The Joint Commission

New Jersey Requirements for Assisted Living Residents

New Jersey Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Program to 2024 Joint Commission Assisted Living Communities Standards & EPs

Number	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-2.10	§8:36-2.10 Advertisement of assisted living Only facilities licensed as assisted living residences or comprehensive personal care homes may describe and offer themselves to the public as providing assisted living services and care or other similar services. Violation of this requirement shall constitute operation of a health care facility without a license, and shall be subject to penalty in accordance with N.J.S.A. 26:2H-14 and N.J.A.C. 8:43E-1.	**LD.04.01.01**	**The organization complies with law and regulation.**
		EP 2	The organization provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.
§8:36-3.1	§8:36-3.1 Appointment of administrator (a) An administrator shall be appointed and an alternate shall be designated in writing to act in the absence of the administrator. The administrator or a designated alternate shall be available at all times and shall be on-site at the facility on a full-time basis in facilities that have 60 or more licensed beds, and on a half-time basis in facilities that have fewer than 60 licensed beds, in accordance with the definition of "full-time" and "half-time" at N.J.A.C. 8:36 -1.3.	**LD.01.04.01**	**An administrator manages the organization.**
		EP 9	The individual with the authority to address administrative issues is accessible to the organization on a full-time basis.
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
§8:36-3.2	§8:36-3.2 Qualifications of the administrator of an assisted living residence or comprehensive personal care home (a) The administrator of an assisted living residence or comprehensive personal care home shall: 1. Be at least 21 years of age; 2. Possess a high school diploma or equivalent; and 3. Hold a current New Jersey license as a nursing home administrator or hold a current New Jersey certification as an assisted living administrator. (b) An applicant for certification as an assisted living administrator shall successfully complete an assisted living training course which covers the concepts and rules of assisted living as outlined in this chapter, given by a trainer qualified in accordance with N.J.A.C. 8:36-3.3. 1. An applicant for certification as an assisted living administrator shall sit for the Assisted Living Competency Examination within two years of successful completion of the assisted living training course. (c) An applicant for certification who fails the competency examination for an assisted living administrator will be permitted to re-take the examination in accordance with the following: 1. Following a first examination failure, an applicant shall be permitted to sit for re-examination. 2. Following a second examination failure, the applicant shall be required to re-take, and successfully complete, an assisted living training course approved by the Department in accordance with this section. 3. Written documentation of successful completion of a training program required at (b) above shall be submitted to the Certificate of Need and Licensing Program, at least 10 days prior to the next examination the applicant will take.	**HR.01.01.01**	**The organization defines and verifies staff qualifications.**
		EP 1	The organization defines staff qualifications specific to their job responsibilities. Note: Qualifications for infection control may be met through education, training, experience, and/or certification (such as certification from the Certification Board for Infection Control and Epidemiology).
		EP 3	The organization verifies and documents that the applicant has the education and experience required by the job responsibilities, unless this information has already been verified by the entity that issued the applicant's licensure, certification, or registration authority. Note: Verification of education does not have to be obtained from the primary source.
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.

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	(d) Certification shall be granted only to those candidates who: 1. Successfully complete the training program listed in (b) above; 2. Pass the competency examination; and 3. Successfully complete the criminal background check as required by N.J.A.C. 8:43I-4. (e) An individual who has successfully completed the required training program and who has passed the competency examination shall be eligible for a conditional certification in accordance with N.J.A.C. 8:43I-4.5. Conditionally certified individuals may perform the duties of a certified assisted living administrator only for the period of time specified in N.J.A.C. 8:43I-4.5. (f) The owner of an assisted living residence who meets the qualifications listed in (a) above may also serve as the administrator. (g) An assisted living administrator certification shall be valid for a period of three years from date of issue. (h) At least once every three years, on a schedule to be determined by the Department, an assisted living administrator shall file an application for renewal of current certification. (i) In order to be eligible to renew a current certification, an assisted living administrator shall: 1. Complete at least 30 hours of continuing education regarding assisted living concepts and related topics, as specified and approved by the Department. Continuing education courses shall cover the topics described in the training program for assisted living administrators at N.J.A.C. 8:36-3.3(a)2, and be earned between the time the current certificate was issued and is due to expire; and 2. Complete a criminal history record background check as required by N.J.A.C. 8:43I-1. (j) If a certified assisted living administrator fails to fulfill the certification renewal requirements at the prescribed time, the certification shall be considered inactive. (k) An individual may apply for recertification without re-examination within three years of the certification renewal date and upon submitting a request for restoration of said certification, in writing, to the Certification Program. (l) An individual requesting restoration of his or her certification from inactive status within three years of inactivity shall be required to pay the then-current certification fee and comply with the education requirements identified at (b) above. (m) The applicant shall be required to complete 10 hours of continuing education credit for each year in which the certification was inactive in addition to the required 30 hours of continuing education for the last completed triennial certification period in which the applicant's certification was active. (n) An administrator whose certification is in an inactive status and who subsequently fails to meet the requirements identified at (j) through (m) above shall be required to apply in writing for restoration of certification under the requirements as determined by the Certification Program on an individual basis and as provided for in these rules.		

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§8:36-3.3

§8:36-3.3 Qualifications of trainers for assisted living administrators
(a) Qualified trainers for assisted living administrators shall possess either the education and experience described in (a)1 through 3 below or the experience described in (a)4 and 5 below:
1. Two years experience as an administrator in the areas of housing, hotel management, or health care or two years experience in teaching adults, or any combination thereof; and
2. Completion of at least 40 hours in assisted living administrator training, which shall include basic concepts of assisted living, age-related changes and aging in place, assessments, scope of services and service planning, shared responsibility and managed risk, documentation, staffing patterns, nursing activities and medication administration, and promoting a home-like environment; and
3. A practicum, consisting of a minimum of 16 hours, at a New Jersey licensed assisted living facility which shall include satisfactory completion of a resident service needs assessment, service plan and risk management agreement; or
4. Two years of experience as a certified assisted living administrator in a licensed assisted living facility or two years experience in teaching adults, or any combination thereof; and
5. A practicum, consisting of a minimum of 16 hours, at a New Jersey licensed assisted living facility which shall include satisfactory completion of a resident service needs assessment, service plan, and risk management agreement.

HR.01.01.01	**The organization defines and verifies staff qualifications.**
EP 1	The organization defines staff qualifications specific to their job responsibilities. Note: Qualifications for infection control may be met through education, training, experience, and/or certification (such as certification from the Certification Board for Infection Control and Epidemiology).
EP 3	The organization verifies and documents that the applicant has the education and experience required by the job responsibilities, unless this information has already been verified by the entity that issued the applicant's licensure, certification, or registration authority. Note: Verification of education does not have to be obtained from the primary source.
LD.04.01.01	**The organization complies with law and regulation.**
EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.

§8:36-3.4

§8:36-3.4 Administrator's responsibilities
(a) The administrator or designee shall be responsible for, but not limited to, the following:
1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;
2. Planning for, and administration of, the managerial, operational, fiscal, and reporting components of the facility;
3. Ensuring that all personnel are assigned duties based upon their ability and competency to perform the job and in accordance with written job descriptions;
4. Ensuring the provision of staff orientation and staff education;
5. Establishing and maintaining liaison relationships and communication with facility staff and services and with residents and their families; and
6. Establishing and maintaining liaison relationships and communications with community hospitals, social service agencies, and mental health service agencies.

LD.04.01.01	**The organization complies with law and regulation.**
EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
LD.04.01.05	**The organization effectively manages its programs, services, sites, or departments.**
EP 3	The organization defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments.

