatrician who meets the requirements of 42 CFR §412.29(g).

"Monitor" means to observe, watch, or check.

"Nursing director" means a registered professional nurse who:

1. has at least two years of full-time, or full-time equivalent, experience in nursing supervision and/or nursing administration in a health care facility; and

2. Within two years of appointment:

i. has been issued by the Association of Rehabilitation Nurses a certification as a Certified Rehabilitation Registered Nurse (CRRN), in accordance with the certification standards at http://www.rehabnurse.org/certification/content/Index.html;

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ii. Has a certification comparable to certification as a CRRN; or

iii. Meets the educational and experiential requirements of the ARN for certification as a CRRN.

"Nursing unit" means a continuous area on one floor, which includes patients' rooms.

"Occupational therapist" means a person to whom the Occupational Therapy Advisory Council in the Division of Consumer Affairs of the Department of Law and Public Safety issues licensure as an occupational therapist pursuant to N.J.S.A. 45:9-37.51 et seq. and N.J.A.C. 13:44K.

"Pediatric patient" means a patient who is under 20 years of age.

"Pediatrician" means a physician who is certified as a pediatrician by either:

1. The American Board of Pediatrics; or

2. The American Osteopathic Board of Pediatrics.

"Psychologist" means a person to whom the New Jersey State Board of Psychological Examiners in the Division of Consumer Affairs of the Department of Law and Public Safety issues licensure as a psychologist pursuant to N.J.S.A. 45:14B-40 et seq. and N.J.A.C. 13:42.

"Physical therapist" means a person to whom the New Jersey State Board of Physical Therapy in the Division of Consumer Affairs of the Department of Law and Public Safety issues licensure as a physical therapist pursuant to N.J.S.A. 45:9-37.12, et seq., and N.J.A.C. 13:39A.

"Physician" means a person to whom the New Jersey State Board of Medical Examiners in the Division of Consumer Affairs of the Department of Law and Public Safety

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issues licensure to practice medicine pursuant to N.J.S.A. 45:9-1, et seq., and N.J.A.C. 13:35.

“Practitioner Orders for Life-Sustaining Treatment form” or “POLST form” means that term “Practitioner Orders for Life-Sustaining Treatment form” or “POLST form” as the Practitioner Orders for Life-Sustaining Treatment Act, N.J.S.A. 26:2H-129 et seq., defines that term, particularly at 26:2H-131. See https://nj.gov/health/advancedirective/polst.

“Prescriber” means a person who is authorized to write prescriptions in accordance with Federal and State laws.

“Progress note” means a written, signed, and dated notation summarizing information about health care that is provided to a patient, and the patient’s response to the care.

“Registered professional nurse” means a person who is licensed by the New Jersey Board of Nursing in the Division of Consumer Affairs of the Department of Law and Public Safety pursuant to N.J.S.A. 45:11-23 et seq. and N.J.A.C. 13:37.

“Rehabilitation hospital” means a facility, or a distinct unit located in a facility, that provides preventive, diagnostic, therapeutic, and rehabilitative services to patients either directly or under contractual arrangements and is licensed and operates pursuant to this chapter.

"Respiratory Care Practitioner" means a person licensed by the State Board of Respiratory Care in the Division of Consumer Affairs within the Department of Law and Public Safety to perform respiratory care pursuant to N.J.S.A. 45:14E-1 et seq. and N.J.A.C. 13:44F.

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“Restraint” means a physical device or chemical (drug) used to limit, restrict, or control patient movements and not associated with therapeutic interventions or protocols.

“Self-administration” means a procedure in which any medication is taken orally, injected, inserted, or topically or otherwise administered by a patient to himself or herself.

“Shift” means a time period defined as a full working day by the rehabilitation hospital in its policy manual.

“Signature” means at least the first initial and full surname and title (for example, R.N., L.P.N., D.D.S., M.D., D.O.) of a person, legibly written with his or her own hand. A controlled electronic signature system may be used.

“Social worker” means a person providing direct social work services and who is licensed by the Division of Consumer Affairs of the New Jersey Department of Law and Public Safety, pursuant to N.J.S.A. 45:15BB-1 et seq. and N.J.A.C. 13:44G.

“Speech-language pathologist” means a person who is licensed by the Audiology and Speech Language Pathology Advisory Committee of the Division of Consumer Affairs of the New Jersey State Department of Law and Public Safety pursuant to N.J.S.A. 45:3B-1 et seq. and N.J.A.C. 13:44C.

“Staff education plan” means a written plan developed at least annually and implemented throughout the year which describes a coordinated program for staff education for each service, including in service programs and on-the-job training.

“Sterilization” means a process of destroying all microorganisms, including those bearing spores, in, on, and around an object.

“Supervision” means authoritative procedural guidance by a qualified person for the accomplishment of a function or activity within his or her sphere of competence, with

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initial direction and periodic on-site inspection of the actual act of accomplishing the function or activity.

"Unit dose drug distribution system" means a system by which drugs are delivered to patient areas in single unit packaging.

1. Each patient has his or her own receptacle, such as a tray, bin, box, cassette, drawer, or compartment, labeled with his or her first and last name and room number, and containing his or her own medications.

2. Each medication is individually wrapped and labeled with the generic name, trade name (if applicable), and strength of the drug, lot number or reference code, expiration date, and manufacturers or distributor's name, and ready for administration to the patient.

"Unlicensed assistive personnel" or "UAP" means unlicensed individuals (formerly known as "ancillary nursing personnel") to whom selective nursing tasks are delegated in accordance with N.J.A.C. 13:37-6.2.

8:43H-1.4 General hospital requirements

(a) A rehabilitation hospital shall comply with, and is subject to, the following standards within N.J.A.C. 8:43G, Hospital Licensing Standards:

1. N.J.A.C. 8:43G-4, Patient Rights;

2. N.J.A.C. 8:43G-10, Dietary;

3. N.J.A.C. 8:43G-13, Housekeeping, Laundry and Sanitation;

4. N.J.A.C. 8:43G-14, Infection Control;

5. N.J.A.C. 8:43G-15, Medical Records; and

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6. N.J.A.C. 8:43G-20, Employee Health.

(b) A rehabilitation hospital shall be subject to the requirements of N.J.A.C. 8:43E, General Licensure Procedures and Standards Applicable to All Licensed Facilities.

SUBCHAPTER 2. HOSPITAL LICENSURE

8:43H-2.1 Certificate of need

(a) Pursuant to N.J.S.A. 26:2H-1 et seq., a rehabilitation hospital shall not be instituted, constructed, expanded, or licensed to operate except upon application for, and the Commissioner's issuance of a certificate of need pursuant to N.J.A.C. 8:33.

(b) Application forms for a certificate of need, CN-3, are available at N.J.A.C. 8:33 and on the Department's website at www.nj.gov/health/forms.

(c) A rehabilitation hospital shall submit the application and fee required by N.J.A.C. 8:33-4.3 and implement all conditions imposed by the Commissioner as specified in certificate of need approval letters. Failure to implement the conditions may result in the imposition of enforcement sanctions in accordance with N.J.S.A. 26:2H-13 and 14.

8:43H-2.2 Functional review available upon request

(a) An applicant for rehabilitation hospital licensure may voluntarily seek guidance and consultation from the Department concerning proper implementation of licensure requirements and/or a preliminary determination of whether a proposed rehabilitation hospital or service complies with applicable physical plant licensure standards, including, but not limited to, the provisions contained in this chapter.

(b) Requests for a functional review shall be submitted by mail to:

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Director, Office of Certificate of Need and Healthcare Facility Licensure

Division of Certificate of Need and Licensing

New Jersey Department of Health

PO Box 358

Trenton, NJ 08625-0358.

(c) The licensing Office shall not charge a fee for a functional review.

(d) Functional review is conducted prior to survey and issuance of certificate of occupancy, and therefore functional review does not include the survey required by N.J.A.C. 8:43H-2.6 and the review of the Certificate of Occupancy, Certificate of Continuing Occupancy or a Certificate of Approval required by N.J.A.C. 8:43H-2.10 for a newly constructed or expanded facility.

8:43H-2.3 Functional review procedure

(a) An applicant requesting functional review shall submit the following, as applicable, with the request:

1. A written project narrative, prepared with the assistance of a licensed architect or engineer, which includes:

i. The identity of the requester and where the requester is proposing to establish a licensed health care facility, including the address and county;

ii. The type of facility the requester is proposing to establish, including the proposed licensed bed count, licensed bed categories, and specific services; and

iii. A written description of the project scope and timeframe for completion.

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2. A schematic floor plan of the facility that is prepared to a recognized drawing scale of one-eighth (⅛) or one-quarter (¼) of an inch and labeled with the intended use of each room.

i. The schematic floor plan shall show all fixtures, including, but not limited to, door swings, patient beds, sinks, toilets, showers, built-in counters, and refrigerators.

ii. The schematic floor plan shall be prepared by a licensed architect or engineer, with the architect or engineer's completed title block affixed to the schematic floor plan.

3. A site plan or key plan showing the location of the proposed building on the property, the areas designated for drop-off of patients and for delivery of supplies, and the availability and location of handicapped access and parking.

(b) Following receipt of a complete request, the Department shall conduct a functional review within 60 days of the request.

1. If a request is incomplete, the Department shall notify the requester of deficiencies in the request and the requester may resubmit the request or correct the request at any time.

2. Following review of a complete request, the Department shall issue a written determination to the requester either approving or denying the functionality of the proposed project, together with the reasons therefor and any applicable limitation or conditions of future licensure approval.

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i. If a requester so requests, the determination shall contain the Department's assessment of the availability of a waiver of otherwise applicable physical plant requirements.

8:43H-2.4 Functional review approval

(a) Functional review approval shall remain in effect for two years from the date of approval.

(b) Notwithstanding any provision of this chapter, functional review approval is advisory only and shall not serve as a guarantee of eventual licensure approval in any case.

(c) Notwithstanding any provision of this chapter, to obtain licensure and thereafter, every rehabilitation hospital and/or service shall comply with applicable licensure standards in effect.

8:43H-2.5 Application fees

(a) The Department shall charge nonrefundable fees in accordance with the following schedule for applications for initial licensure and for applications from existing rehabilitation hospitals:

1. Initial licensure and annual renewal $10,000.
2. Biennial inspection fee $5,000.
3. Add beds or services $3,000.
4. Reduce beds or services $375.
5. Relocate a rehabilitation hospital $1,500.
6. Transfer ownership of a rehabilitation hospital $1,500.

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(b) The Department shall deny any of the application types described above if a rehabilitation hospital fails to pay applicable fees.

8:43H-2.6 Application for licensure

(a) Any person, organization or corporation desiring a license to operate a rehabilitation hospital in the State shall apply to the Commissioner by submitting a completed Application for New or Amended Acute Care Facility License, CN-7, incorporated herein by reference, which is available on the Department's website at www.nj.gov/health/forms.

(b) An applicant for initial licensure shall request the DHFSFO to conduct a survey of a rehabilitation hospital once it is ready for occupancy.

(c) Representatives of the DHFSFO shall notify the applicant of the scheduled date of survey and shall survey the rehabilitation hospital on that date to determine if the rehabilitation hospital complies with this chapter and other applicable standards.

(e) Following the survey, representatives of the DHFSFO shall discuss the findings of the survey, including any deficiencies found, with representatives of the applicant and shall transmit a written report of deficiency findings and shall specify the date by which the applicant is to correct any deficiencies identified therein.

(f) The applicant shall submit a written report of its correction of deficiencies identified in the written report of deficiency findings to the DHFSFO by the date specified in the written report of deficiency findings.

(g) Following review of an applicant's report of deficiency correction, the DHFSFO may resurvey the rehabilitation hospital one or more times prior to authorizing occupancy.

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(h) Subject to the payment of applicable fees pursuant to N.J.A.C. 8:43H-2.5, the Department shall issue a rehabilitation hospital license valid for one year upon an applicant's satisfaction of the following conditions:

1. The applicant has submitted to the Licensing Office:

i. A completed application for New or Amended Acute Care Facility License, CN-7;

ii. Copies of applicable written approvals of the local zoning, fire, health, and building authorities;

iii. Copies of the certificate of occupancy or continued occupancy of the local municipality;

iv. Projected staffing levels and staff qualifications;

v. A physical plant description and floor plans with dimensions;

vi. A statement that the applicant understands and will comply with all operational licensing and physical plant requirements;

vii. Any requests for waivers to operational licensing and physical plant requirements as permitted, including all arguments that would support approval of the request at N.J.A.C. 8:43H-2.12;

viii. A list of the names, locations, types, and Medicare provider numbers, as applicable, of all licensed health care facilities operated or managed by the applicant or any principals, in New Jersey and, in the case of new licensees, in all other states; and

ix. Other information the applicant determines to be necessary and appropriate for the Department's consideration.

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2. The rehabilitation hospital complies with applicable licensure standards;

3. The applicant demonstrates character and competence, the ability to provide quality of care commensurate with applicable licensure standards, and an acceptable track record of past and current compliance with applicable Federal and in-State and out-of-state licensure requirements for new licensees, in accordance with N.J.A.C. 8:33-4.10(d);

i. For the purpose of the review required pursuant to 3 above, a rehabilitation hospital shall be considered in the general or special hospital licensing category as defined at N.J.A.C. 8:33-4.10(d)8ii.