§8:36-4.1

§8:36-4.1 Posting and distribution of statement of resident rights
(a) Each assisted living provider shall post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:
1. The right to receive personalized services and care in accordance with the resident's individualized general service and/or health service plan;
2. The right to receive a level of care and services that addresses the resident's changing physical and psychosocial status;
3. The right to have his or her independence and individuality;
4. The right to be treated with respect, courtesy, consideration and dignity;
5. The right to make choices with respect to services and lifestyle;
6. The right to privacy;
7. The right to have or not to have families' and friends' participation in resident service planning and implementation;
8. The right to receive pain management as needed, in accordance with N.J.A.C. 8:43E-6;
9. The right to choose a physician, advanced practice nurse, or physician assistant;
10. The right to appeal an involuntary discharge as specified at N.J.A.C. 8:36-5.14(b);

EC.01.01.01	**The organization plans activities that minimize risks in the environment of care.**
EP 4	The organization has a written plan for providing a safe environment for everyone who enters the organization’s facilities. Note: Facilities include both leased and owned spaces.
EC.02.06.01	**The organization establishes and maintains a safe, functional environment.**
EP 20	Areas used by residents are safe, clean, and comfortable.
EP 39	The organization encourages the display of objects in the resident’s personal space that reflect meaningful memories and religious, spiritual, or cultural traditions from their past. (See also HR.01.05.03, EP 24)
IM.02.01.01	**The organization protects the privacy of health information.**
EP 3	The organization uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also RI.01.01.01, EP 7)
EP 4	The organization discloses health information only as authorized by a resident or as otherwise consistent

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11. The right to receive written documentation that fee increases based on a higher level of care are based on reassessment of the resident and in accordance with N.J.A.C. 8:36-6.2; 12. The right to receive a written explanation of fee increases that are not related to increased services, upon request by the resident; 13. The right to participate, to the fullest extent that the resident is able, in planning his or her own medical treatment and care; 14. The right to refuse medication and treatment after the resident has been informed, in language that the resident understands, of the possible consequences of this decision; 15. The right to refuse to participate in experimental research, including the investigations of new drugs and medical devices. The resident shall be included in experimental research only when he or she gives informed, written consent to such participation; 16. The right to be free from physical and mental abuse and/or neglect; 17. The right to be free from chemical and physical restraints, unless a physician, advanced practice nurse, or physician assistant authorizes the use for a limited period of time to protect the resident or others from injury. Under no circumstances shall the resident be confined in a locked room or restrained for punishment, for the convenience of the facility staff, or with the use of excessive drug dosages; 18. The right to manage his or her own finances or to have that responsibility delegated to a family member, an assigned guardian, the facility administrator, or some other individual with power of attorney. The resident's authorization must be in writing, and must be witnessed in writing; 19. The right to receive an admission agreement describing the services provided by the facility and the related charges. Such admission agreement must be in compliance with all applicable State and Federal laws. This agreement must also include the facility's policies for payment of fees, deposits, and refunds. The resident shall receive this agreement prior to or at the time of admission, and afterwards, all addenda to this agreement, whenever there are any changes, in accordance with N.J.A.C. 8:36-6.2; 20. The right to receive a quarterly written account of all resident's funds and itemized property that are deposited with the facility for the resident's use and safekeeping and of all financial transactions with the resident, next of kin, or guardian. This record shall also show the amount of property in the account at the beginning and end of the accounting period, as well as a list of all deposits and withdrawals, substantiated by receipts given to the resident or his or her guardian; 21. The right to have daily access during specified hours to the money and property that the resident has deposited with the facility. The resident also may delegate, in writing, this right of access to his or her representative; 22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care; 23. The right not to be moved to a different bed or room in the facility if the relocation is arbitrary and capricious; 24. The right to wear his or her own clothes; 25. The right to keep and use his or her personal property, unless this would be unsafe, impractical, or an infringement on the rights of other residents. The facility shall take precautions to ensure that the resident's personal possessions are secure from theft, loss, and misplacement; 26. The right to have reasonable opportunities for private and intimate physical and social interaction with other people. The resident shall be provided an opportunity to share a room with another individual unless it is medically inadvisable; 27. The right to receive confidential treatment of information about the resident. Information in the resident's records shall not be released to anyone outside the facility without the resident's approval, unless the resident transfers to another health care facility, or unless the release of the information is required by law, a third-party payment contract, or the Department; 28. The right to receive and send mail in unopened envelopes, unless the resident requests otherwise. The resident also has a right to request and receive assistance in reading and writing correspondence unless it is medically contraindicated, and documented in the			with law and regulation. (See also RI.01.01.01, EP 7)
		LD.03.01.01	**Leaders create and maintain a culture of safety and quality throughout the organization.**
		EP 1	Leaders regularly evaluate the culture of safety and quality using a valid and reliable tool. Note: An example of a valid and reliable tool is the Agency for Healthcare Research and Quality (AHRQ) Nursing Home Survey on Patient Safety Culture found at www.ahrq.gov.
		EP 4	Leaders develop a code of conduct that defines acceptable behavior and behaviors that undermine a culture of quality and safety.
		EP 5	Leaders create and implement a process for managing behaviors that undermine a culture of quality and safety.
		LD.03.01.02	**Leaders create and maintain a culture of person-centered care.**
		EP 1	Leaders work in partnership with residents, families, and staff to evaluate the organization's culture in regard to providing person-centered care. The evaluation is documented. (See also PI.01.01.01, EP 14)
		EP 2	Based on the organization's culture evaluation, leaders work with residents, families, and staff to develop and implement strategies that promote person-centered care.
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		LD.04.03.13	**Pain assessment and pain management, including safe opioid prescribing, are identified as an organizational priority.**
		EP 2	The organization provides nonpharmacologic pain treatment modalities.
		EP 3	The organization provides staff with educational resources to improve pain assessment, pain management, and the safe use of opioid medications based on the identified needs of its resident population.
		MM.06.01.03	**Self-administered medications are administered safely and accurately.** **Note: The term "self-administered medication(s)" may refer to medications administered by a family member.**
		EP 1	If self-administration of medications is allowed, the organization follows written processes that guide the safe storage of medications. (See also MM.06.01.01, EP 1)
		EP 7	If a resident elects to self-administer their own medication, the resident must be deemed competent by either the organization or a licensed independent practitioner to safely administer all prescribed medications. The organization retains a list of the medications in the resident's record.
		PC.01.01.01	**The organization accepts the resident for care, treatment, and services based on its ability to meet the resident's needs.**
		EP 1	The organization discloses to prospective residents and their families which services they are capable of providing prior to entering into a residence agreement with an individual. This disclosure includes the reasons and procedures for termination of residency. The disclosure is provided in a manner that the resident and family understand and is documented.
		EP 7	The organization follows a written process for accepting a resident based on its ability to provide for the care, treatment, and services required by the resident and in accordance with law and regulation.
		EP 21	If a prospective resident is not accepted after the initial screening, the reasons for denying residency are documented.
		PC.01.02.07	**The organization assesses and manages the resident's pain and minimizes the risks associated with treatment.**

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record by a physician, advanced practice nurse, or physician assistant; 29. The right to have a private telephone in his or her living quarters at the resident's own expense; 30. The right to meet with any visitors of the resident's choice, at any time, in accordance with facility policies and procedures; 31. The right to take part in activities, and to meet with and participate in the activities of any social, religious, and community groups, as long as these activities do not disrupt the lives of other residents; 32. The right to refuse to perform services for the facility; 33. The right to request visits at any time by representatives of the religion of the resident's choice and, upon the resident's request, to attend outside religious services at his or her own expense. No religious beliefs or practices shall be imposed on any resident; 34. The right to participate in meals, recreation, and social activities without being subjected to discrimination based on age, race, religion, sex, marital status, nationality, or disability. The resident's participation may be restricted or prohibited only upon the written recommendation of his or her physician, advanced practice nurse, or physician assistant; 35. The right to organize and participate in a Resident Council that presents residents' concerns to the administrator of the facility. A resident's family has the right to meet in the facility with the families of other residents in the facility; 36. The right to be transferred or discharged only in accordance with the terms of the admission agreement and only in accordance with N.J.A.C. 8:36-5.1(d); 37. The right to receive written notice at least 30 days in advance when the facility requests the resident's transfer or discharge, except in an emergency. This written notice shall include the name, address, and telephone number of the Long-Term Care Ombudsman, and shall also be provided to the resident's legally appointed guardian, if applicable, or, with the resident's consent, to the resident's family, 30 days in advance; 38. The right to be given a written statement of all resident rights as well as any additional regulations established by the facility involving resident rights and responsibilities. The facility shall require each resident or his or her legally appointed guardian to sign a copy of this document. In addition, a copy shall be posted in a conspicuous, public place in the facility; 39. The right to retain and exercise all the Constitutional, civil and legal rights to which the resident is entitled by law. The facility shall encourage and help each resident to exercise these rights; 40. The right to voice complaints without being threatened or punished. Each resident is entitled to complain and present his or her grievances to the administrator and staff, to government agencies, and to anyone else without fear of interference, discharge, or reprisal. The facility shall provide each resident and his or her legally appointed guardian, if applicable, and the resident's family member with the names, addresses, and telephone numbers of the government agencies to which a resident can complain and ask questions, including the Department and the State Long-Term Care Ombudsman. These names, addresses, and telephone numbers shall also be posted in a conspicuous place in the facility; 41. The right to hire a private caregiver/companion at the resident's expense and responsibility, as long as the caregiver/companion complies with the facility's policies and procedures; and 42. The right to obtain medications from a pharmacy of the resident's choosing, as long as the pharmacy complies with the facility's medication administration system, if applicable. (b) Each resident, resident's family member, and resident's legally appointed guardian, if applicable, shall be informed of the resident rights enumerated in this subchapter, and each shall be explained to him or her. (c) The facility shall have policies and procedures to ensure the implementation of resident rights as listed in (a) above.		**EP 1**	The organization has defined criteria to screen, assess, and reassess pain that are consistent with the resident's condition and ability to understand.
		EP 3	The organization works with the licensed independent practitioner to treat the resident's pain or refers the resident for treatment. Note: Treatment strategies for pain may include nonpharmacologic, pharmacologic, or a combination of approaches.
		EP 7	Based on the resident's condition, the organization reassesses and responds to the resident's pain through the following: - Evaluation and documentation of response(s) to pain intervention(s) - Progress toward pain management goals including functional ability (for example, improved pain, improved or preserved physical function, quality of life, mental and cognitive symptoms, sleep habits)
		EP 9	If the resident is unable to convey the presence of pain, the organization uses a validated non-verbal/non-cognitive pain assessment tool. The organization may solicit input from the family in identifying and managing the resident's pain. This input is documented.
		PC.01.02.09	**The organization assesses the resident who may be a victim of possible abuse, neglect, or exploitation.**
		EP 1	The organization uses written criteria to identify those residents who may be victims of physical assault, sexual assault, sexual molestation, domestic abuse, elder or child abuse, neglect, or exploitation. Residents are evaluated upon moving into the organization and on an ongoing basis. Note 1: Criteria can be based on age, sex, and circumstance. Research shows that dementia and disruptive behavior may increase a resident's risk of mistreatment. Note 2: One source of research is the National Center on Elder Abuse, https://ncea.acl.gov/. (See also RI.01.06.03, EP 2)
		EP 7	The organization reports cases of possible abuse, neglect, and exploitation to external agencies, in accordance with law and regulation. (See also RI.01.06.03, EP 3)
		PC.01.03.01	**The organization plans the resident's care.**
		EP 47	The resident and/or family is involved in developing an individualized plan of care.
		PC.02.01.05	**The organization provides interdisciplinary, collaborative care, treatment, and services.**
		EP 9	Information about the resident is shared among all care providers, including the physician, home health agency, and contracted services, within the organization's defined time frames.
		PC.02.01.15	**Residents at risk for health-related complications receive preventive care.**
		EP 4	The organization provides preventive care to avoid complications arising from social isolation, including the following: - Encouraging all residents to participate in activities based on their ability and preferences - Encouraging and helping chair-fast residents to leave their rooms for a change in environment - Helping residents cope with the effects of illness, disability, treatment, or stay in the organization - Using the least restrictive visitation practices and considering alternate options when restrictions are necessary
		PC.02.01.17	**Residents receive restorative services, including assistance with activities of daily living.**
		EP 6	Residents are helped with instrumental activities of daily living, based on their needs, including the following: - Housekeeping, including laundry - Meal preparation - Shopping for groceries and other necessities - Managing medications - Electronic communications like the telephone or computer - Transportation

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			- Moving into or out of the assisted living community
		PC.02.02.09	**Residents are provided with opportunities to participate in social and recreational activities.**
		EP 1	The organization offers residents a variety of social and recreational activities according to their abilities and interests.
		EP 3	The organization helps residents to participate in social and recreational activities according to their abilities and interests.
		PC.03.02.09	**The organization maintains an environment free from restraints and seclusion.**
		EP 1	The organization prohibits the use of seclusion. Note: Refer to the Glossary for the definition of seclusion.
		EP 2	The organization prohibits the use of physical or chemical restraints. Note: Refer to the Glossary for the definition of restraint.
		PC.04.01.01	**The organization follows a process that addresses transitions in the resident's care.**
		EP 14	The organization transfers a resident upon order of their attending licensed independent practitioner.
		EP 20	The organization follows an established process for emergency transfer resulting from medical necessity.
		PC.04.01.03	**The organization terminates residency or transfers the resident based on the resident's assessed needs and the organization's ability to meet those needs.**
		EP 3	The resident, the resident's family, licensed independent practitioners, and staff involved in the resident's care, treatment, and services participate in planning the resident's transfer or termination of residency. (See also RI.01.01.01, EP 19)
		EP 12	The organization terminates residency or transfers a resident when the needs of the resident exceed the scope of the services provided.
		PI.01.01.01	**The organization collects data to monitor its performance.**
		EP 32	The organization collects data on resident (and, as appropriate, the family), and staff perceptions of the organization's performance in regard to supporting resident choices, preferences, and self-determination.
		RC.02.01.09	**Resident record documentation includes the provision of and response to the activities program at least quarterly.**
		EP 1	The activity providers document the following about the activity program in the resident's record: - The provision of activities to the resident based on the care plan, at least quarterly - The resident's response to the activities based on the care plan, at least quarterly - Any report given to the primary nurse of changes in the resident's response to an activity provided
		RI.01.01.01	**The organization respects the resident's rights.**
		EP 4	The organization treats the resident in a respectful manner that supports the resident's dignity.
		EP 6	The organization respects the resident's cultural, psychosocial, personal, and spiritual values, beliefs, and preferences.
		EP 7	The organization respects the resident's right to privacy. Note 1: This element of performance (EP) addresses a resident's personal privacy. For EPs addressing the privacy of a resident's health information, please refer to Standard IM.02.01.01. Note 2: Respect for privacy can be demonstrated in various ways; for example, via policies and procedures, practices, or the design of the environment. (See also IM.02.01.01, EPs 3, 4)
		EP 9	The organization accommodates the resident's right to pastoral and other spiritual services.
		EP 18	Prior to moving in, residents are informed about the organization's policies and procedures regarding the handling of life-threatening emergencies.

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			Note: Refer to standard PC.02.01.09 regarding policies and procedures for life-threatening emergencies. (See also PC.02.01.09, EP 1; RI.01.02.01, EP 2)
		EP 19	Prior to the resident moving in, the organization informs them of its policies and practices about room/apartment changes and for termination of residency in language that the resident understands. (See also LD.04.03.07, EPs 1, 6; PC.04.01.03, EP 3)
		EP 20	The organization obtains from the resident written acknowledgement that they received information on resident rights and on changes to these rights.
		RI.01.01.03	**The organization respects the resident's right to receive information in a manner the patient understands.**
		EP 1	The organization provides written and verbal information in a manner tailored to the resident's language and ability to understand.
		RI.01.02.01	**The organization respects the resident's right to participate in decisions about their care, treatment, and services.**
		EP 1	The organization involves the resident in making decisions about their care, treatment, and services.
		EP 2	When a resident is unable to make decisions about their care, treatment, and services, or chooses to delegate decision making to another, the organization involves the surrogate decision-maker in making these decisions. Note: A surrogate decision-maker is someone appointed to make decisions on behalf of the resident. This individual may be a family member or may be someone unrelated to the resident. A surrogate decision-maker makes decisions when the resident is without decision-making capacity, or when the resident has given permission to the surrogate to make decisions. In exercising this responsibility on the resident's behalf, the surrogate decision-maker may need to receive information, provide information, or participate in processes such as informed consent, education, and complaint resolution. In situations in which the resident has decision-making capacity but has chosen to use a surrogate decision-maker, the resident may reserve the right to involve the surrogate in some activities (such as coordinating information with the licensed independent practitioner) but not others (such as receiving education in self-care). (See also RI.01.01.01, EP 18; RI.01.06.13, EP 4)
		EP 3	The organization provides the resident or surrogate decision-maker with verbal and written information about the right to refuse care, treatment, and services.
		EP 4	The organization respects the right of the resident or surrogate decision-maker to refuse care, treatment, and services in accordance with current advance directive information and with law and regulation.
		EP 20	The organization provides the resident or surrogate decision-maker with the information about the following: - Outcomes of care, treatment, or services that the resident needs in order to participate in current and future health care decisions - Unanticipated events related to the resident's care, treatment, or services that are sentinel events as defined by The Joint Commission (Refer to the Glossary for a definition of sentinel event.)
		RI.01.03.05	**The organization protects the resident and respects the resident's rights during research, investigation, and clinical trials.**
		EP 2	To help the resident determine whether or not to participate in research, investigation, or clinical trials, the organization provides the resident with all of the following information or confirms that the resident is provided with this information by the principal investigator: - An explanation of the purpose of the research - The expected duration of the resident's participation - A clear description of the procedures to be followed - A statement of the potential benefits, risks, discomforts, and side effects - Alternative care, treatment, and services available to the resident that might prove advantageous to them
		EP 4	The organization documents the following in the research consent form: - That the resident received information to help determine whether or not to participate in the research, investigation, or clinical trials