4. All staff have documented competencies in rehabilitation in accordance with rehabilitation hospital policies; and

5. The rehabilitation hospital complies with either (i) or (j) below, as applicable;

(i) With respect to a rehabilitation hospital unit within a licensed hospital, in addition to meeting (h) above, the unit shall satisfy the following conditions:

1. The unit has the capacity to serve a minimum census of 30 beds;

2. The unit has a registered professional nurse assigned solely to the unit at all times; and

3. During each 24-hour period, at least 50 percent of all other licensed and unlicensed nursing personnel are individuals assigned solely to the rehabilitation service and who do not float from non-rehabilitation units or agencies.

(j) With respect to a free-standing rehabilitation hospital, in addition to meeting (h) above, the rehabilitation hospital shall have the capacity to serve a minimum census of 60 beds;

(k) A licensee shall post the license in a conspicuous location at the rehabilitation hospital.

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(l) A licensee shall not accept patients until the Department issues written authorization and/or a license issued by the Department.

8:43H-2.7 Renewal of a license

(a) The Department shall assess a biennial inspection fee every other year upon application for licensure renewal, in addition to the annual licensure fee for that year.

(b) Approximately 30 days prior to the expiration of the license of a rehabilitation hospital, the Department shall transmit a form of application for renewal of licensure to the rehabilitation hospital and, if applicable in that year, an invoice assessing the biennial inspection fee.

(c) At least 30 days prior to the annual expiration of a license, the Department shall issue to the licensee a request for submission of the renewal fee established pursuant to N.J.A.C. 8:43H-2.5.

(d) At least 10 business days prior to the expiration of the license of a rehabilitation hospital, an applicant for renewal of that licensure shall submit to the Department:

1. The completed form of application for renewal of licensure transmitted to the applicant pursuant to (b) above;

2. A non-refundable fee of $10,000 for the issuance of the renewed license; and

3. If applicable in that year, a non-refundable biennial inspection fee of $5,000 for the review of the licensure application.

(e) The inspection fee shall not be due more frequently than biennially, even if inspections occur more or less frequently than biennially.

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(f) The Department shall renew annually a license on the original licensure date or within 30 days thereafter but dated as of the original licensure date, provided:

1. The expiring license is in good standing, that is, it has not been suspended or revoked;

2. The licensee complies with applicable Federal, State, and local law;

3. The Department receives from the applicant for renewal of licensure:

i. The applicable license renewal fee;

ii. The licensee's regulatory compliance statement; and

iii. If applicable that year, the biennial inspection fee.

(g) If a licensee fails to renew its license and continues to operate the rehabilitation hospital, this shall constitute operation of a rehabilitation hospital without a license and may result in issuance by the Department of a cease-and-desist order, in accordance with N.J.A.C. 8:43E-3.11 and other penalties in accordance with N.J.A.C. 8:43E-3.4(a).

(h) An applicant denied a license to operate a rehabilitation hospital shall have the right to a fair hearing in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

8:43H-2.8 Surrender of license

(a) Except as set forth below, a license is not assignable or transferable, and shall be immediately void if:

1. The rehabilitation hospital ceases to provide services;

2. Ownership of the rehabilitation hospital changes; or

3. The location of the rehabilitation hospital changes.

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(b) If a licensed rehabilitation hospital intends to cease operations, the licensee may request the Department to maintain the license for a period of up to 24 months, and the Department shall grant the request, provided the licensee makes the request at least 60 days prior to ceasing operations, and the request contains the rationale for the maintenance of the license following cessation of operations and the period during which the licensee requests the Department to maintain the license.

8:43H-2.9 Transfer of ownership

(a) A license shall not be assignable or transferable and shall be immediately void if the hospital ceases to operate, if its ownership changes, or if it is relocated to a different site.

(b) A representative of the hospital shall notify the Department of any change in the ownership form or controlling interests affecting hospital governance. The Department shall determine whether a certificate of need or licensing application must be completed prior to the implementation of any ownership changes based upon the information filed and the criteria within N.J.A.C. 8:33-3.3.

(c) A transfer of ownership of a rehabilitation hospital shall include the following:

1. A description of the proposed transfer of ownership, in detail, including total purchase cost;

2. Identification of 100 percent of the existing and prospective owners of the physical assets of the rehabilitation hospital;

3. Identification of 100 percent of the existing and prospective operators of the rehabilitation hospital; and

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4. If applicable, identification of 100 percent of the existing and prospective ownership of leased buildings and property comprising the rehabilitation hospital.

(d) Upon approval by the Department, the prospective owner shall transmit to the Department a copy of all legal documents pertinent to the transfer of ownership transaction executed by the parties within seven business days following the consummation or closure of the transfer of ownership transaction to include the transfer of ownership agreement and facility licensure application.

8:43H-2.10 Newly constructed or expanded facilities

(a) The licensure application for a newly constructed or expanded hospital pursuant to N.J.A.C. 8:43H-2.6 shall include a copy of the Certificate of Occupancy, Certificate of Continuing Occupancy or a Certificate of Approval issued by the municipality in which the rehabilitation hospital has been constructed in accordance with construction plan approval by:

Health Plan Review

Division of Codes and Standards

Department of Community Affairs

PO Box 815

Trenton, NJ 08625-0815

Telephone: (609) 633-8151

https://www.nj.gov/dca/divisions/codes/

(b) An on-site inspection of the construction of the physical plant shall be made at the Department's discretion by representatives of the Division of Health Facility Survey and

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Field Operations to verify that the building has been constructed in accordance with the final architectural plans approved by the Department.

(c) Any health care facility which intends to undertake any alteration, renovation, or new construction of the physical plant, whether a Certificate of Need is required or not, shall submit plans to the Health Plan Review Unit of the Department of Community Affairs for review and approval prior to the initiation of any work.

8:43H-2.11 Licensed rehabilitation hospital survey

(a) Regardless of whether a rehabilitation hospital participates in and receives payment from the Medicare or Medicaid programs and is certified as complying with the Conditions of Participation (CoPs), or standards, set forth in federal regulations, the authorized staff of the DHFSFO may survey the rehabilitation hospital at any time.

(b) N.J.A.C. 8:43E-2 shall govern the processes by which the Department conducts surveys, identifies deficiencies, resolves disputes, and reviews plans of correction.

8:43H-2.12 Waiver of licensing standards

(a) The Commissioner or his or her designee, in accordance with the general purposes and intent of N.J.S.A. 26:2H-1 et seq. and this chapter, may waive provisions of this chapter if, in his or her opinion, such waiver would not endanger the life, safety or health of patients, and would not render the premises, equipment, personnel, finances, rules, bylaws and standards of health care at a rehabilitation hospital unfit or inadequate.

1. A rehabilitation hospital seeking an “application for waiver” of these rules shall apply in writing to the Director of the Office of Certificate of Need and Healthcare Facility

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Licensure of the Department. “Application for Waiver,” CN-28, is available on the Department’s website at www.nj.gov/health/forms.

2. A written request for a waiver shall include the following:

i. A citation to the specific rule or part of the rule for which a waiver is requested;

ii. Reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the rehabilitation hospital upon adherence;

iii. An alternative proposal that would ensure the care and safety of the patients in the rehabilitation hospital; and

iv. Documentation to support the request for a waiver.

3. The Department may request additional information before processing a request for waiver.

8:43H-2.13 Action against a licensee

(a) Pursuant to N.J.S.A. 26:2H-1 et seq., the Commissioner or his or her designee may impose all enforcement actions permitted under N.J.A.C. 8:43E and any other relevant statues and regulations for violation of this chapter or other laws.

(b) Enforcement actions include civil monetary penalty, curtailment of admissions, appointment of a receiver, revocation of a license, order to cease and desist operation of an unlicensed rehabilitation hospital and other remedies for violations of law.

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8:43H-2.14 Advertisement of comprehensive acute rehabilitation hospital services

(a) An entity that is not licensed as a rehabilitation hospital shall not describe or offer itself to the public as providing acute rehabilitation hospital services or acute rehabilitation services.

(b) Violation of this requirement constitutes operation of a rehabilitation hospital without a license and is subject to penalty imposition in accordance with N.J.S.A. 26:2H-14.

8:43H-2.15 Duty to update information

(a) Whenever any information included in a license or renewal application changes, the licensee shall provide that information to the Office of Certificate of Need and Healthcare Facility Licensure, in writing, within 10 calendar days of the change.

SUBCHAPTER 3. SERVICES, PERSONNEL, POLICY AND PROCEDURE MANUAL, REPORTING

8:43H-3.1 Rehabilitation hospital services

(a) A rehabilitation hospital shall provide preventive, diagnostic, therapeutic, and rehabilitative services to patients either directly or under contractual arrangements in accordance with this chapter.

(b) A rehabilitation hospital shall make available on an inpatient basis and according to each patient’s interdisciplinary plan of care, at least the following services:

1. Occupational therapy;

2. Physical therapy; and

3. Rehabilitation nursing.

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(c) A rehabilitation hospital shall make available on an inpatient basis, as needed by the patient and according to each patient's interdisciplinary plan of care, the following services:

1. Dietary;

2. Laboratory;

3. Medical;

4. Nursing;

5. Nutritional counseling;

6. Occupational therapy;

7. Orthotic and prosthetics;

8. Pharmaceutical;

9. Physiatry;

10. Physical therapy;

11. Psychological;

12. Respiratory therapy;

13. Social work; and

14. Speech-language pathology.

(d) The following services may be provided outside the rehabilitation hospital at an off-site location, subject to all applicable licensing rules:

1. Audiology;

2. Dental;

3. Driver evaluation and training;

4. Environmental assessment;

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5. Radiological; and

6. Vocational services.

(e) If a rehabilitation hospital licensed to provide comprehensive rehabilitation services also holds licensure to provide other health care services, the rehabilitation hospital shall adhere both to this chapter and to applicable laws and rules governing the provision of the other health care services.

(f) A rehabilitation hospital shall adhere to applicable Federal, State, and local law.

8:43H-3.2 Ownership of rehabilitation hospital

A rehabilitation hospital shall disclose the ownership of the rehabilitation hospital and the property on which it is located to the Department. Proof of this ownership shall be immediately available on demand in the rehabilitation hospital. Any change of ownership shall be reported to the Department in writing at least 30 days prior to the change and in conformance with the requirements for certificate of need applications at N.J.A.C. 8:33-3.3.

8:43H-3.4 Personnel

(a) A rehabilitation hospital shall establish written job descriptions and ensure that personnel are assigned duties based upon their education, training, and competencies, and in accordance with their job descriptions.

(b) A rehabilitation hospital shall ensure that all personnel who require licensure, certification, or authorization to provide patient care shall be licensed, certified, or authorized under the appropriate laws or rules of the State of New Jersey.

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(c) A rehabilitation hospital shall maintain written staffing schedules and shall provide for substitute staff with equivalent qualifications to replace absent staff members.

1. A rehabilitation hospital shall implement staffing schedules to ensure continuity of care and the provision of services consistent with the rehabilitation goals specified in the patient treatment plan.

(d) A rehabilitation hospital shall develop and implement a staff orientation and a staff education plan, designate person(s) responsible for training, and shall ensure that:

1. All personnel shall receive orientation at the time of employment and continuing in-service education regarding emergency plans and procedures, and the infection prevention and control services.

2. At least one education training program each year shall be held for all administrative staff and employees providing resident supervision and/or personal care on the rehabilitation hospitals policies and procedures implementing patient rights and responsibilities of staff under the New Jersey Advance Directives for Health Care Act, N.J.S.A. 26:2H-53 et seq.

3. At least one education training program each year shall be held for all administrative staff and employees providing resident supervision and/or personal care on the rights and responsibilities of staff under the Practitioner Orders for Life-Sustaining Treatment Act in accordance with N.J.S.A. 26:2H-129 et seq.

(e) A rehabilitation hospital shall ensure that at least one person trained in - cardiopulmonary resuscitation in an approved certification course, as defined in the rehabilitation hospital’s policy and procedure manual, is present in all patient areas when patients are present.

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8:43H-3.5 Policies and procedures manual

(a) A rehabilitation hospital shall develop, implement, and review, at intervals specified therein, a policies and procedures manual for the organization and operation of the rehabilitation hospital.

1. A rehabilitation hospital shall document each review of the manual and shall make the manual available in the rehabilitation hospital to representatives of the Department at all times.

(b) A rehabilitation hospital's policy and procedure manual shall contain at least the following:

1. A written statement of the philosophy and objectives of, and the services provided by the rehabilitation hospital;

2. An organizational chart delineating the lines of authority, responsibility, and accountability for the administration and patient care services of the rehabilitation hospital;

3. A description of the quality improvement program for patient care and staff performance;

4. The business and visiting hours of the rehabilitation hospital;

5. Policies and procedures for reporting actual and suspected cases of child abuse and/or neglect in compliance with N.J.S.A. 9:6-8 et seq., particularly addressing:

i. The designation of a staff member to be responsible to coordinate the reporting of actual and suspected cases of child abuse and/or neglect, documenting in the medical record the issuance of the report to the applicable

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governmental agency with jurisdiction in accordance with applicable law, and serving as a liaison between the rehabilitation hospital and the applicable governmental agency with jurisdiction;

ii. The development of written protocols for the identification and treatment of abused and/or neglected children; and

iii. The provision of education and/or training programs on at least an annual basis to appropriate persons regarding the identification and reporting of actual and suspected cases of child abuse and/or neglect and regarding the rehabilitation hospital's policies and procedures;

6. Policies and procedures developed in accordance with N.J.A.C. 8:43H-5.3 and 5.4 for implementing advance directives;

7. Policies and procedures developed in accordance with N.J.A.C. 8:43H-5.5 for implementing the POLST form;

8. Policies and procedures governing patient transportation to off-site services, including emergency services, addressing plans for the security of and accountability for patients and their personal possessions during transport;

9. Policies and procedures implementing the responsibilities of the rehabilitation hospital, physicians, and other staff in conformance with applicable law, including N.J.S.A. 26:6 and 6A and rules of the New Jersey State Board of Medical Examiners;

10. Policies and procedures, including content and frequency, for physical examinations upon employment and subsequently for employees and persons providing direct patient care services through contractual arrangements or written agreements in accordance with N.J.A.C. 8:43G-20.