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			- That the resident was informed that refusing to participate in research, investigation, or clinical trials or discontinuing participation at any time will not jeopardize their access to care, treatment, and services unrelated to the research - The name of the person who provided the information and the date the form was signed - The resident's right to privacy, confidentiality, and safety
		EP 8	The organization obtains and maintains a copy of the consent form for research, investigation, or clinical trials.
		RI.01.06.01	**The resident has the right to be free from chemical and physical restraint.**
		EP 1	The organization has policies and procedures that support the resident's right to be free from chemical and physical restraint.
		RI.01.06.03	**The resident has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.**
		EP 1	The organization determines how it will protect the resident from neglect (including involuntary seclusion), exploitation, and abuse that could occur while the resident is receiving care, treatment, or services. Note: Due to the long duration of stay or open homelike environment, the risk of exploitation or abuse can come from anyone, including staff, students, volunteers, other residents, visitors, and family members.
		EP 2	The organization evaluates all allegations, observations, and suspected cases of neglect, exploitation, and abuse that occur within the organization. (See also PC.01.02.09, EP 1)
		EP 3	The organization reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events and in accordance with law and regulation. (See also PC.01.02.09, EPs 6, 7)
		EP 7	The organization takes steps to protect the resident from neglect, exploitation, and abuse that could occur while the resident is receiving care, treatment, or services.
		RI.01.06.05	**The resident has the right to an environment that preserves dignity and contributes to a positive self-image.**
		EP 1	The organization's environment of care supports the resident's positive self-image and dignity.
		EP 3	The organization provides homelike surroundings with access to personal living space.
		EP 4	The organization allows the resident to keep and use personal clothing and possessions, unless this infringes on others' rights or is medically contraindicated, based on the setting or service.
		EP 24	Residents who are married or have significant others are given a reasonable degree of privacy and accommodations to be together. These provisions are made regardless of sexual orientation, unless any limitations consistent with the organization's mission and philosophy have been disclosed to the resident before, or at the time of, admission.
		EP 25	The organization obtains and documents resident consent when confidential information needs to be posted in the organization. Note: For example, the organization might post on the resident's door "swallowing difficulty," "fluid restriction," or "hard of hearing."
		EP 32	The organization preserves the psychological safety and well-being of residents when implementing infection prevention and control protocols. Note: Interventions to minimize disruptions include allowing residents to return to their original accommodations when safe to do so, alternative visitation options, and flexible activity and meal planning.
		RI.01.06.07	**Residents have a right to exercise citizenship privileges.**
		EP 1	The organization helps residents with citizenship privileges to exercise these privileges, including their voting privileges.

Number §8:36-4.1	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		RI.01.06.09	**The resident has the right to choose their medical, dental, and other licensed independent practitioner care providers.**
		EP 1	The organization supports the resident's right to choose a physician, dentist, and other licensed independent practitioner.
		RI.01.06.13	**Residents have a right to manage or delegate management of personal financial affairs.**
		EP 1	The organization obtains written authorization when a resident allows the organization to manage the resident's funds.
		EP 2	When the organization manages a resident's funds, the organization provides the resident access to those funds upon request and consistent with agreements for access established with the organization.
		EP 4	The organization involves the surrogate decision-maker in the management of the resident's funds when the resident cannot manage personal financial affairs. Note: The surrogate decision-maker may be a family member. (See also RI.01.02.01, EP 2)
		RI.01.07.01	**Residents and their families have the right to have complaints reviewed by the organization.**
		EP 1	The organization establishes an internal complaint resolution process and informs residents, and their families, verbally and in writing, about it upon admission. Note: If the resident has a surrogate decision-maker, the surrogate decision-maker will be informed of and involved in the complaint resolution process.
		EP 3	The organization posts a description of the complaint process in a prominent location in the facility along with resources to assist the resident, such as an ombudsman, legal services, or adult protective services programs.
		EP 4	The organization reviews and, when possible, resolves complaints made by residents and their families.
		EP 5	If the organization does not resolve a complaint to a resident's or family's satisfaction, it refers them to other sources of assistance, such as an ombudsman, legal services, or adult protective services programs.
		EP 6	When a resident submits a complaint that the organization recognizes as significant, the organization acknowledges receipt of the complaint and notifies the resident of follow-up to the complaint. Note: Significant complaints include, but are not limited to, issues related to care, treatment, management of funds, lost clothing, and violation of rights.
		EP 7	The organization provides the resident with the phone number and address needed to file a complaint with the relevant state authority.
		EP 8	Upon admission, the organization provides the resident with a list of other sources of assistance for complaint resolution, including ombudsman, legal services, and adult protective services programs.
		RI.01.07.05	**The resident has the right to receive and restrict visitors.**
		EP 1	The organization establishes visiting hours that accommodate the resident's personal preferences. Note: In assisted living communities, the organization serves as a home to all its residents. Therefore, the visiting hours preferred by one resident should not adversely affect the privacy and safety needs of the other residents.
		EP 3	The organization provides space for the resident to receive visitors in comfort and privacy.
		EP 5	The organization supports the resident's right to refuse to communicate with visitors to the organization (such as vendors, accreditation surveyors, representatives of community organizations, and other visitors).
		RI.01.07.07	**The organization protects the rights of residents who work for or on behalf of the organization.**
		EP 5	Residents have the right to refuse to work for or on behalf of the organization.

Number §8:36-5.1	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		RI.01.07.13	**If transportation services are provided by the organization, the resident has the right to these services, as appropriate to the resident's care or service plan.**
		EP 1	The organization arranges transportation for the resident to and from physician or dentist appointments and other activities identified in the resident's care or service plan.
		RI.02.01.01	**The organization informs the resident about the resident's responsibilities related to their care, treatment, and services.**
		EP 1	The organization has a written policy that defines resident responsibilities, including but not limited to the following: - Providing information that facilitates their care, treatment, and services - Asking questions or acknowledging when they do not understand the treatment course or care decision - Following instructions, policies, rules, and regulations in place to support quality care for residents and a safe environment for all individuals in the organization - Supporting mutual consideration and respect by maintaining civil language and conduct in interactions with all who work in the organization - Meeting financial commitments
§8:36-5.1 §8:36-5.1 Types of services provided to residents			
§8:36-5.1(a) (a) The assisted living residence, comprehensive personal care home or assisted living program shall provide and/or coordinate personal care and services to residents, based on assessment by qualified persons, in accordance with the New Jersey Nurse Practice Act, N.J.S.A. 45:11-23 and N.J.A.C. 13:37, this chapter, and the individual needs of each resident, in a manner which promotes and encourages assisted living values.		**PC.01.02.05**	**Qualified staff, physicians, or other licensed practitioners assess and reassess the resident.**
		EP 6	All resident assessments and screenings obtained for the use of determining care, treatment, and services or the level of care needed are conducted by qualified staff or licensed independent practitioners in accordance with law and regulation.
		PC.01.03.01	**The organization plans the resident's care.**
		EP 1	The organization plans the resident's individualized care, treatment, and services based on needs identified by the resident's assessment (including strengths and goals) and reassessments.
§8:36-5.1(b) (b) The assisted living residence or comprehensive personal care home shall be capable of providing at least the following services: assistance with personal care, nursing, pharmacy, dining, activities, recreational, and social work services to meet the individual needs of each resident.		**EC.02.06.03**	**The organization establishes and maintains a safe and functional dining environment.**
		EP 6	Dining areas have adequate space for residents with equipment required for care, treatment, and services.
		HR.01.02.05	**The organization has the necessary staff to support the care, treatment, and services it provides.**
		EP 21	The organization provides licensed nurses and other nursing personnel, in accordance with its scope of services and law and regulation. (See also LD.03.06.01, EP 2)
		EP 22	The organization provides the services of a registered nurse at a frequency that meets the resident's needs, and is in accordance with the scope of its services and law and regulation.
		LD.01.03.01	**Governance is ultimately accountable for the safety and quality of care, treatment, and services.**
		EP 3	Governance approves the organization's written scope of services.
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 2	The organization provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.
		LD.04.03.01	**The organization provides services that meet resident needs.**
		EP 1	The needs of the population(s) served guide decisions about which services will be provided directly or

Number §8:36-5.1(b)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
			through referral, consultation, contractual arrangements, or other agreements.
		MM.05.01.15	**For organizations that do not operate a pharmacy but administer medications: The organization safely obtains prescribed medications.**
		EP 1	For organizations that do not operate a pharmacy but administer medications: The organization follows a process for obtaining medications to meet the needs of the resident.
		EP 2	For organizations that do not operate a pharmacy but administer medications: If the organization obtains medications from a pharmacy that is not open 24 hours a day, 7 days a week, the organization follows a process for obtaining medications from another source for urgent or emergent conditions when the pharmacy is closed.
		PC.02.01.17	**Residents receive restorative services, including assistance with activities of daily living.**
		EP 3	Residents are helped with activities of daily living, based on their needs, including the following: - Personal hygiene, which may include bathing, and skin and hair care - Dressing - Eating - Oral hygiene (including cleaning of any prostheses) - Ambulation - Toileting activities - Transferring
		EP 6	Residents are helped with instrumental activities of daily living, based on their needs, including the following: - Housekeeping, including laundry - Meal preparation - Shopping for groceries and other necessities - Managing medications - Electronic communications like the telephone or computer - Transportation - Moving into or out of the assisted living community
		PC.02.02.03	**The organization makes food and nutrition products available to its residents.**
		EP 13	Staff assist those residents who require help with dining.
		PC.02.02.09	**Residents are provided with opportunities to participate in social and recreational activities.**
		EP 1	The organization offers residents a variety of social and recreational activities according to their abilities and interests.
		EP 3	The organization helps residents to participate in social and recreational activities according to their abilities and interests.
		RC.02.01.19	**Resident record documentation includes the provision of and response to social services if provided.**
		EP 1	Documentation in the resident's record describes the provision of social services, including the following: - Summary of the resident's problems and condition - Specified goals related to social services - Services provided - Referrals to outside agencies, resources, or individuals
		EP 2	Documentation in the resident's record describes the response to social services, including the following: - Outcomes of services provided - Follow-up actions or recommendations of outside agencies, resources, or individuals

Number §8:36-5.1(c)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-5.1(c)			
(c) The assisted living residence, comprehensive personal care home, or assisted living program shall provide supervision of self-administration of medications, and administration of medications by trained and supervised personnel, as needed by residents and in accordance with this chapter.		**MM.06.01.01**	**The organization safely administers medications.** **Note: This standard is applicable only to organizations that administer medications.**
		EP 1	For organizations that administer medications: Only authorized licensed independent practitioners, clinical staff, and staff certified in medication administration can administer medications. The organization defines, in writing, those who are authorized to administer medication, with or without supervision, in accordance with law and regulation. Note: This does not prohibit self-administration of medications by residents, when indicated. (See also MM.06.01.03, EP 1)
		MM.06.01.03	**Self-administered medications are administered safely and accurately.** **Note: The term "self-administered medication(s)" may refer to medications administered by a family member.**
		EP 1	If self-administration of medications is allowed, the organization follows written processes that guide the safe storage of medications. (See also MM.06.01.01, EP 1)
		EP 7	If a resident elects to self-administer their own medication, the resident must be deemed competent by either the organization or a licensed independent practitioner to safely administer all prescribed medications. The organization retains a list of the medications in the resident's record.
		EP 28	When a resident requires staff assistance with self-administration of medications, the staff member has received training and is deemed competent by the organization to assist. Training must be documented and in accordance with law and regulation. Note: Assistance with medication can include cueing, scheduling, opening packages or containers, and observing safe consumption.
		EP 29	All activities performed by staff to assist residents with medication administration are documented in the resident's record including name of medication(s), dosage received, route, date, and time.
§8:36-5.1(d)-(m)			
(d) The assisted living residence, comprehensive personal care home, or assisted living program shall be capable of providing nursing services to maintain residents, including residents who require nursing home level of care. However, the resident may be, but is not required to be moved from the facility or program if it is documented in the resident record that a higher level of care is required, as demonstrated by one or more of the following characteristics: 1. The resident requires 24-hour, seven day a week nursing supervision; 2. The resident is bedridden for more than 14 consecutive days; 3. The resident is consistently and totally dependent in four or more of the following activities of daily living: dressing, bathing, toilet use, transfer, locomotion, bed mobility, and eating; 4. The resident has a cognitive decline severe enough to prevent the making of simple decisions regarding activities such as bathing, dressing and eating and cannot respond appropriately to cueing and simple directions; 5. The resident requires treatment of a stage three or four pressure sore or multiple stage two pressure sores. However, a resident who requires treatment of a single stage two pressure sore shall be retained and a plan of care developed and implemented to stabilize the pressure sore and the condition which caused it; 6. The resident requires more than "assistance with transfer"; 7. The resident is a danger to self or others; or 8. The resident has a medically unstable condition and/or has special health problems, and a regimen of therapy cannot be appropriately developed and implemented in the assisted living environment. (e) The facility's or program's admission agreement with each resident shall clearly specify if the facility or program will or will not retain residents with one or more characteristics described in (d) above, to what extent, and, if applicable, at what additional cost. This		**LD.04.01.01**	**The organization complies with law and regulation.**
		EP 2	The organization provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		PC.01.02.01	**The organization obtains resident assessments.**
		EP 2	The organization defines, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed.
		PC.04.01.01	**The organization follows a process that addresses transitions in the resident's care.**
		EP 1	The organization documents the following: - The reason(s) for and conditions under which the resident is transferred or residency is terminated - The method for shifting responsibility for a resident's care from one clinician, organization, program, or service to another
		EP 14	The organization transfers a resident upon order of their attending licensed independent practitioner.
		EP 20	The organization follows an established process for emergency transfer resulting from medical necessity.
		PC.04.01.03	**The organization terminates residency or transfers the resident based on the resident's assessed needs and the organization's ability to meet those needs.**
		EP 12	The organization terminates residency or transfers a resident when the needs of the resident exceed the scope of the services provided.

Number	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
subsection shall not apply when a continuing care retirement community (CCRC) contracts with its residents to provide assisted living pursuant to a continuing care agreement. This subsection shall apply, however, when a CCRC provides assisted living to a person who is not a party to a continuing care agreement. (f) Residents who require "specialized long-term care" shall not remain in the assisted living residence or comprehensive personal care home and shall be transferred to a long-term care facility that provides the applicable form of specialized care. (g) The assisted living residence, comprehensive personal care home, or assisted living program shall adhere to applicable Federal, State, and local laws, rules, regulations, and requirements. (h) In accordance with N.J.S.A. 26:2H-12.16 et seq., a new assisted living residence or comprehensive personal care home licensed on or after September 1, 2001, shall attain a level of occupancy by Medicaid-eligible persons of at least 10 percent of its total bed complement within three years of licensure and shall maintain this level of Medicaid occupancy thereafter. (i) An existing assisted living residence or comprehensive personal care home which increases its number of licensed beds on or after September 1, 2001, shall occupy at least 10 percent of the additional beds with Medicaid-eligible persons and shall maintain this level of Medicaid occupancy thereafter. (j) In cases in which either the total bed complement or the total number of beds added in an existing facility is less than 10, at least one bed shall be reserved for a Medicaid-eligible person. (k) For the purposes of this section, "Medicaid-eligible person" means an individual who has been determined as satisfying the financial eligibility criteria for medical assistance under the Medicaid program, has been assessed as being in need of nursing home-level care as specified at N.J.A.C. 8:85-2.1, and has been approved by the Department for participation in a Federally approved waiver program for assisted living services. "Medicaid-eligible person" includes persons who were: 1. Admitted to the facility as private paying residents and subsequently became eligible for Medicaid; and 2. Admitted directly to the facility as Medicaid-eligible. (l) The Commissioner or his or her designee may waive or reduce the 10 percent Medicaid occupancy requirement in (i) through (k) above for some or all regions of the State if it is determined that sufficient numbers of licensed beds are available in the State to meet the needs of Medicaid-eligible persons within the limits of the Federally approved waiver program for assisted living services. 1. The Commissioner or his or her designee shall waive this 10 percent Medicaid occupancy requirement if there are limitations on funding. 2. A licensed assisted living residence or comprehensive personal care home may submit a written request for a waiver of the 10 percent Medicaid occupancy requirement in accordance with N.J.A.C. 8:36-2.7. (m) In accordance with N.J.S.A. 26:2H-12.16 et seq., this section shall not apply to an assisted living residence or a comprehensive personal care home operated by a continuing care retirement community.		