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11. Policies and procedures by which the rehabilitation hospital shall have available and comply with the infection control guidelines listed in N.J.A.C. 8:43G-14.1.

12. Sepsis protocols and procedures in accordance with the requirements of N.J.A.C. 8:43G-14.9.

13. Policies and procedures for identifying human trafficking in accordance with N.J.A.C. 8:43E-14.

(c) The policies and procedures manual may contain the policies and procedures for patient care standards required by N.J.A.C. 8:43H-6.1.

8:43H-3.6 Contractual agreements

(a) A rehabilitation hospital shall have written agreements, or their equivalent, in place for services provided by contract or subcontracts that:

1. Are dated and signed by a representative of the rehabilitation hospital and by the entity providing the service or its authorized representative;

2. Specify each party's responsibilities, functions, and objectives, the time during which services are to be provided, the financial arrangements and charges, and the duration of the written agreement or its equivalent;

3. Specify that the rehabilitation hospital shall retain administrative responsibility for services rendered, including subcontracted services;

4. Require the contractor or subcontractor to provide services in accordance with this chapter;

5. Require personnel providing contracted or subcontracted services to:

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i. Meet training and experience requirements; and

ii. Be supervised in accordance with this chapter; and

iii. Be responsible for following the policy and procedures of the facility;

6. Require the contractor or subcontractor to submit to the rehabilitation hospital written documentation of provided services within seven working days of execution of the contract including, but not limited to, documentation of services rendered by the person or agency providing the service.

(b) A rehabilitation hospital shall be responsible for services furnished in the hospital by outside entities under contractual agreements. The rehabilitation hospital shall ensure that a contractor of services (including one for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable codes and regulations.

1. A rehabilitation hospital shall ensure that the services performed under a contractual agreement are provided in a safe and effective manner, in accordance with the requirements of this chapter.

2. A rehabilitation hospital shall maintain a list of all contracted services, including the scope and nature of services provided.

8:43H-3.7 Reportable events

A rehabilitation hospital shall comply with the requirements of the Patient Safety Act, N.J.S.A. 26:2H-12.23 through 12.25, and the Rules Implementing Patient or Resident Safety Requirements and Reportable Events at N.J.A.C. 8:43E-10.1 et seq.

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8:43H-3.8 Posted notices

(a) A rehabilitation hospital shall conspicuously post a notice that the following information is available in the facility during the regular business hours to patients and the public:

1. All waivers granted by the Department;

2. All documents required by this chapter;

3. A list of rehabilitation hospital committees, or their equivalents, and the membership of each; and

4. Policies and procedures regarding patient rights.

(b) A rehabilitation hospital shall maintain on file in the administrator's office the following information for any interested party to review:

1. The names and addresses of members of the governing authority; and

2. Any changes or membership of the governing authority, within 30 days after the change.

8:43H-3.9 Reporting information to Clearing House Coordinator and State Board of Medical Examiners

A rehabilitation hospital shall comply with the requirements of the Rules Implementing the Health Care Professional Responsibility and Reporting Enhancement Act at N.J.A.C. 8:30.

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8:43H-3.10 Financial reports

A rehabilitation hospital shall adopt and maintain the Centers for Medicare and Medicaid Services system of cost reporting required by 42 C.F.R. Part 412, Medicare Program; Facility Prospective Payment Systems for Inpatient Rehabilitation Hospitals and Rehabilitation Units, from which reports shall be prepared by the licensee to meet the requirements of the Commissioner in accordance with N.J.S.A. 26:2H-1 et seq., and amendments thereto.

SUBCHAPTER 4. REHABILITATION HOSPITAL GOVERNING AUTHORITY

8:43H-4.1 Responsibility of the governing authority

(a) A rehabilitation hospital shall have a governing authority which shall assume legal responsibility for the management, operation, and financial viability of the rehabilitation hospital. The governing authority shall be responsible for, but not limited to, the following:

1. Services provided, and the quality of care rendered to patients;

2. Provision of a safe physical plant equipped and staffed to maintain the rehabilitation hospital and services;

3. Adoption and documented review of written bylaws, or their equivalent, according to a schedule established by the governing authority;

4. Appointment, reappointment, assignment of privileges, and curtailment of privileges of health care professionals, and written confirmation of such actions;

5. Development and documented review of all policies and procedures, according to a schedule established by the governing authority;

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6. Establishment and implementation of a system whereby patient and staff grievances and/or recommendations, including those relating to patient rights, can be identified within the rehabilitation hospital. This system shall include a feedback mechanism through management to the governing authority, indicating what action was taken;

7. Determination of the frequency of meetings of the governing authority and its committees, or their equivalents, conducting such meetings, and documenting them through minutes;

8. Delineation of the duties of the officers of any committees, or their equivalent, of the Governing authority. When the governing authority establishes committees or their equivalents, their purpose, structure, responsibilities, and authority, and the relationship of the committee or its equivalent to other entities within the rehabilitation hospital shall be documented;

9. Establishment of the qualifications of members and officers of the governing authority, the procedures for electing and appointing officers, and the terms of service for members, officers, and committee chairpersons or their equivalents; and

10. Approval of the medical staff bylaws or their equivalent.

## SUBCHAPTER 5. ADMINISTRATION

### 8:43H-5.1 Appointment of chief executive/administrator

The governing authority shall appoint a chief executive/administrator accountable for rehabilitation services who shall be available to the rehabilitation hospital at all times. An

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alternate shall be designated in writing to act in the absence of the chief executive/administrator accountable for rehabilitation services.

8:43H-5.2 Chief executive/Administrator's responsibilities

(a) The administrator shall be responsible for, but not limited to, the following:

1. Ensuring the development, implementation, and enforcement of all policies and procedures, including patient rights;

2. Planning for, and the administration of, the managerial, operational, fiscal, and reporting components of the rehabilitation hospital;

3. Participating in the quality improvement program for patient care and staff performance;

4. Ensuring that all personnel are assigned duties based upon their education, training, competencies, and job descriptions;

5. Ensuring the provision of staff orientation and staff education; and

6. Establishing and maintaining liaison relationships, communication, and integration with rehabilitation hospital staff and services and with patients and their families.

8:43H-5.3 Advance directive dispute resolution; forum for discussion; community education

(a) A rehabilitation hospital shall establish procedures for considering disputes among the patient, the health care representative and the attending physician concerning the patient's decision-making capacity or the appropriate interpretation and application of the

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terms of an advance directive to the patient's course of treatment. The procedures may include consultation with an institutional ethics committee, a regional ethics committee or another type of affiliated ethics committee, or with any individual or individuals who are qualified by their background and/or experience to make clinical and ethical judgments.

(b) A rehabilitation hospital shall establish a process for patients, families, healthcare representative and staff to discuss and address questions and concerns relating to advance directives and decisions to accept or reject medical treatment.

(c) A rehabilitation hospital shall provide periodic community education programs, individually or in coordination with other area facilities or organizations, that provide information to consumers regarding advance directives and their rights under New Jersey law to execute advance directives.

8:43H-5.4 Advance directives

(a) A rehabilitation hospital shall develop and implement procedures to ensure that there is a routine inquiry made of each adult patient, upon admission to the rehabilitation hospital and at other appropriate times, concerning the existence and location of an advance directive. If the patient is incapable of responding to this inquiry, the rehabilitation hospital shall have procedures to request the information from the patient's family or, in the absence of a family member, healthcare representative another individual with personal knowledge of the patient. The procedures shall assure that the patient or family's response to this inquiry is documented in the medical record. Such procedures shall also define the role of rehabilitation hospital admissions, nursing, social services, and other staff as well as the responsibilities of the attending physician.

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(b) A rehabilitation hospital shall develop and implement procedures to promptly request and take reasonable steps to obtain a copy of currently executed advance directives from all patients. These shall be entered when received into the medical record of the patient.

(c) A patient may be transferred by a rehabilitation hospital to another health care facility in accordance with N.J.A.C. 8:43G-4.1(a)15, or in conformance with the New Jersey Advance Directives for Health Care Act in the instance of private, religiously affiliated health care institutions that establish policies defining circumstances in which it will decline to participate in the implementation of advance directives. Such institutions shall provide notice to patients 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 patient's advance directive shall be affected. The sending facility shall receive approval from a physician and the receiving health care facility before transferring the patient.

(d) A rehabilitation hospital shall, in consultation with the attending physician, take all reasonable steps to affect the appropriate, respectful, and timely transfer of patients with advance directives to the care of an alternative health care professional in those instances where a health care professional declines as a matter of professional conscience to participate in withholding or withdrawing life-sustaining treatment. In those instances, where the health care professional is the patient's physician, the rehabilitation hospital shall take reasonable steps, in cooperation with the physician, to transfer the patient to another physician's care in a responsible and timely manner. Such transfer shall assure that the patient's advance directive is implemented in accordance with their wishes within the rehabilitation hospital, except in cases governed by (c) above.

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(e) A rehabilitation hospital shall have procedures to provide each adult patient upon admission and, where the patient is unable to respond, to the family or other representative of the patient, with a written statement of their rights under New Jersey law to make decisions concerning the right to refuse medical care and the right to formulate an advance directive. Such statement shall be approved by the Commissioner. Appropriate written information and materials on advance directives and the institution's written policies and procedures concerning implementation of such rights shall also be provided. Such written information shall also be made available in any language which is spoken, as a primary language, by more than 10 percent of the population served by the rehabilitation hospital.

(f) A rehabilitation hospital shall develop and implement procedures for referral of patients requesting assistance in executing an advance directive or additional information to either staff or community resource persons who can promptly advise and/or assist the patient.

(g) A rehabilitation hospital shall develop and implement policies to address application of the facility's procedures for advance directives to patients who experience an urgent, life-threatening situation.

(h) A rehabilitation hospital shall develop and implement policies and procedures for the declaration of death of patients, in instances where applicable, in accordance with N.J.S.A. 26:6 and the New Jersey Declaration of Death Act, N.J.S.A. 26:6A-1 et seq. (P.L. 1991, c.90). Such policies shall also be in conformance with rules promulgated by the New Jersey Board of Medical Examiners at N.J.A.C. 13:35-6A, which address declaration of death based on neurological criteria, including the qualifications of physicians authorized to declare death based on neurological criteria and the acceptable medical

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criteria, tests, and procedures which may be used. The policies and procedures shall also accommodate a patient's religious beliefs with respect to declaration of death.

8:43H-5.5. Requirements for practitioner orders for life-sustaining treatment (POLST)

(a) A rehabilitation hospital shall comply with the requirements of the "Physician Orders for Life-Sustaining Treatment Act," N.J.S.A. 26:2H-129 et seq.

(b) A rehabilitation hospital shall establish and review at least annually and more often as needed, revise as needed, and implement, written policies and procedures to effectuate the POLST Act, that include, but are not limited to:

1. The requirements imposed upon agencies at N.J.S.A. 26:2H-134;

2. Procedures in the event of a disagreement regarding a POLST Form in compliance with N.J.S.A. 26:2H-136; and

3. A delineation of the responsibilities of attending Practitioners, administration, nursing, social service, and other staff in regard to the POLST Form.

(c) Before providing care to an adult patient, and routinely thereafter at other appropriate times, the rehabilitation hospital shall:

1. Inquire of the patient, the patient's family member, or other patient representative if the patient is unable to respond, about the existence and location of an advance directive for the patient;

2. Document each response to this inquiry in the patient's medical record;

3. If this inquiry indicates that a POLST Form for the patient exists and is in effect, request and take reasonable steps to obtain the POLST Form; and

4. Enter the POLST Form into the patient's medical record.

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5. In conformance with the POLST Act in the instance of a private, religiously affiliated rehabilitation hospital that establishes written policies defining circumstances in which it will decline to participate in the withholding or withdrawal of life-sustaining treatment. Such rehabilitation hospitals shall:

i. Provide written notice of the policy to patients, families, or health care representatives prior to or at the time of admission to services; and
iii. Implement a timely and respectful transfer of the patient to a facility that will implement the POLST Form.

iv. The sending facility shall receive approval from the receiving facility before transferring the patient.

8:43H-5.6 Policies and procedures for admission of a pediatric patient of at least 16 years of age to an adult rehabilitation hospital

(a) An adult rehabilitation hospital shall adhere to the following process to admit a pediatric patient who is at least 16 years of age and under 18 years of age, to the adult rehabilitation hospital:

1. If the adult rehabilitation hospital receives a referral of a pediatric patient who is at least 16 years of age, the adult rehabilitation hospital shall:

i. Instruct the referral source to refer the patient in the first instance to a pediatric rehabilitation hospital; and

ii. Notify the pediatric rehabilitation hospital in the geographic location closest to the patient that referral of the patient is being made concurrently to both the pediatric and adult rehabilitation hospitals.