Number §8:36-5.2	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-5.2	§8:36-5.2 Ownership (a) The ownership of the facility or program and the property on which it is located shall be disclosed to the Department. (b) No facility or program shall be owned or operated by any person convicted of a crime relating adversely to the person's capability of owning or operating the facility or program. (c) The owner or governing authority of the facility or program shall assume legal responsibility for the management, operation, and financial viability of the facility or program.	**LD.01.03.01**	**Governance is ultimately accountable for the safety and quality of care, treatment, and services.**
		EP 2	Governance provides for organization management and planning.
		EP 3	Governance approves the organization's written scope of services.
		EP 5	Governance provides for the resources needed to maintain safe, quality care, treatment, and services.
		EP 6	Governance works with other leaders to annually evaluate the organization’s performance in relation to its mission, vision, and goals.
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
§8:36-5.3	§8:36-5.3 Transfer of ownership (a) Prior to transferring ownership of a facility or program, the prospective new owner shall submit an application to the Certificate of Need and Licensing Program, including the following items: 1. The transfer of ownership fee of $ 1,500, in accordance with N.J.A.C. 8:36-2.2(i); 2. A cover letter stating the applicant's intent to become the licensed operator of the facility and identification of the facility by name, address, county, and number and type of licensed beds; 3. A description of the proposed transaction including: i. Identification of the current owner(s) (the "seller"); ii. Identification of 100 percent of the proposed new owner, including the names and addresses of all principals (individuals and/or entities with 10 percent or greater ownership), and for non-profits the names and addresses of the members of the Board; iii. A copy of organizational charts, including parent companies and wholly owned subsidiaries, if applicable; iv. A copy of the agreement of sale or letter of intent, signed by both parties, and if applicable, any lease or management agreements; and v. Disclosure of any licensed health care facilities owned, operated, or managed in New Jersey or any other state. If facilities are owned, operated or managed in other states, letters from the regulatory agencies in each of the respective states, verifying that the facilities have operated in substantial compliance during the last 12-month period and have had no enforcement actions during that period of time, shall be included in the application. 4. Approval of a transfer of ownership is contingent upon a review of the applicant's track record in accordance with N.J.A.C. 8:33-4.10 and 8:43E-5.1. 5. Approval of a transfer of ownership is contingent upon payment of all outstanding State penalties issued by the Department against the current owner, or written verification by the applicant that the applicant will assume responsibility for payment of such State penalties. 6. When a transfer of ownership application has been reviewed and deemed acceptable, an approval letter from the Certificate of Need and Licensing Program shall be sent to the applicant along with licensure application forms and the licensure fee request. 7. Within five working days after the transaction has been completed, the applicant shall submit the following documents to the Certificate of Need and Licensing Program: i. Completed licensure application forms and the licensure fee; ii. A notarized letter stating the date when the transaction occurred; and iii. A certificate of continuing occupancy from the local authority or a letter from the local authority verifying a policy of not issuing any such document for changes of ownership.	**APR.01.03.01**	**The organization reports any changes in the information provided in the application for accreditation and any changes made between surveys.**
		EP 1	The organization notifies The Joint Commission in writing within 30 days of a change in ownership, control, location, capacity, or services offered. Note: When the organization changes ownership, control, location, capacity, or services offered, it may be necessary for The Joint Commission to survey the organization again. If the organization does not provide written notification to The Joint Commission within 30 days of these changes, the organization may be denied accreditation.
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.

Number §8:36-5.4	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-5.4	§8:36-5.4 Submission and availability of documents (a) The facility or program shall, upon request, submit in writing any documents which are required by this chapter to the Director of the Certificate of Need and Licensing Program. Additionally, upon request of the Department, the facility or program shall submit in writing data related to utilization, demographics, costs, charges, staffing, and other planning and financial data necessary to evaluate the services provided. (b) The facility shall report the number of resident days per calendar year to the Department's Certificate of Need and Licensing Program by April 15 of each year, for the prior calendar year.	**LD.04.01.01**	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
§8:36-5.5	§8:36-5.5 Personnel (a) The facility or program shall develop and implement written job descriptions to ensure that all personnel are assigned duties based upon their education, training, and competencies and in accordance with their job descriptions. (b) All personnel who require licensure, certification, or authorization to provide resident care shall be licensed, certified, or authorized under the appropriate laws or rules of the State of New Jersey.	**HR.01.01.01**	**The organization defines and verifies staff qualifications.**
		EP 1	The organization defines staff qualifications specific to their job responsibilities. Note: Qualifications for infection control may be met through education, training, experience, and/or certification (such as certification from the Certification Board for Infection Control and Epidemiology).
		EP 2	The organization verifies and documents the credentials of care providers using the primary source when licensure, certification, or registration is required by law and regulation to practice their profession. This is done at the time of hire and at the time credentials are renewed. Note: The credentials of contracted providers are verified by their employer or the organization. The organization needs to have verification of this information whether it or the provider's employer verifies.
		EP 3	The organization verifies and documents that the applicant has the education and experience required by the job responsibilities, unless this information has already been verified by the entity that issued the applicant's licensure, certification, or registration authority. Note: Verification of education does not have to be obtained from the primary source.
§8:36-5.6	§8:36-5.6 Staffing requirements		
§8:36-5.6(a)	(a) The facility or program shall maintain and implement written staffing schedules. Actual hours worked by each employee shall be documented.	**LD.03.09.01**	**The organization has an organizationwide, integrated resident safety program.**
		EP 10	At least once a year, the leaders provide governance with written reports on the following: - All system or process failures - The number and type of sentinel events - Whether the residents and families were informed of the event - All actions taken to improve safety, both proactively and in response to actual occurrences - All results of the analyses related to the adequacy of staffing (See also PI.03.01.01, EP 14)
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		PI.03.01.01	**The organization compiles and analyzes data.**
		EP 14	At least once a year, the leaders responsible for the organizationwide resident safety program review a written report on the results of any analyses related to the adequacy of staffing and any actions taken to resolve identified problems. (See also LD.03.09.01, EP 10)