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2. Within 24 hours of the pediatric rehabilitation hospital receiving referral of the patient, the pediatric rehabilitation hospital shall conduct a review of clinical and psychosocial information related to the patient and notify the adult rehabilitation hospital whether it recommends admission of the patient to the adult rehabilitation hospital.

3. If this process has been carried out and does not result in a favorable recommendation(s) for admission to the adult rehabilitation facility, the patient has the right to be admitted to the adult facility, nonetheless.

4. An adult rehabilitation hospital shall not admit patients who are under 16 years of age.

5. An adult rehabilitation hospital may admit a pediatric patient who is 16 years of age and under 20 years of age, provided that, for patients ages 16 or 17, the hospital notifies the patient's parent or legal guardian, and for patients ages 18 and 19, the hospital notifies the patient, of the availability of a pediatric rehabilitation hospital that can admit the patient and the parent or guardian, or patient, as applicable, consents to the patient's admission to the adult facility.

i. The hospital shall document its issuance of the notice to the parent or guardian, and whether the parent or guardian consents.

8:43H-5.7 Policies and procedures for admission of an adult patient to a pediatric rehabilitation hospital

(a) In order to admit a patient 20 years of age or older to a pediatric rehabilitation hospital, the following process shall be followed:

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1. If the pediatric rehabilitation hospital receives a referral of a patient 20 years of age or older, the pediatric rehabilitation hospital shall advise the referral source that the patient must first be referred to an adult rehabilitation hospital.

i. The pediatric rehabilitation hospital shall also contact the adult rehabilitation hospital in the geographic location closest to the patient to advise it that such a referral is also being made for pediatric rehabilitation services.

2. For the pediatric rehabilitation hospital to proceed with admitting the patient, it shall receive, within 24 hours of the referral, a recommendation from the adult rehabilitation hospital, based on its review of clinical and psychosocial information related to the patient, regarding the patient's admission to the pediatric rehabilitation hospital.

3. If this process has been carried out and does not result in a favorable recommendation(s) for admission to the pediatric rehabilitation facility, the patient has the right to be admitted to the pediatric facility, nonetheless.

SUBCHAPTER 6. PATIENT CARE STANDARDS

8:43H-6.1 Policies and procedures

(a) A rehabilitation hospital shall establish and implement written patient care policies and procedures governing the services provided. Each review of the policies and procedures shall be documented. Policies and procedures shall include, but not be limited to, policies and procedures for the following:

1. Patient rights in accordance with N.J.A.C. 8:43G-4;

2. The determination of staffing levels on the basis of patient acuity;

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3. The referral of patients to other health care providers and medical consultative services.

4. The provision of sexual counseling services directly in the rehabilitation hospital, in accordance with the patient treatment plan;

5. The provision of consultation for environmental modification services in the patient's living environment, in accordance with the care plan;

6. Emergency care of patients;

7. Obtaining written informed consent;

8. Patient instruction and health education, including the provision of printed and/or written instructions and information for patients, with multilingual instructions as indicated;

9. Admission of patients;

10. Orientation for the patient and his or her family, conducted by the rehabilitation hospital's designated representative, prior to or at the time of the patient's admission.

i. The orientation shall include, at a minimum, the following: rehabilitation hospital policies, business hours, fees for services known at the time of admission, services provided, patient rights, and criteria for admission, treatment, and discharge.

ii. Documentation of orientation shall be included in the patient's medical record;

11. Restrictions to the admission and retention of patients, to ensure that:

i. A patient who manifests such a degree of behavioral disorder that he or she is a danger to himself or herself or others, or whose behavior interferes with the health or safety of other patients, shall not be admitted or retained; and

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ii. A patient suffering from substance use disorder or substance misuse only shall not be admitted to or retained in the rehabilitation hospital;

12. Telephone orders, to ensure that they are written into the patient's medical record by the person accepting them and countersigned by the prescriber within the time frame.

i. Verbal orders shall be limited to emergency situations, as defined in the rehabilitation hospital's policies and procedure:

ii. Verbal orders shall be verified or countersigned in writing as prescribed by N.J.A.C. 8:43G-16.2(a)4 and (b).

13. Financial arrangements, to ensure that the rehabilitation hospital:

i. Informs patients of the fees for services;

ii. Maintains a written record of all financial arrangements with the patient and/or his or her family, with copies furnished to the patient upon request;

iii. Assesses no additional charges, expenses, or other financial liabilities in excess of the rehabilitation hospital's rate, except:

(1) Upon written approval and authority of the patient and/or his or her family, who shall be given a copy of the written approval; or

(2) In the event of a health emergency involving the patient and requiring immediate, special services or supplies to be furnished during the period of the emergency;

iv. Consults with patients regarding insurance coverage and referral systems for patients' financial assistance; and

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v. Describes sliding fee scales and any special payment plans established by the rehabilitation hospital;

14. Interpretation and communication services as appropriate to meet patient needs;

15. The prohibition of smoking in a facility in accordance with the "New Jersey Smoke Free Air Act," N.J.S.A. 26:3D-55 et seq.;

16. Except in the case of a competent adult, notification of the patient's family in the event that the patient sustains an injury, immediately after the occurrence. In the event of an accident or incident that does not result in injury to the patient, notification of the patient's family is to occur within 24 hours of the occurrence. Immediately following such notification, the notification shall be documented in the patient's medical record;

17. The use of restraints, including at least the following:

i. Specification of the uses of restraints and types of restraints permitted, as well as of the use of alternatives to restraints such as staff or environmental interventions, structured activities, or behavior management. Alternatives shall be utilized whenever possible to avoid the use of restraints. The specific nature of the device used to restrain the patient does not in itself determine whether it is a restraint. Rather, it is the device's intended use, its involuntary application, and/or the identified patient need that determines whether the device is a physical restraint. Therefore, this policy of requiring alternatives to restraints does not apply to:

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(1) Standard practices that include limitation of mobility or temporary immobilization related to medical, dental, diagnostic, or surgical procedures and the related post-procedure care processes;

(2) Adaptive support in response to assessed patient need (for example, postural support, orthopedic appliances, tabletop chairs, bedrails);

(3) Helmets; and

(4) Therapeutic holding or comforting of patients.

ii. Prohibition of the use of locked restraints and confinement of a patient in a locked or barricaded room, and prohibition of the use of restraints for punishment or for the convenience of rehabilitation hospital personnel;

iii. A delineation of indications for use, which should be limited to:

(1) Prevention of imminent harm to the resident or other persons when other means of control are not effective or appropriate; or

(2) Prevention of serious disruption of treatment or significant damage to the physical environment.

iv. Written protocols for:

(1) Informing the patient and obtaining consent when clinically feasible, and documenting the consent in the patient's record;

(2) Notifying the family or guardian, obtaining consent if the patient is unable to give consent and documenting the consent in the patient's record; and

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(3) Imposing restraints for a limited period of time and removing restraints when goals have been accomplished; and

v. A requirement that a physical restraint shall only be used when authorized in writing by a physician except when necessitated by an emergency, in which case it shall be approved by the medical director, or the nurse accountable for the rehabilitation nursing service or his or her designee;

18. Discharge, transfer, and readmission of patients, including criteria for each:

i. Written notification by the administrator shall be provided to a patient of a decision to involuntarily discharge him or her from the rehabilitation hospital. The notice shall include the reason for discharge and the patient's right to appeal. A copy of the notice shall be entered in the patient's medical record;

ii. The patient shall have the right to appeal to the administrator any involuntary discharge from the rehabilitation hospital. The appeal shall be in writing and a copy shall be included in the patient's medical record with the disposition or resolution of the appeal;

19. The care and control of assistive animals (that is, seeing-eye dogs, service dogs), as well as the care and control of pets if the rehabilitation hospital permits pets in the rehabilitation hospital or on its premises;

20. The calibration of instruments of measurement, including the frequency of calibration; and

21. Care of deceased patients, including, but not limited to, the following:

i. Pronouncement of death, with notification to the patient's family by the physician at the time of death. The deceased shall not be discharged from the

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rehabilitation hospital until pronounced dead and the death documented in the patient's medical record;

ii. Removal of the deceased from rooms occupied by other patients; and

iii. Transportation of the deceased in the rehabilitation hospital, and removal from the rehabilitation hospital, in a dignified manner.

(b) The written policies and procedures required by this section may be maintained in the policies and procedures manual required by N.J.A.C. 8:43H-3.5 or may be maintained separately.

SUBCHAPTER 7. PATIENT ASSESSMENT; INTERDISCIPLINARY CARE PLANS

8:43H-7.1 Establishment of interdisciplinary care plan

(a) A rehabilitation hospital shall develop an interdisciplinary care plan for each patient admitted by the rehabilitation hospital.

(b) The interdisciplinary care team shall meet every 7 days at a minimum and shall be led by the rehabilitation physician.

(c) The rehabilitation physician responsible for providing care to the patient shall document in the patient's medical record an admission and medical history, a report of physical examination within 24 hours of admission, the plan of care, and progress notes.

(d) The rehabilitation physician shall participate as part of the interdisciplinary care team in implementing, reviewing, and revising the interdisciplinary care plan.

(e) The interdisciplinary care plan shall be initiated upon the patient's admission and completed within four days of admission. The interdisciplinary care plan shall include, but not be limited to:

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1. The patient's treatment plan which shall describe the care to be provided based upon the patient assessments,

2. An evaluation of the patient's potential for improving his or her functional level and patient goals consistent with the patient's potential for rehabilitation, and

3. The patient's discharge plan.

(f) If the patient does not need a service, the interdisciplinary care plan need not include that service.

(g) A patient's treatment plan shall be developed from the assessments by the interdisciplinary care team and initiated upon the patient's admission. The patient treatment plan shall include, but not be limited to, the following:

1. Orders for treatment or services, medications, and diet;

2. The patient's rehabilitation goals for himself or herself;

3. The specific rehabilitation goals of treatment or services;

4. The time intervals, which shall not exceed 7 days, at which the patient's response to treatment or services will be reviewed;

5. Anticipated time frame(s) for the accomplishment of the rehabilitation goals;

6. The measures to be used by the interdisciplinary team to assess the effects of treatment or services, which shall include:

i. An evaluation of the patient's potential for improving his or her functional level;

ii. Specific rehabilitation goals and timeframes consistent with the patient's potential for rehabilitation;

iii. Orders for treatment or services, medications, and diet;

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iv. The intervals (not to exceed 7 days) at which the patient's response to treatment, progress toward stated goals or services will be reviewed;

(h) The patient and, if appropriate, family members shall participate in the development of the interdisciplinary care plan including the discharge plan. Participation shall be documented in the patient's medical record.

(i) If, in the opinion of a physician, the patient's participation in the development of the interdisciplinary care plan is medically contraindicated, as documented in the patient's medical record, a designated member of the interdisciplinary care team shall review the interdisciplinary care plan with the patient prior to implementation, and, if appropriate, the family shall be informed of the interdisciplinary care plan.

8:43H-7.2 Implementation of interdisciplinary care plan

(a) Each health care practitioner participating in the patient's care shall provide services in accordance with the interdisciplinary care plan.

(b) Each health care practitioner providing services to the patient shall establish criteria to measure the effectiveness and outcome of services provided and shall assess and reassess the patient to determine if services provided meet the established criteria.

1. Assessment and reassessment shall be documented in the patient medical record.

(c) Each discipline providing services to the patient shall participate as a member of the interdisciplinary team in developing, implementing, reviewing, and revising the interdisciplinary care plan.

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1. The interdisciplinary care team shall review and revise the interdisciplinary care plan based upon the patient's response to the care provided by each of the participating services. Documentation in the patient's medical record shall indicate review and revision of the interdisciplinary care plan.

SUBCHAPTER 8. MEDICAL SERVICES

8:43H-8.1 Provision of medical services

A rehabilitation hospital shall provide medical services to all patients 24 hours a day, seven days a week, directly in the rehabilitation hospital. The services specified in N.J.A.C. 8:43H-3.1(d)1-6 may be provided at an off-site location.

8:43H-8.2 Appointment of medical director

A rehabilitation hospital shall appoint a medical director who shall provide services in accordance with rehabilitation hospital by-laws and policies. The medical director shall designate in writing a physician to act in his or her absence.

8:43H-8.3 Medical director's responsibilities

(a) The medical director is responsible for the direction, provision, and quality of medical services provided to patients, including:

1. Developing and maintaining written objectives, policies, the policy and procedure manual, an organizational plan, and a quality improvement program for the medical service;

2. Participating in planning and budgeting for the medical service;

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3. Coordinating and integrating the medical service with other patient care services to provide a continuum of care for the patient;

4. Assisting in developing and maintaining written responsibilities for the medical staff, and assigning duties based upon education, training, and competencies; and

5. Developing, implementing, and reviewing written medical policies in accordance with medical staff bylaws or their equivalent, in cooperation with the medical staff, including, but not limited to, the following:

i. A plan for medical staff meetings and their documentation through minutes;

ii. A mechanism for establishing and implementing procedures relating to credentials review, delineation of qualifications, medical staff appointments and reappointments, evaluation of medical care, and the granting, denial, curtailment, suspension, or revocation of medical staff privileges; and

iii. A system for completion of entries in the patient medical record by members of the medical staff. Entries shall be signed by a physician in accordance with the rehabilitation hospital's policies and procedures.

8:43H-8.4 Responsibilities of physicians

The physician who has primary responsibility to provide care to the patient shall document in the patient's medical record an admission medical history, a report of physical examination within 24 hours of admission, and progress notes, and shall directly participate as part of the interdisciplinary team in developing, implementing, reviewing, and revising the interdisciplinary care plan.

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8:43H-8.5 Availability of pediatrician

If the rehabilitation hospital provides care for pediatric patients, a pediatrician shall be available.

8:43H-8.6 Availability of pediatric rehabilitation physician

If the medical director of a rehabilitation hospital providing services to pediatric patients is a pediatrician, the pediatrician shall be a rehabilitation physician or a rehabilitation physician shall be available, in accordance with medical bylaws and rehabilitation hospital policies and procedures.

SUBCHAPTER 9. NURSING SERVICES

8:43H-9.1 Provision of nursing services

(a) A rehabilitation hospital shall provide nursing services to patients 24 hours a day, seven days a week, directly in the rehabilitation hospital facility.

(b) A rehabilitation hospital shall assign at least two licensed nurses, at least one of whom is a registered professional nurse excluding the director of nursing services or his or her designee, to each nursing unit 24 hours a day, seven days a week.

1. Additional licensed nursing personnel and unlicensed assistive personnel shall be provided in accordance with the rehabilitation hospital’s patient care policies and procedures for determining staffing levels on the basis of acuity of patient need.

(c) A registered professional nurse who is eligible to be certified by the Association of Rehabilitation Nurses shall develop, supervise, and assess the staff orientation and staff education provided to nursing personnel by a rehabilitation hospital.

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(d) A rehabilitation hospital, under the direction of the nursing service, shall use the approved State Board of Nursing Unlicensed Assistive Personnel (UAP) curriculum in the development and implementation of a training program for unlicensed assistive personnel, who shall have successfully completed the core curriculum for unlicensed assistive personnel developed by the Board of Nursing.

1. A copy of the State Board of Nursing UAP curriculum may be obtained online at https.www.njconsummeraffairs.gov. State Board of Nursing UAP

8:43H-9.2 Appointment of nursing director accountable for the rehabilitation nursing service

A rehabilitation hospital shall appoint in writing a nursing director who shall be accountable for the rehabilitation nursing service and who shall be on duty at all times. A registered professional nurse shall be designated in writing to act in his or her absence.

8:43H-9.3 Responsibilities of nursing director accountable for rehabilitation nursing service

(a) The nursing director who is accountable for the rehabilitation nursing service is responsible for the direction, provision, and quality of nursing services provided to patients, including:

1. Developing and implementing written objectives, philosophy, policies, a procedure manual, an organizational plan, and participating in the rehabilitation hospital's quality improvement program;

2. Participating in planning and budgeting for the nursing service;

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3. Coordinating and integrating the nursing service with other patient care services to provide a continuum of care for the patient;

4. Assisting in developing and maintaining written job descriptions for nursing and unlicensed assistive personnel, and assigning job duties based upon education, training, continued competencies, and job descriptions;

5. Ensuring that nursing services are provided to the patient as specified in the interdisciplinary care plan, which shall be initiated upon the patient's admission, and that nursing personnel are assigned to patients in accordance with the rehabilitation hospital's patient care policies and procedures for determining staffing levels on the basis of acuity of patient need; and

6. Providing for a planned orientation program in rehabilitation nursing concepts.

8:43H-9.4 Responsibilities of licensed nursing personnel

(a) In accordance with the State of New Jersey Nursing Practice Act, N.J.S.A. 45:11-23, et seq., and rules that the New Jersey State Board of Nursing promulgates pursuant thereto, and written job descriptions, a rehabilitation hospital's licensed nursing personnel shall provide nursing care, including:

1. Care of patients through health promotion, maintenance, and restoration;

2. Care to prevent infection, accident, and injury;

3. Assessing the nursing care needs of the patient, assisting in preparation of the interdisciplinary care plan based upon the assessment, providing nursing care services as specified in the interdisciplinary care plan, reassessing the patient's response to services provided, and revising the interdisciplinary care plan.

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i. Each of these activities shall be documented in the patient's medical record.

ii. A registered professional nurse shall assess each patient to identify the patient's needs and problems and develop the nursing portion of the interdisciplinary care plan;

4. Teaching, supervising, and counseling the patient, the patient's family, and staff regarding nursing care and the patient's needs.

i. Only a registered professional nurse shall initiate these functions, which may be reinforced by licensed nursing personnel;

5. Participating as part of the interdisciplinary care team in developing, implementing, reviewing, and revising the interdisciplinary care plan;

6. Writing clinical notes and progress notes; and

7. Assisting the patient in activities of daily living based upon the patient's strengths, needs, abilities, and preferences.

8:43H-9.5 Nursing care services related to pharmaceutical services

(a) A rehabilitation hospital's nursing personnel shall ensure that:

1. A prescriber has prescribed, by means of a written, signed, and dated order, all drugs to be administered to a patient.

2. Drugs are administered in accordance with all Federal and State laws and rules by the following licensed or authorized nursing personnel:

i. Registered professional nurses;

ii. Licensed practical nurses who are trained in drug administration in programs approved by the New Jersey State Board of Nursing;

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iii. Nurses with a valid temporary work permit issued by the New Jersey State Board of Nursing; and

iv. Student nurses in a school of nursing approved by the New Jersey State Board of Nursing, under the supervision of a nurse faculty member;

3. Drugs are not pre-poured, and are administered promptly after a dose is prepared by the individual who prepares the dose, except when a unit dose drug distribution system is used;

4. The patient is identified prior to drug administration, and drugs prescribed for one patient shall not be administered to another patient;

5. After each drug administration, the nurse who administers the drug documents the following in the patient record:

i. Name and strength of the drug;

ii. Date and time of administration;

iii. Dosage administered;

iv. Method of administration; and

v. Signature of the nurse who administered the drug;

6. All drugs are kept in locked storage areas, except intravenous infusion solutions, which shall be stored according to a system of accountability, as specified in the rehabilitation hospital's policies and procedures;

i. Drug storage and preparation areas are kept locked when not in use;

ii. Drugs requiring refrigeration are kept in a separate, locked box in the refrigerator, in a locked refrigerator, or in a refrigerator in the locked medication room;

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iii. The refrigerator has a thermometer to indicate temperature in conformance with the current edition of the United States Pharmacopoeia/National Formulary (USP/NF) available at www.usp.org and www.uspnf.com;

6. Needles and syringes are procured, stored, used, and disposed of in accordance with the laws of the State of New Jersey and amendments thereto; and

7. Drugs are stored and verified according to the following:

i. Drugs in Schedules III and IV of the Controlled Substances Acts are stored under lock and key;

ii. Drugs in Schedule II of the Controlled Substances Acts are stored in a separate, locked, permanently affixed compartment within the locked medication cabinet, medication room, refrigerator, or mobile medication cart;

(1) The key to the separate, locked compartment for Schedule II drugs is not the same key as the key that is used to gain access to storage areas for other drugs (except that drugs in Schedule II in a unit dose drug distribution system shall be kept under double lock and key, but may be stored with other controlled drugs);

iii. The keys for the storage compartments for drugs in Schedules II, III, and IV are kept on a person who meets the criteria listed in (a)1i through iv above; and

iii. At each shift change, a nurse who is going off shift, in consultation with a nurse who is going on shift, each of whom meets the criteria listed in (a)1i through iv, above, makes and signs a declining inventory record of all drugs in Schedule II

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of the Controlled Substances Acts, wherever these drugs are maintained, except for drugs in a unit dose drug distribution system, that contains:

(1) The name of the patient who whom the drug is prescribed;

(2) The prescriber's name;

(3) The name and strength of the drug;

(4) The date received from the pharmacy;

(5) The date of administration, dosage administered, method of administration, signature of the licensed nurse who administered the drug;

(6) The amount of drug remaining; and

(7) If applicable, the amount of drug destroyed or wasted and the signature of the nurse who witnessed the destruction or wasting.

SUBCHAPTER 10. PHARMACEUTICAL SERVICES

8:43H-10.1 Provision of pharmaceutical services

(a) A rehabilitation hospital shall provide pharmaceutical services to patients 24 hours a day, seven days a week, directly in the rehabilitation hospital.

(b) If the rehabilitation hospital has an institutional pharmacy, the pharmacy shall be licensed by the New Jersey State Board of Pharmacy and operated in accordance with N.J.A.C. 13:39 New Jersey State Board of Pharmacy Rules and shall possess a current Drug Enforcement Administration registration and a Controlled Dangerous Substance registration from the Division of Consumer Affairs in accordance with the Controlled Substances Acts.

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8:43H-10.2 Appointment of pharmacist

(a) A rehabilitation hospital shall appoint a pharmacist who is responsible for the direction, provision, and quality of the pharmaceutical service, including:

1. Together with the pharmacy and therapeutics committee, developing and maintaining written objectives, policies, and a procedure manual, an organizational plan, and a quality assurance program for the pharmaceutical service;

2. Participating in planning and budgeting for the pharmaceutical service;

3. Coordinating and integrating the pharmaceutical service with other patient care services to provide a continuum of care for the patient;

4. Assisting in developing and maintaining written job descriptions for pharmacy personnel, if any, and assigning duties based upon education, training, competencies, and job descriptions;

5. Participating as part of the interdisciplinary team in developing, implementing, reviewing, and revising the patient treatment plan;

6. Maintaining a means of identifying the signatures of all prescribers authorized to use the pharmaceutical service for prescriptions; and

7. Maintaining records of the transactions of the pharmaceutical service, as required by Federal, State, and local laws, to ensure control and accountability of all drugs, including a system of controls and records for the requisitioning and dispensing of pharmaceutical supplies to all services of the rehabilitation hospital.

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8:43H-10.3 Pharmacy and therapeutics committee

(a) A pharmaceutical service shall appoint a multidisciplinary pharmacy and therapeutics committee, which is accountable to the governing authority, and responsible for:

1. Developing policies and procedures, including policies and procedures implementing the requirements of N.J.A.C. 8:43H-10.4 and 10.6, with the documented review and approval by the governing authority, governing:

i. Evaluation, selection, obtaining, dispensing, storing, distributing, administering, using, controlling, accountability, and safety practices pertaining to all drugs used in the treatment of patients;

2. Developing, and at least annually reviewing and approving, a current formulary;

3. Approving the minimum pharmaceutical reference materials to be retained at each nursing unit, kept in the pharmacy, and made available to at least nursing personnel and the medical staff, and methods for communicating product information to at least nursing personnel and the medical staff; and

4. Developing and implementing the rehabilitation hospital's pharmaceutical quality assurance plan to ensure that the pharmacy complies with the policies and procedures developed pursuant to this section and N.J.A.C. 8:43H-10.4 and 10.6.

8:43H-10.4 Policies and procedures for drug administration

(a) A rehabilitation hospital's policies and procedures shall ensure that the right drug is administered to the right patient in the right amount through the right route of administration and at the right time. Policies and procedures shall include, but not be limited to, the following:

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1. Policies and procedures for the implementation of a unit dose drug distribution system;

i. The rehabilitation hospital shall have a unit dose drug distribution system. At least one exchange of patient medications shall occur every three days. The number of doses for each patient shall be sufficient for a maximum of 72 hours. No more than a 72-hour supply of doses shall be delivered to or available in the patient care area at any time;

ii. Cautionary instructions and additional information, such as special times of administration, regarding dispensed medications shall be transmitted to the personnel responsible for the administration of the medications;

iii. If the rehabilitation hospital repackages medications in single unit packages, the rehabilitation hospital's policies and procedures shall indicate how such packages shall be labeled to identify the lot number or reference code and manufacturers or distributor's name; and

iv. Policies and procedures shall specify the drugs which will not be obtained from manufacturers or distributors in single unit packages and will not be repackaged as single units in the rehabilitation hospital;

2. Methods for procuring drugs on a routine basis, in emergencies, and in the event of disaster;

3. Policies and procedures regarding emergency kits and emergency carts, including the following:

i. Approval of their locations and contents;

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ii. Provision for pediatric doses in areas of the rehabilitation hospital where pediatric emergencies may occur;

iii. Determination of the frequency of checking contents, including expiration dates;

iv. Approval of the assignment of responsibility for checking contents; and

v. A requirement that emergency kits are secure but are not kept under lock and key;

4. Policies and procedures, approved by the medical staff of the rehabilitation hospital, to ensure that all drugs are ordered in writing, that the written order specifies the name of the drug, dose, frequency, and route of administration, that the order is signed and dated by the prescriber, and that all drugs are administered in accordance with the laws of the State of New Jersey;

5. Policies and procedures for drug administration, including, but not limited to, establishment of the times for administration of drugs prescribed;

6. If rehabilitation hospital policy permits, policies and procedures regarding self-administration of drugs. Policies and procedures for self-administration shall include, but not be limited to, the following:

i. A requirement that self-administration be permitted only upon a written order of the prescriber;

ii. Storage of drugs;

iii. Labeling of drugs;

iv. Methods for documentation in the patient's medical record of self-administered drugs;

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v. Training and education of patients in self-administration and the safe use of drugs; and

vi. Establishment of precautions so that patients do not share their drugs or take the drugs of another patient;

7. Policies and procedures for documenting and reviewing adverse drug reactions and medication errors.

i. Allergies, including allergy to latex, shall be documented in the patient's open medical record and on its outside front cover, as well as in the patient's pharmacy profile.