Number §8:36-5.6(b)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-5.6(b)		**HR.01.04.01**	**The organization provides orientation to staff.**
(b) The facility or program shall develop and implement a staff orientation and a staff education plan, including plans for each service and designation of person(s) responsible for training. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, the following: 1. The provision of services and assistance in accordance with the concepts of assisted living and including care of residents with physical impairment; 2. Emergency plans and procedures; 3. The infection prevention and control program; 4. Resident rights; 5. Abuse and neglect; 6. Pain management; and 7. The care of residents with Alzheimer's and related dementia conditions and in accordance with N.J.A.C. 8:36-19.		**EP 1**	The organization orients its staff to the key safety content it identifies before staff provides care, treatment, and services. Completion of this orientation is documented. Note: Key safety content may include specific processes and procedures related to the provision of care, treatment, and services; the environment of care; and infection control.
		EP 3	The organization orients staff on the following: - Organizationwide and unit-specific policies and procedures related to job duties and responsibilities - Their specific job duties and responsibilities, including those related to infection prevention and control and, if applicable to their role, assessing and managing pain, and Alzheimer's disease and other forms of dementia - Characteristics of the resident population - Detecting and reporting change in resident physical or psychological condition - Sensitivity to cultural diversity based on their job duties and responsibilities - Resident rights, including ethical aspects of care, treatment, and services and the process used to address ethical issues based on their job duties and responsibilities - Abuse, exploitation, and neglect identification, prevention, and reporting - Confidentiality of resident information Completion of this orientation is documented.
		HR.01.05.03	**Staff participate in education and training.**
		EP 4	Staff participate in education and training whenever staff responsibilities change. Staff participation is documented.
		EP 5	Staff participate in education and training that is specific to the needs of the residents served by the organization. Staff participation is documented. (See also PC.01.02.09, EP 3)
		EP 22	All staff participate in education and training that addresses how to identify early warning signs of a change in a resident's condition and how to respond to a resident's decline in condition. Participation in this education is documented.
		EP 23	All staff education and training incorporate person-centered care principles. (See also HR.01.07.01, EP 6)
		EP 24	For organizations that provide care to residents with dementia: Staff participate in, at a minimum, annual education and training that aligns with current best practices in dementia care and includes the following: - Symptoms of dementia and its progression - How to recognize potential symptoms of delirium - Understanding how a resident's unmet needs are expressed through behaviors, such as inappropriate conduct or exit seeking Note: Unmet needs could encompass pain, hunger, thirst, bowel irregularity, bladder troubles, boredom, loneliness, spirituality, cultural issues, or an underlying medical condition. - Communication techniques for the resident with dementia - Personalized approaches to behavioral expressions of unmet needs - Abuse prevention - Supporting the resident through environmental cues and landmarks - Environmental measures that promote comfort including room temperature, lighting, and sound. Participation in this education is documented. Staff participation is documented. (See also EC.02.06.01, EPs 38, 39; HR.01.06.01, EP 25)

Number §8:36-5.6(c)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-5.6(c)		**HR.01.01.01**	**The organization defines and verifies staff qualifications.**
(c) The staffing level in this chapter is minimum only and the assisted living residence, comprehensive personal care, or assisted living program shall employ staff in sufficient number and with sufficient ability and training to provide the basic resident care, assistance, and supervision required, based on an assessment of the acuity of residents' needs.		**EP 3**	The organization verifies and documents that the applicant has the education and experience required by the job responsibilities, unless this information has already been verified by the entity that issued the applicant's licensure, certification, or registration authority. Note: Verification of education does not have to be obtained from the primary source.
		HR.01.02.05	**The organization has the necessary staff to support the care, treatment, and services it provides.**
		EP 21	The organization provides licensed nurses and other nursing personnel, in accordance with its scope of services and law and regulation. (See also LD.03.06.01, EP 2)
		EP 22	The organization provides the services of a registered nurse at a frequency that meets the resident's needs, and is in accordance with the scope of its services and law and regulation.
		EP 25	The organization plans for staffing based on the following: - Resident acuity - Complexity of clinical tasks - Staff experience and expertise - Physical layout of the facility - Staff shortage contingencies
		EP 26	To meet the needs of residents with dementia, at a minimum, the organization plans nurse staffing (RN, LPN, CNA) based on the following: - Resident personal care needs - The varying cognitive levels of the resident population served - The level of supervision needed to maintain resident safety
§8:36-5.6(d)		**HR.01.01.01**	**The organization defines and verifies staff qualifications.**
(d) Personnel, including staff under contract, with a reportable communicable disease or infection shall be excluded from the assisted living residence, comprehensive personal care home, or assisted living program until examined by a physician who shall certify to the administrator that the condition will not endanger the health of residents or other employees.		**EP 5**	Staff comply with health screening in accordance with law and regulation or organization policy. Health screening compliance is documented.
		IC.02.01.01	**The organization implements its infection prevention and control plan.**
		EP 7	The organization implements its methods to communicate responsibilities for preventing and controlling infection to licensed independent practitioners, staff, visitors, residents, and families. Information for visitors, residents, and families includes hand and respiratory hygiene practices. Note: Information may be provided via different forms of media, such as posters or pamphlets.
		EP 10	When the organization becomes aware that it is transferring or has transferred a resident who has an infection requiring monitoring, treatment, and/or isolation, it informs the staff involved in the transfer and the receiving organization.
		IC.02.03.01	**The organization works to prevent the spread of infectious disease among residents, licensed independent practitioners, and staff.**
		EP 1	The organization makes screening for exposure and/or immunity to infectious disease available to licensed independent practitioners and staff who may come in contact with infections at the workplace.
§8:36-5.6(e)		**HR.01.01.01**	**The organization defines and verifies staff qualifications.**
(e) The facility or program shall employ reasonable efforts to ensure that no employee has been convicted of a crime relating adversely to the person's ability to provide resident care, such as homicide, assault, kidnapping, sexual offenses, robbery, and crimes against the family, children or incompetents, except where the applicant or employee with a criminal history has demonstrated his rehabilitation in order to quality for employment at the facility or program.		**EP 4**	The organization obtains a criminal background check and fingerprints on the applicant or contractor as required by law and regulation or organization policy. Criminal background checks are documented.
§8:36-5.7		**EC.01.01.01**	**The organization plans activities that minimize risks in the environment of care.**

Number §8:36-5.7	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-5.7 Policy and procedure manual (a) A policy and procedure manual(s) for the organization and operation of the facility or program shall be developed, implemented, and reviewed at least annually. Each review of the manual(s) shall be documented, and the manual(s) shall be available in the facility or program to representatives of the Department at all times. The manual(s) shall include at least the following: 1. An organizational chart delineating the lines of authority, responsibility, and accountability for the administration and resident care services of the facility or program; 2. A description of the services which the assisted living residence, comprehensive personal care home or assisted living program is capable of providing; 3. Policies and procedures for maintaining security; 4. Policies and procedures for reporting all alleged and/or suspected cases of resident abuse or exploitation to the Complaints Program of the Division of Health Facility Survey and Field Operations at 1-800-792-9770. If the resident is 60 years of age or older, the State Long-Term Care Ombudsman shall also be notified, in compliance with N.J.S.A. 52:27G-7.1 et seq., at 1-877-582-6995; 5. Policies and procedures for maintaining confidentiality of resident records, including policies and procedures for examination of resident records by the resident and other authorized persons and for release of resident records to any individual outside the facility or program, as consented to by the resident or as required by law or third-party payor; 6. Policies and procedures for the maintenance of personnel records for each employee, including at least his or her name, previous employment, educational background, credentials, license number with effective date and date of expiration (if applicable), certification (if applicable), verification of credentials, records of physical examinations, job description, records of orientation and inservice education, and evaluation of job performance; 7. Policies and procedures, including content and frequency, for physical examinations and immunizations and tuberculin testing upon employment and subsequently for employees and individuals providing direct resident care services in the facility through contractual arrangements or written agreement; and 8. Policies and procedures delineating the responsibilities of the facility's staff in making prompt notification regarding the death of a resident as required by N.J.S.A. 26:2H-5e and N.J.A.C. 8:36-15.7(a). (b) The facility shall have a policy and procedure that addresses how policy and procedure manuals will be made available to residents, guardians, designated responsible individuals, prospective applicants, and referring agencies.		**EP 5** The organization has a written plan for providing a secure environment for everyone who enters the organization’s facilities. Note: Facilities include both leased and owned spaces.
		EC.02.01.01	**The organization manages safety and security risks.**
		EP 1	The organization implements its process to identify safety and security risks associated with the environment of care that could affect residents, staff, and other people coming to the organization's facilities. Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.
		EP 3	The organization takes action to minimize or eliminate identified safety and security risks associated with the physical environment.
		HR.01.01.01	**The organization defines and verifies staff qualifications.**
		EP 3	The organization verifies and documents that the applicant has the education and experience required by the job responsibilities, unless this information has already been verified by the entity that issued the applicant's licensure, certification, or registration authority. Note: Verification of education does not have to be obtained from the primary source.
		EP 5	Staff comply with health screening in accordance with law and regulation or organization policy. Health screening compliance is documented.
		IM.02.01.01	**The organization protects the privacy of health information.**
		EP 3	The organization uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also RI.01.01.01, EP 7)
		EP 4	The organization discloses health information only as authorized by a resident or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7)
		LD.01.03.01	**Governance is ultimately accountable for the safety and quality of care, treatment, and services.**
		EP 2	Governance provides for organization management and planning.
		EP 3	Governance approves the organization's written scope of services.
		EP 6	Governance works with other leaders to annually evaluate the organization’s performance in relation to its mission, vision, and goals.
		LD.01.04.01	**An administrator manages the organization.**
		EP 6	The administrator identifies a nurse, qualified by education and experience, to direct nursing services if it is provided by the organization, in accordance with law and regulation.
		EP 9	The individual with the authority to address administrative issues is accessible to the organization on a full-time basis.
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		PC.01.01.01	**The organization accepts the resident for care, treatment, and services based on its ability to meet the resident’s needs.**
		EP 1	The organization discloses to prospective residents and their families which services they are capable of providing prior to entering into a residence agreement with an individual. This disclosure includes the reasons and procedures for termination of residency. The disclosure is provided in a manner that the