8. Policies and procedures for ensuring the immediate delivery of stat *(statim)* doses.

9. If rehabilitation hospital policy permits, policies and procedures for the use of floor stock drugs.

i. A rehabilitation hospital shall maintain a list of floor stock drugs that identifies the amounts in which, and the locations at which, they are stored throughout the rehabilitation hospital.

10. Policies and procedures for discontinuing drug orders, including, but not limited to, the following:

i. The length of time drug orders may be in effect, for drugs not specifically limited as to duration of use or number of doses when ordered, including intravenous infusion solutions; and

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ii. Notification of the prescriber by specified personnel and within a specified period of time prior to the expiration of a drug order to ensure that the drug is discontinued if no specific renewal is ordered;

11. Policies and procedures for the use of intravenous infusion solutions, which shall include:

i. An intravenous infusion admixture service operated by the pharmaceutical service;

ii. If the preparation, sterilization, and labeling of parenteral medications and solutions are performed in the exempt areas within the rehabilitation hospital, as specified by rehabilitation hospital policy, but not under direct supervision of a pharmacist, the pharmacist shall be responsible for providing written guidelines and for approving the procedures; and

iii. Policies and procedures for the use of intravenous infusion solutions, which shall include, but not be limited to, the following:

(1) Safety measures for the preparation, sterilization, and admixture of intravenous infusion solutions. These shall be prepared under a laminar air flow hood, except in patient care areas specified by rehabilitation hospital policy;

(2) Quality control procedures for laminar air flow hoods, including cleaning of the equipment used on each shift, microbiological monitoring as required by the infection prevention and control policies and procedures of the rehabilitation hospital, and documented checks at least every 12 months for operational efficiency; and

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(3) The labeling of intravenous infusion solutions, such that a supplementary label is affixed to the container of any intravenous infusion solution to which drugs are added, that shall include: the patient's first and last name and room number; the name of the solution; the name and amount of the drug(s) added; the date and time of the addition; the date, time, and rate of administration; the name or initials of the pharmacy personnel who prepared the admixture; the name, initials, or identifying code of the pharmacist who prepared or supervised preparation of the admixture; supplemental instructions, including storage requirements; and, the expiration date of the solution;

12. Policies and procedures for the storage of intravenous infusion solutions, which shall be stored according to a system of accountability specified in the rehabilitation hospital's policies and procedures;

13. If rehabilitation hospital policy permits, policies and procedures for drug research and the use of investigational drugs, in accordance with Federal and State rules and regulations;

14. Policies and procedures regarding the purchase, storage, safeguarding, accountability, use, and disposition of drugs, in accordance with New Jersey State Board of Pharmacy Rules, N.J.A.C. 13:39, and the Controlled Dangerous Substances Acts and amendments thereto;

15. Policies and procedures for the procurement, storage, use, and disposition of needles and syringes in accordance with the laws of the State of New Jersey and amendments thereto.

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i. There shall be a system of accountability for the purchase, storage, and distribution of needles and syringes.

ii. There shall be a system of accountability for the disposal of used needles and syringes which shall not necessitate the counting of individual needles and syringes after they are placed in the container for disposal;

16. Policies and procedures regarding the control of drugs subject to the Controlled Dangerous Substances Acts and amendments thereto, in compliance with the New Jersey State Board of Pharmacy Rules, N.J.A.C. 13:39, and all other Federal and State laws and regulations concerning procurement, storage, dispensing, administration, and disposition. Such policies and procedures shall include, but not be limited to, the following:

i. Provision for a verifiable record system for controlled drugs;

ii. Policies and procedures to be followed in the event that the inventories of controlled drugs cannot be verified, or drugs are lost, contaminated, unintentionally wasted, or destroyed. A report of any such incident shall be written and signed by the persons involved and any witnesses present; and

iii. In all areas of the rehabilitation hospital where drugs are dispensed, administered, or stored, procedures for the intentional wasting of controlled drugs, including the disposition of partial doses, and for documentation which includes the signature of a second person who shall witness the disposition;

17. Policies and procedures for the maintenance of records of prescribers' Drug Enforcement Administration numbers for New Jersey;

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18. Specification of the information on drugs, their indications, contraindications, actions, reactions, interactions, cautions, precautions, toxicity, and dosage, to be provided in the pharmacy and in each nursing unit.

i. Current antidote information and the telephone number of the regional poison control center shall also be provided in the pharmacy and in each nursing unit;

19. A list of abbreviations, metric apothecary conversion charts, and chemical symbols, approved by the medical staff, to be kept in each nursing unit; and

20. Policies and procedures concerning the activities of medical and pharmaceutical sales representatives in the rehabilitation hospital.

i. Drug samples shall not be accepted, placed, or maintained in stock, distributed, or used in the rehabilitation hospital.

8:43H-10.5 Inspection of premises

At intervals specified in the policy and procedure manual, a pharmacist shall inspect all areas in the rehabilitation hospital where drugs are dispensed, administered, or stored, and shall maintain record of such inspections.

8:43H-10.6 Storage of drugs

(a) A rehabilitation hospital shall store and control all drugs in accordance with the New Jersey Board of Pharmacy rules at N.J.A.C. 13:39-9.23.

(b) A rehabilitation hospital pharmacy shall maintain drugs under proper conditions, as indicated and in accordance with the New Jersey Pharmacy Practice Act at N.J.S.A. 45:14-40, and the rules promulgated pursuant thereto at N.J.A.C. 13:39-11.24.

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SUBCHAPTER 11. PHYSICAL THERAPY, OCCUPATIONAL THERAPY, RESPIRATORY THERAPY, SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY SERVICES

8:43H-11.1Provision of physical therapy, occupational therapy, respiratory therapy, speech-language pathology, and audiology services

(a) A rehabilitation hospital shall provide physical therapy, occupational therapy, respiratory therapy, and speech-language pathology directly in the rehabilitation hospital to meet the rehabilitation needs of patients.

(b) The required therapy treatments shall begin within 36 hours from midnight of the day of admission to the rehabilitation hospital.

(c) A rehabilitation hospital shall provide to each adult patient at least three hours of services per day, five days per week. Services shall include any one or any combination of the following as determined by the interdisciplinary team in collaboration with the patient and/or family:

1. Physical therapy;
2. Occupational therapy;
3. Speech-language pathology;
4. Respiratory therapy;
5. Audiology services; and/or
6. Psychology/social work.

(d) The rehabilitation hospital shall provide to each pediatric patient the appropriate combination of rehabilitation therapy services as determined by the interdisciplinary team in collaboration with the patient and/or family.

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1. Rehabilitation therapy services may include physical therapy, occupational therapy, speech-language pathology, respiratory therapy, and any other service deemed appropriate by the interdisciplinary team.

8:43H-11.2 Appointment of physical therapist, occupational therapist, respiratory therapist, speech-language pathologist, and audiologist

(a) A rehabilitation hospital shall appoint a physical therapist, occupational therapist, respiratory therapist, speech-language pathologist, and audiologist who shall be responsible for the direction, provision, and quality of the physical therapy, occupational therapy, respiratory therapy, speech-language pathology, or audiology service, respectively.

(b) The physical therapist, occupational therapist, respiratory therapist, speech-language pathologist, and audiologist shall be responsible for, but not limited to, the following:

1. Developing and maintaining written objectives, policies, a procedure manual, an organizational plan, and a quality improvement program for the physical therapy, occupational therapy, respiratory therapy, speech-language pathology, or audiology service, respectively;

2. Participating in planning and budgeting for the physical therapy, occupational therapy, respiratory therapy, speech-language pathology, or audiology service, respectively;

3. Ensuring that services are provided as specified in the physical therapy, occupational therapy, respiratory therapy, speech-language pathology, or audiology care

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plan, respectively, and are coordinated with other patient care services to provide a continuum of care for the patient;

4. Assisting in developing and maintaining written job descriptions for physical therapy, occupational therapy, respiratory therapy, speech-language pathology, or audiology personnel, respectively, and assigning duties based upon education, training, competencies, and job descriptions; and

5. Participating in staff education activities and providing consultation to rehabilitation hospital personnel.

(b) A physical therapist, occupational therapist, respiratory therapist, speech-language pathologist, and audiologist may be employed through contractual agreements that comply with N.J.A.C. 8:43H-3.6.

8:43H-11.3 Patient care by physical therapy, occupational therapy, respiratory therapy, speech-language pathology, and audiology personnel

(a) In accordance with the State of New Jersey “Physical Therapy Licensing Act of 1983,” N.J.S.A. 45:9-37.11 et seq., for physical therapy personnel, and in accordance with the State of New Jersey Audiology and Speech-Language Pathology Practice Act, N.J.S.A. 45:3B-1 et seq., for speech-language pathology and audiology personnel, and in accordance with the State of New Jersey “Occupational Therapy Licensing Act,” N.J.S.A. 45:9-37.51 et seq., for the occupational therapist(s), and in accordance with the State of New Jersey “Respiratory Care Practitioner Licensing Act,” N.J.S.A. 45:14E-1 et seq., for the respiratory therapist(s), and in accordance with written job descriptions, each physical therapist, occupational therapist, respiratory therapist, speech-language pathologist, and

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audiologist shall be responsible for providing patient care, including, but not limited to, the following:

1. Assessing the physical therapy, occupational therapy, respiratory therapy, speech-language pathology, or audiology needs, respectively, of the patient, preparing the interdisciplinary care plan based on the assessment, providing services as specified in the physical therapy, occupational therapy, respiratory therapy, speech-language pathology, or audiology care plan, respectively, reassessing the patient's response to services, and revising the care plan.

i. Each of these activities shall be documented in the patient's medical record;

2. Participating as part of the interdisciplinary team in developing, implementing, reviewing, and revising the interdisciplinary care plan;

3. Writing clinical notes and progress notes; and

4. Assisting the patient in activities of daily living based upon the patient's strengths, needs, abilities and preferences

8:43H-11.4 Provisions for consultant services

(a) A rehabilitation hospital shall provide additional services required by a patient and not available inside the rehabilitation hospital "as needed" on an outpatient basis.

1. Services shall be written in the patient's interdisciplinary or multidisciplinary care plan and be ordered by the rehabilitation physician.

2. Transportation shall be arranged through the rehabilitation hospital.

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SUBCHAPTER 12. COUNSELING SERVICES

8:43H-12.1 Provision of counseling services

A rehabilitation hospital shall provide social work services and psychology counseling services to patients directly in the rehabilitation hospital.

8:43H-12.2 Appointment of social worker and psychologist

(a) A rehabilitation hospital shall appoint a social worker and a psychologist. The social worker and the psychologist shall be responsible for the direction, provision, and quality of the social work service or psychology service, respectively. As permitted by each professional's scope of practice, the social worker and the psychologist shall be responsible for, but not limited to, the following:

1. Developing and implementing written objectives, policies, a procedure manual, an organizational plan, and participating in the rehabilitation hospital's quality improvement program for the social work service or psychology service, respectively;

2. Participating in planning and budgeting for the social work service or psychology service, respectively;

3. Ensuring that services are provided as specified in the social work care plan and psychology care plan, respectively, and are coordinated with other patient care services to provide a continuum of care for the patient;

4. Assisting in developing and maintaining written job descriptions for social work service personnel or psychology service personnel, respectively, and assigning duties based upon education, training, competencies, and job descriptions; and

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5. Participating in staff education activities and providing consultation to rehabilitation hospital personnel.

8:43H-12.3 Responsibilities of social worker and psychology staff

(a) In accordance with written job descriptions, each social worker and psychology staff member shall be responsible for providing patient care within their scope of practice, including, but not limited to, the following:

1. When indicated, assessing the social work needs or psychological needs, respectively, of the patient, preparing the interdisciplinary care plan based on the assessment, providing services as specified in the interdisciplinary care plan, reassessing the patient's response to services, and revising the interdisciplinary care plan. Each of these activities shall be documented in the patient's medical record;

2. Participating as part of the interdisciplinary team in developing, implementing, reviewing, and revising the interdisciplinary care plan; and

3. Writing clinical notes and progress notes.

SUBCHAPTER 13. EMERGENCY PROCEDURES

8:43H-13.1 Emergency plans and procedures

(a) The facility shall have a written emergency plan which shall include plans and procedures to be followed in case of medical emergencies, equipment breakdown, fire, or other disaster.

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(b) Procedures for emergencies shall specify persons to be notified, locations of emergency equipment and alarm signals, evacuation routes, procedures for evacuating patients, frequency of fire drills, and tasks and responsibilities assigned to all personnel.

(c) The emergency plans and all emergency procedures shall be conspicuously posted at wheelchair height throughout the facility. Personnel shall be trained in the location and use of emergency equipment in the facility.

(d) Medicare and Medicaid participating rehabilitation hospitals shall comply with the emergency preparedness requirements of 42 C.F.R. 482.15, as amended and supplemented.

8:43H-13.2 Drills and tests

(a) Simulated drills of emergency plans shall be conducted on each shift at least four times a year (a total of 12 drills) and documented, including the date, hour, description of the drill, participating staff, and signature of the person in charge. The four drills on each shift shall include at least one drill for emergencies due to fire. The facility shall conduct at least one drill per year for emergencies due to another type of disaster, such as storm, flood, other natural disaster, bomb threat, or nuclear accident.

(b) The facility shall test the emergency plan at random by at least one manual pull alarm three times per quarter and maintain documentation of test dates, location of each manual pull alarm tested, persons testing the alarm, and its condition.

(c) Fire extinguishers shall be examined annually and maintained in accordance with manufacturers and National Fire Protection Association (N.F.P.A.) requirements.

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SUBCHAPTER 14. CASE MANAGEMENT AND DISCHARGE PLANNING SERVICES

8:43H-14.1 Discharge plan

(a) A rehabilitation hospital plan shall provide discharge planning services to patients, as follows:

1. Each patient shall have a discharge plan;

2. Discharge planning shall be initiated at an early stage of the patient's hospitalization;

3. Plans for discharge shall be reviewed and revised;

4. The patient and, if indicated, family members shall participate in developing and implementing the patient discharge plan. Participation shall be documented in the patient medical record; and

5. The discharge plan shall include instructions given to the patient and/or his or her family for care following discharge.

8:43H-14.2 Discharge planning policies and procedures

(a) A rehabilitation hospital shall establish and implement written policies and procedures for discharge planning services, which shall describe:

1. The functions of the person or persons responsible for planning, providing, and/or coordinating discharge planning services;

2. The time period for completing each patient's discharge plan;

3. The time period that may elapse before a reevaluation of each patient's discharge plan is made;

4. Use of the interdisciplinary team in discharge planning;

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5. Criteria for patient discharge; and

6. Methods of patient and family involvement in developing and implementing the discharge plan.

## SUBCHAPTER 15. QUALITY IMPROVEMENT PROGRAM

### 8:43H-15.1 Quality improvement plan

(a) A rehabilitation hospital shall establish and implement a written plan for a quality assurance program for patient care.

(b) The plan shall specify a timetable and the person(s) responsible for the quality improvement program and shall provide for ongoing monitoring of staff, clinical competencies, and patient care services.

### 8:43H-15.2 Quality improvement activities

(a) A rehabilitation hospital's quality improvement activities shall include, but not be limited to, the following:

1. At least annual review of staff and a three-year review of physician qualifications, credentials, and clinical competence;

2. At least annual review of staff orientation and staff education;

3. Evaluation of patients' needs, expectations and satisfaction; results of infection control activities; safety of the care environment and utilization management; and risk management findings and actions taken;

4. Evaluation by patients and their families of care and services provided by the rehabilitation hospital;

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5. Audit of patient medical records (including those of both active and discharged patients) on an ongoing basis to determine if care provided conforms to criteria established by each patient care service for the maintenance of quality of care; and

6. Establishment of a patient care outcome assessment system using industry accepted indicators for evaluation of the rehabilitation care provided by each service, which includes criteria to be used for the determination of achievement of patient rehabilitation goals.

8:43H-15.3 Measures for corrections and improvements

(a) The rehabilitation hospital staff responsible for the quality assurance program shall submit the results of the quality assurance program to the governing authority at least annually and shall include, at a minimum, deficiencies found and recommendations for corrections or improvements.

1. Deficiencies which jeopardize patient safety shall be reported to the governing authority immediately.

(b) The chief executive or administrator accountable for rehabilitation services shall, with the approval of the governing authority, implement measures to ensure that corrections or improvements are made.

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SUBCHAPTER 16. PHYSICAL PLANT

8:43H-16.1 Standards for construction, alteration, or renovation of rehabilitation facilities

(a) The standards for construction of rehabilitation facilities in new buildings, additions, alterations and renovations to existing buildings shall be in accordance with:

1. The New Jersey Uniform Construction Code, N.J.A.C. 5:23 under Use Group I-2;

2. Standards imposed by the United States Department of Health and Human Services;

3. The Americans with Disabilities Act, 42 U.S.C. §§12101 et seq.;

4. Applicable standards of the New Jersey Departments of Health and Community Affairs; and

5. The FGI Guidelines.

SUBCHAPTER 17. FUNCTIONAL REQUIREMENTS

8:43H-17.1 Provision for persons with physical disabilities

A rehabilitation hospital shall make its facilities available and accessible to physically disabled persons, pursuant to the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq., and the New Jersey Uniform Construction Code, N.J.A.C. 5:23-7 Barrier Free Subcode.

8:43H-17.2 Functional service areas

(a) A rehabilitation hospital shall have the following service areas on site or available, if applicable:

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1. Administration services;

2. Dietary services with nutritional counseling;

3. Educational services;

4. Employee facilities;

5. Engineering service and equipment areas;

6. Housekeeping services;

7. Laboratory services;

8. Linen services;

9. Medical evaluation services;

10. Nursing services;

11. Occupational therapy services with environmental modification services, driver evaluation services and activities of daily living services;

12. Orthotic and prosthetic services;

13. Pharmacy services;

14. Physical therapy services;

15. Psychology service with sexual counseling services;

16. Radiology services;

17. Recreation therapy services;

18. Respiratory therapy services;

19. Social work services;

20. Speech-language pathology and audiology services;

21. Sterilization services; and

22. Vocational services.

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(b) A rehabilitation hospital shall comply with the requirements for details and finishes set forth at N.J.A.C. 8:43H-17.24 and 17.25.

8:43H-17.3 Medical evaluation services

(a) A rehabilitation hospital's medical evaluation service shall include the following:

1. Offices for personnel; and

2. Examination rooms, which shall have a minimum floor area of 140 square feet, excluding such spaces as the vestibule, toilet, closet, and work counter (whether fixed or movable).

i. The minimum room dimension shall be 10 feet.

ii. The room shall contain a lavatory or sink equipped for handwashing, a work counter, storage facilities and a desk, counter, or shelf space for writing.

8:43H-17.4 Psychology services

A rehabilitation hospital psychology services unit shall include offices and workspace for testing, evaluation, and counseling.

8:43H-17.5 Social work services

A rehabilitation hospital social work services unit shall include office space(s) for private interviewing and counseling, waiting space, record storage space and secretarial office space.

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8:43H-17.6 Vocational services

A rehabilitation hospital vocational services unit shall contain office(s) and workspace for evaluation, counseling, and placement.

8:43H-17.7 Patient dining, recreation therapy and community spaces

(a) A rehabilitation hospital shall provide patient dining, separate from the patient's room.

1. Patient dining and community spaces may be in separate or adjoining spaces.

(b) For inpatients and residents, a rehabilitation hospital shall provide a total of 30 square feet per bed of community space for the first 100 beds and 27 square feet per bed of community space for all beds in excess of 100.

(c) A rehabilitation hospital shall provide an indoor and an outdoor recreation area.

(d) For outpatients and/or day hospitalization, a rehabilitation hospital shall provide a total of 20 square feet of community space per person if dining is part of the day care program. If dining is not part of the program, at least 10 square feet per person for recreation and community space spaces shall be provided.

(e) A rehabilitation hospital shall provide storage spaces for recreational equipment and supplies.

8:43H-17.8 Respiratory therapy services

(a) A rehabilitation hospital shall provide respiratory therapy services as a separate area or at the patient's bedside.

1. A separate area shall include:

i. Office and clerical space;

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ii. Convenient access to staff toilets, lounge, lockers, and showers;

iii. Access to a conference room;

iv. Storage for equipment and supplies; and

v. Space and utilities for cleaning and sanitizing equipment.

2. If respiratory therapy services are provided at the patient's bedside, there shall be storage in the patient's room for equipment and supplies.

8:43H-17.9 Dietary services and nutritional counseling

(a) A rehabilitation hospital's construction, equipment, and installation of food service facilities shall meet the requirements of the dietary services program. Services may consist of an onsite conventional food preparation system, a convenience food service system, or an appropriate combination thereof. The following facilities shall be provided as required to implement the food service selected:

1. Storage facilities for four days' food supply, including cold storage items;

2. Food preparation facilities as follows:

i. Conventional food preparation systems with space and equipment for preparing, cooking, and baking;

ii. Convenience food service systems; such as frozen prepared meals, bulk packaged entrees, individually packaged portions, and contractual commissary services with space and equipment for thawing, portioning, cooking, and/or baking;

3. Handwashing facility(ies) located in the food preparation area;

4. Patient meal service facilities for tray assembly and distribution;

5. Dining space for staff and visitors;

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6. Commercial dishwashing and tableware washing equipment shall be provided and located in a room or an alcove separate from food preparation and serving areas. Space shall also be provided for receiving, scraping, sorting, and stacking soiled tableware and separate area for transferring clean tableware to the using areas. A lavatory shall be conveniently available;

7. Pot washing facility(ies);

8. Storage areas or cans, carts, and mobile tray conveyors;

9. Waste storage facility(ies) shall be located in a separate room easily accessible to the outside for direct waste pickup or disposal. A janitor's closet shall be located within the food and nutrition services department and shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies;

10. Office(s) or desk space(s) for dietitian(s) or the dietary service manager;

11. Toilets for dietary staff with handwashing facility(ies), which shall be immediately available; and

12. Self-dispensing icemaking facilities, which may be in an area or room separate from the food preparation area but shall be easily cleanable and convenient to dietary facilities.

(b) Nutritional counseling shall be provided in a location which ensures a patient's privacy.

8:43H-17.10 Administration services

(a) A rehabilitation hospital shall provide a grade-level entrance, sheltered from the weather and able to accommodate wheelchairs, which conforms to the requirements of N.J.A.C. 5:23-7.

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(b) A rehabilitation hospital shall provide a lobby, which shall include:

1. Wheelchair storage space(s);

2. A reception and information counter or desk;

3. Waiting space(s);

4. Public toilet facility(ies);

5. Public telephone access(s); and

6. Drinking fountain(s).

(c) A rehabilitation hospital shall provide:

1. Interview space(s) for private interviews relating to social service, credit, and admissions;

2. General or individual office(s) for business transactions, records, and administrative and professional staff;

3. Multipurpose room(s) for conferences, meetings, health education, and library services;

4. Storage for employee's personal effects; and

5. Separate space for office supplies, sterile supplies, pharmaceutical supplies, splints and other orthotic supplies, and housekeeping supplies and equipment.

8:43H-17.11 Patient rooms; nursing units

(a) Each newly licensed rehabilitation hospital patient room shall be single bedded.

(b) For any existing licensed rehabilitation hospital patient room that is being renovated, if the present capacity is more than one patient per each room,

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maximum room capacity shall be no more than two patients per room after renovations are completed.

1. In existing licensed facilities, at least two single bedrooms with a private toilet room shall be provided in each nursing unit.

(c) Each patient shall have a minimum room area exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules of 140 square feet in single-bed rooms and 125 square feet per bed in rooms with more than one bed;

1. Each patient shall have a minimum room area exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules of 140 square feet in single-bed rooms and 125 square feet per bed in rooms with more than one bed;
2. Each bedroom shall have a space for a wheelchair to make a 180 degree turn, which is a clear space of 60 inches in diameter;
3. Each one-bed room shall have a minimum clear floor space of 36 inches from each side of the bed and 36 inches between the foot of the bed and the wall.
4. Each two-bed room shall have a minimum clear floor space of 48 inches between the foot of bed and the wall, 36 inches between the side of bed and the wall and 36 inches between beds;
5. Each patient room shall have a window.;
6. A nurses' calling system shall be provided as follows:

    i. Each patient room shall be served by at least one calling station for two-way voice communications;

    ii. Each bed shall be provided with a call button;

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iii. Two call buttons serving adjacent beds may be served by one calling station;

iv. Calls shall activate a visible signal in the corridor at the patient's door; and

v. A Nurses' call emergency system shall be provided at each inpatient toilet, bath, and shower room.

7. In new construction, handwashing facilities shall be provided in each patient room. In renovations and modernizations, the lavatory may be omitted from the bedroom where a water closet and lavatory are provided in a toilet room designed to serve one single-bed room, or one two-bed room and an alcohol-based hand sanitizer shall be installed in the room;

8. Each patient shall have access to a toilet room without having to enter the general corridor area. One toilet room shall serve no more than four beds and no more than two patient rooms. The toilet room shall contain a water closet and a lavatory;

9. Each patient shall have a wardrobe, closet, or locker with minimum clear dimensions of one foot ten inches by one foot eight inches, suitable for hanging full-length garments; and

i. An adjustable clothes rod and adjustable shelf shall be provided;

10. Visual privacy shall be provided for each patient;

i. In rooms with more than one bed, cubicle curtains shall be provided between beds.

(c) The services areas noted below shall be in or readily available to each nursing unit.

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1. Although identifiable spaces are required for each indicated function, consideration will be given to alternative designs that accommodate some functions without designating specific areas or rooms.

2. Each service area may be arranged and located to serve more than one nursing unit, but at least one such service area shall be provided on each nursing floor.

3. The following service areas shall be provided:

i. An administrative nurse station center or nurses' station;

ii. A nurses' workstation;

iii. Storage for administrative supplies;

iv. Handwashing facilities located near the nurses' station and the drug distribution station. One lavatory may serve both areas;

v. Charting facilities for staff;

vi. A lounge and toilet room(s) for staff;

vii. Individual closets or compartments for safekeeping the personal effects of nursing personnel, located convenient to the duty station or in a central location;

viii. A clean workroom or clean holding room;

ix. A soiled workroom or soiled holding room;

x. A drug distribution station shall be provided for convenient and prompt 24-hour distribution of medicine to patients.

(1) Distribution may be from a medicine preparation room, a self-contained medicine dispensing unit, or through another approved system.

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(2) If used, a medicine preparation room shall be under the nursing staff's visual control and contain a work counter, refrigerator, and locked storage for biological products and drugs.

(3) A medicine dispensing unit may be located at a nurses' station, in the clean workroom, or in an alcove or other space under visual observation of nursing or pharmacy staff;

xi. Clean linen storage with a separate closet or an area within the clean workroom provided for this purpose. If a closed-cart system is used, storage may be in an alcove;

xii. A nourishment station, which shall contain a sink for handwashing, equipment for serving nourishment between scheduled meals, a refrigerator, storage cabinets, and icemaker-dispenser units;

xiii. An equipment storage room for equipment such as I.V. stands, inhalators, air mattresses, and walkers; and

xiv. Parking for stretchers and wheelchairs which shall be located out of the path of normal traffic.

(d) A rehabilitation hospital shall provide bathtubs or showers at a ratio of one bathing facility for each eight beds not otherwise served by bathing facilities within patient rooms. Each tub or shower shall be in an individual room or privacy enclosure that provides space for the private use of bathing fixtures, for drying and dressing, and for a wheelchair and an assistant. Showers in central bathing facilities shall be at least four feet square, curb-free, and designed for use by a wheelchair patient.

(e) A rehabilitation hospital shall provide patient toilet facilities as follows:

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1. The minimum dimensions of a room containing only a toilet shall be three feet by six feet clear space; additional space shall be provided if a lavatory is located within the same room. Toilets shall be usable by wheelchair patients;

2. At least one room, other than a patient room, shall be provided for toilet transfer training. A minimum clearance of three feet shall be provided at the front and at each side of the toilet. This room shall also contain a lavatory;

3. A toilet room that does not require travel through the general corridor shall be accessible to each central bathing area;

4. Doors to toilet rooms shall have a minimum width of two feet 10 inches to admit a wheelchair. The doors shall permit access from the outside in case of an emergency and swing outward; and

5. A handwashing facility shall be provided for each water closet in each multi-fixture toilet room.

8:43H-17.12 Physical therapy services

(a) A rehabilitation hospital shall provide the following in physical therapy services:

1. Office space;

2. Waiting space;

3. Treatment area(s);

i. For thermotherapy, diathermy, ultrasonics, respiratory therapy, hydrotherapy, and other treatments performed in a physical therapy unit, cubicle curtains around each individual treatment area shall be provided;

ii. Handwashing facility(ies) shall be provided;

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iii. One lavatory or sink may serve more than one cubicle;

iv. Facilities for collection of wet and soiled linen and other material shall be provided.

4. An exercise area;

5. Storage for clean linen, supplies, and equipment;

6. Patient toilet rooms; and

7. Wheelchair and stretcher storage.

(b) The areas designated in (a)1, 2, 5, 6 and 7 above may be planned and arranged for shared use by occupational therapy patients and staff if the functional program reflects this sharing concept.

8:43H-17.13 Occupational therapy services

(a) A rehabilitation hospital shall provide the following in an occupational therapy service unit:

1. Office space;

2. Waiting space;

3. Activity areas, which shall have provisions for a sink or lavatory;

4. Storage for supplies and equipment;

5. Patient toilet rooms;

6. Space for driver evaluation; and

7. Activities for daily living.

i. An area for teaching the activities of daily living shall be provided and shall have a bedroom, bath, and kitchen space with stove accessible.

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(b) The areas designated in (a)1, 2, 4, 5 and 8 above may be planned and arranged for shared use by physical therapy patients and staff if the functional program reflects this sharing concept.

8:43H-17.14 Speech-language pathology and audiology services

(a) A rehabilitation hospital shall provide the following in speech-language pathology and audiology services:

1. Office(s) for therapists;
2. Space for evaluation and treatment; and
3. Space for equipment and storage.

8:43H-17.15 Radiology services

(a) A rehabilitation hospital radiology service shall contain the following:

1. Radiographic room(s);
2. Image processing facilities;
3. Viewing and administration area(s);
4. Image storage facilities;

5 A toilet room with handwashing facility;

6. A waiting area; and
7. A holding area for stretcher patients.

(b) A portable x-ray with Image processing facilities may be used, if required by the program.

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8:43H-17.16 Laboratory services

(a) A rehabilitation hospital shall provide laboratory services within the rehabilitation hospital or through contract arrangement with a hospital or laboratory service for hematology, clinical chemistry, urinalysis, cytology, pathology, and bacteriology.

1. If laboratory services are provided on-site; the following shall be the minimum provided:

i. Laboratory work counter(s) with a sink, and gas and electric service;

ii. Handwashing facilities;

iii. Storage cabinet(s) or closet(s);

iv. Specimen collection facilities. Urine collection rooms shall be equipped with a water closet and lavatory. Blood collection facilities shall have space for a chair and work counter; and

v. Refrigerator.

8:43H-17.17 Pharmacy services

(a) A rehabilitation hospital shall provide pharmacy services within the rehabilitation hospital or through a contract.

1. If pharmacy services are provided on-site, the following shall be the minimum provided:

i. A dispensing area with handwashing facility;

ii. An area for compounding; and

iii. Locked storage areas.

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8:43H-17.18 Sterilization services

A rehabilitation hospital shall provide a system for sterilizing equipment and supplies when necessary for the services it provides.

8:43H-17.19 Linen services

(a) If linen is to be processed on the site, the rehabilitation hospital shall provide the following:

1. A laundry processing room with commercial equipment that can process seven days' laundry within a regularly scheduled workweek, with handwashing facilities;

2. A soiled linen receiving, holding, and sorting room with handwashing and cart-washing facilities;

3. Storage for laundry supplies;

4. A clean linen storage, issuing, and holding room or area; and

5. A janitor's closet, containing a floor receptor or service sink and storage space for housekeeping equipment and supplies.

(b) If linen is processed off the rehabilitation facility site, the rehabilitation hospital shall provide the following:

1. A soiled linen holding room; and

2. A clean linen receiving, holding, inspection, and storage room(s).

8:43H-17.20 Housekeeping services

a) A rehabilitation hospital shall provide a janitor's closet for each nursing unit.

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1. A janitor’s closet may serve two nursing units if they are on the same floor and adjacent to each other.

(b) A rehabilitation hospital shall provide janitor’s closets throughout the rehabilitation hospital as required to maintain a clean and sanitary environment.

8:43H-17.21 Employee facilities

A rehabilitation hospital shall provide employee facilities, such as lockers, lounges, and toilets, for employees and volunteers.

8:43H-17.22 Engineering service and equipment areas

(a) A rehabilitation hospital shall provide equipment room(s) for boilers, mechanical equipment, and electrical equipment.

(b) A rehabilitation hospital shall provide storage rooms for building maintenance supplies and yard equipment.

(c) A rehabilitation hospital shall provide space and facilities for the sanitary storage and disposal of waste.

8:43H-17.23 Educational services

(a) A rehabilitation hospital shall provide space for educational services.

(b) In a pediatric unit, there shall be classroom(s) for pediatric patients as required by the New Jersey Department of Education.

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8:43H-17.24 Building details

(a) A rehabilitation hospital shall ensure that its facility complies with the following:

1. Compartmentation, exits, automatic extinguishing systems, and other details relating to fire prevention and fire protection in inpatient rehabilitation facilities shall comply with requirements listed in the New Jersey Uniform Construction Code, N.J.A.C. 5:23.

2. Items such as drinking fountains, telephone booths, vending machines and portable equipment shall not restrict corridor traffic or reduce the corridor width below the required minimum.

3. Rooms containing bathtubs, showers, and toilets, which are subject to patient use shall be equipped with doors and hardware that will permit access from the outside in an emergency. When such rooms have only one opening, the doors shall open outward or be otherwise designed to open without pressing against a patient who may have collapsed within the room.

4. Minimum width of all doors to rooms needing access for beds shall be 45 and a half inches. Doors to rooms requiring access for stretchers and doors to patient toilet rooms and other rooms needing access for wheelchairs shall comply with local, state, and federal requirements.

5. Doors between corridors and rooms or those leading into spaces subject to occupancy, except elevator doors, shall be swing-type. Openings to showers, baths, patient toilets, and other small wet areas not subject to fire hazard are exempt from this requirement.

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6. Doors, except those to spaces such as small closets not subject to occupancy, shall not swing into corridors in a manner that obstructs traffic flow or reduces the required corridor width.

7. Windows and outer doors that may be frequently left open shall be provided with insect screens.

8. Patient rooms intended for occupancy shall have windows that operate without the use of tools and shall have sills not more than three feet above the floor.

9. Doors, sidelights, borrowed light, and windows glazed to within 18 inches of the floor shall be constructed of safety glass, wired glass, or plastic glazing material that resists breaking or creates no dangerous cutting edges when broken. Similar materials shall be used in wall openings of playrooms and exercise rooms. Safety glass or plastic glazing material shall be used for shower doors and bath enclosures.

10. Linen and refuse chutes shall comply with the New Jersey Uniform Construction Code, N.J.A.C. 5:23 and any applicable NJ Department of Environmental Protection requirements.

11. Thresholds and expansion joint covers shall be flush with the floor surface, to facilitate use of wheelchairs and carts.

12. Grab bars shall be provided at all patient toilets, bathtubs, showers, and sitz baths. The bars shall have one and one-half inch clearance to walls and shall be sufficiently anchored to sustain a concentrated load of 250 pounds. Special consideration shall be given to shower curtain rods which may be momentarily used for support.

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13. Handrails shall be provided on both sides of corridors used by patients. A clear distance of one and one-half inches shall be provided between the handrail and wall, and the top of the rail shall be 32 inches above the floor.

14. Ends of handrails and grab bars shall be constructed to prevent snagging the clothes of patients.

15. The location and arrangement of handwashing facilities shall permit proper use and operation. Particular care shall be given to clearance required for blade-type operating handles. Lavatories intended for use by disabled patients shall be installed to permit wheelchairs to fit under them.

16. Mirrors shall be arranged for use by wheelchair patients as well as by patients in a standing position.

17. Provisions for hand drying shall be included at all handwashing facilities.

18. Lavatories and handwashing facilities shall be securely anchored to withstand an applied vertical load of not less than 250 pounds on the front of the fixture.

19. Radiation protection requirements of x-ray and gamma ray installations shall conform to applicable State and local laws. Provisions shall be made for testing the completed installation before use. All defects shall be corrected before the use of equipment.

20. The minimum ceiling height shall be seven feet 10 inches, with the following exceptions:

i. Boiler rooms shall have a ceiling clearance not less than two feet six inches above the main boiler head and connecting piping.

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ii. Ceilings of radiographic and other rooms containing ceiling-mounted equipment, including those with ceiling-mounted surgical light fixtures, shall have sufficient height to accommodate the equipment and/or fixtures.

iii. Ceilings in corridors, storage rooms, toilet rooms, and other minor rooms shall not be less than seven feet eight inches.

iv. Suspended tracks, rails, and pipes located in the path of normal traffic shall not be less than six feet eight inches above the floor.

21. Recreation rooms, exercise rooms, and similar spaces where impact noises may be generated shall not be located directly over patient bed areas unless special provisions are made to minimize such noise.

22. Rooms containing heat-producing equipment (such as boiler or heater rooms and laundries) shall be insulated and ventilated to prevent any floor surface above and below from exceeding a temperature 10 degrees Fahrenheit (six degrees Celsius) above the ambient room temperature.

23. Noise reduction criteria standards available in the FGI Guidelines shall apply to partition, floor, and ceiling construction in patient areas.

8:43H-17.25 Finishes

(a) A rehabilitation hospital shall ensure that its facility complies with the following:

1. Cubicle curtains and draperies shall be noncombustible or rendered flame retardant.

2. Floor materials shall be readily cleanable and wear resistant for the location. Floors in food preparation or assembly areas shall be water resistant. Joints in tile and

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similar material in such areas shall also be resistant to food acids. In all areas frequently subject to wet cleaning methods, floor materials shall not be physically affected by germicidal and cleaning solutions. Floors subject to traffic while wet, such as shower and bath areas, kitchens, and similar work areas, shall have a non-slip surface.

3. Wall bases in kitchens, soiled workrooms and other areas that are frequently subject to wet cleaning methods shall be monolithic and covered with the floors, tightly sealed within the wall, and constructed without voids that can harbor insects.

4. Wall finishes shall be washable and, in the proximity of plumbing fixtures, shall be smooth and moisture-resistant. Finish, trim, and floor and wall construction in dietary and food preparation areas shall be free from spaces that can harbor pests.

5. Floor and wall areas penetrated by pipes, ducts, and conduits shall be tightly sealed to minimize entry of pests. Joints of structural elements shall be similarly sealed.

6. Ceilings throughout shall be readily cleanable. All overhead piping and ductwork in the dietary and food preparation area shall be concealed behind a finished ceiling. Finished ceilings may be omitted in mechanical and equipment spaces, shops, general storage areas, and similar spaces, unless required for fire-resistive purposes.

(b) Acoustical ceilings shall be provided for corridors in patient areas, nurses' stations, dayrooms, recreational rooms, dining areas, and waiting areas.

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