Number §8:36-5.7	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
			resident and family understand and is documented.
		PC.01.02.09	**The organization assesses the resident who may be a victim of possible abuse, neglect, or exploitation.**
		EP 7	The organization reports cases of possible abuse, neglect, and exploitation to external agencies, in accordance with law and regulation. (See also RI.01.06.03, EP 3)
		RC.02.01.15	**Resident record documentation includes the provision of and response to medical treatment and care, and changes in the resident's condition.**
		EP 4	If the resident dies in the organization, the course of events leading up to the resident's death is documented.
§8:36-5.8		**EC.01.01.01**	**The organization plans activities that minimize risks in the environment of care.**
§8:36-5.8 Resident transportation (a) The facility shall be capable of providing resident transportation, either directly or by arrangement, to and from health care services provided outside the facility, and shall promote reasonable plans for security and accountability for the resident and his or her personal possessions, as well as transfer of resident information to and from the provider of the service, as required by individual residents and specified in resident service plans. (b) The facility or program shall assist residents, if needed, in arranging for transportation to activities of social, religious, and community groups in which the resident chooses to participate.		**EP 5**	The organization has a written plan for providing a secure environment for everyone who enters the organization's facilities. Note: Facilities include both leased and owned spaces.
		IM.02.02.03	**The organization retrieves, disseminates, and transmits health information in useful formats.**
		EP 2	The organization's storage and retrieval systems make health information accessible when needed for resident care, treatment, and services.
		PC.04.02.01	**When a resident is transferred to a higher level of care, the organization gives information about the care, treatment, and services provided to the resident to other service providers who will provide the resident with care, treatment, and services.**
		EP 1	At the time of the resident's transfer, the organization informs other service providers who will provide care, treatment, and services to the resident about the following: - The reason for the resident's transfer - The resident's physical and psychosocial status - A summary of care, treatment, and services it provided to the resident - The resident's progress toward goals - A list of community resources or referrals made or provided to the resident (See also PC.02.02.01, EP 1)
		RI.01.07.13	**If transportation services are provided by the organization, the resident has the right to these services, as appropriate to the resident's care or service plan.**
		EP 1	The organization arranges transportation for the resident to and from physician or dentist appointments and other activities identified in the resident's care or service plan.

Number §8:36-5.9	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-5.9		**LD.04.01.01**	**The organization complies with law and regulation.**
§8:36-5.9 Written agreements The facility or program shall have a written agreement or its equivalent, or a linkage for services not provided directly by the facility or program. If the facility or program provides care to residents with psychiatric disorders, the facility or program shall also have a written agreement with one or more community mental health centers specifying which services will be provided by the mental health center. The written agreements shall require that services be provided in accordance with this chapter.		**EP 3**	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		LD.04.03.01	**The organization provides services that meet resident needs.**
		EP 1	The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements.
		PC.01.03.01	**The organization plans the resident's care.**
		EP 4	The organization develops the resident's plan for care, treatment, and services as soon as possible after moving in and in accordance with law and regulation.
		EP 8	The plan for care, treatment, and services identifies the following: - The care, treatment, and services - The frequency at which care, treatment, and services will occur - The team members responsible for providing care, treatment, and services
§8:36-5.10		**EM.02.02.01**	**As part of its Emergency Operations Plan, the organization prepares for how it will communicate during emergencies.**
§8:36-5.10 Reportable events (a) The facility shall notify the Division of Health Facility Survey and Field Operations immediately by telephone at (609) 633-9034 or (609) 392-2020 if after business hours, followed within 72 hours by written confirmation, of the following: 1. Termination of employment of the administrator, and the name and qualifications of his or her replacement; 2. Any elopements; and 3. Any suspected cases of resident abuse or exploitation, which have been reported to the State Long-Term Care Ombudsman. (b) The written notification, as required pursuant to (a) above, shall be forwarded by the facility to the Division.		**EP 4**	The Emergency Operations Plan describes the following: How the organization will communicate with external authorities during an ongoing emergency.
		LD.03.04.01	**The organization communicates information related to safety and quality to those who need it, including staff, residents, families, and external interested parties.**
		EP 1	Communication processes are effective in doing the following: - Meeting the needs of internal and external users - Supporting safety and quality throughout the organization
		LD.03.09.01	**The organization has an organizationwide, integrated resident safety program.**
		EP 11	The leaders encourage external reporting of significant adverse events, including voluntary reporting programs in addition to mandatory programs. Note: Examples of voluntary programs include The Joint Commission Sentinel Event Database and the US Food and Drug Administration (FDA) MedWatch. Mandatory programs are often state initiated.
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		PC.01.02.09	**The organization assesses the resident who may be a victim of possible abuse, neglect, or exploitation.**
		EP 7	The organization reports cases of possible abuse, neglect, and exploitation to external agencies, in accordance with law and regulation. (See also RI.01.06.03, EP 3)

Number §8:36-5.11	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance

§8:36-5.11

§8:36-5.11 Notices
(a) The facility shall conspicuously post a notice that the following information is available in the facility during normal business hours, to residents and the public:
1. All waivers granted by the Department;
2. A copy of the last annual licensure inspection survey report and the list of deficiencies from any valid complaint investigation during the past 12 months;
3. Policies and procedures regarding resident rights;
4. Business hours of the facility;
5. Policies and procedures for maintaining security of the assisted living residence and comprehensive personal care home;
6. The toll-free hot line number of the Department; telephone numbers of county agencies and of the State Long-Term Care Ombudsman; and
7. The names of, and a means to formally contact, the owner and/or members of the governing authority.

APR.05.01.01	**The organization allows The Joint Commission to review the results of external evaluations from publicly recognized bodies.**
EP 1	When requested, the organization provides The Joint Commission with all official records and reports of licensing, examining, reviewing, or planning bodies.
APR.09.03.01	**The organization is truthful and accurate when describing information in its Quality Report to the public.**
EP 1	The organization adheres to The Joint Commission's published guidelines for how it describes information in its Quality Report.

§8:36-5.12

§8:36-5.12 Maintenance of records
(a) The facility shall maintain an annual chronological listing of residents admitted and discharged, including the destination of residents who are discharged.
(b) Statistical data, such as resident census and facility characteristics, shall be forwarded to the Department on request, in a format provided by the Department.

LD.04.01.01	**The organization complies with law and regulation.**
EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.

§8:36-5.13-5.14

PC.01.01.01	**The organization accepts the resident for care, treatment, and services based on its ability to meet the resident's needs.**
EP 1	The organization discloses to prospective residents and their families which services they are capable of providing prior to entering into a residence agreement with an individual. This disclosure includes the reasons and procedures for termination of residency. The disclosure is provided in a manner that the resident and family understand and is documented.
EP 7	The organization follows a written process for accepting a resident based on its ability to provide for the care, treatment, and services required by the resident and in accordance with law and regulation.
EP 21	If a prospective resident is not accepted after the initial screening, the reasons for denying residency are documented.
PC.01.02.01	**The organization obtains resident assessments.**
EP 1	The organization defines, in writing, the scope and content of screening, assessment, and reassessment information it collects. Resident information is collected according to these requirements. (See also RC.02.01.01, EP 2)
PC.01.03.01	**The organization plans the resident's care.**
EP 3	An interim plan for care, treatment, and services is developed and documented for each resident prior to the resident moving in. The plan includes the following as applicable: - Fall risk reduction - Skin treatment(s) or maintaining skin integrity - Pain management - Medication assistance or administration - Assistance with activities of daily living
PC.02.01.09	**The organization plans for and responds to life-threatening emergencies.**
EP 1	The organization follows written policies and procedures for responding to life-threatening emergencies. (See also RI.01.01.01, EP 18)
EP 2	Policies and procedures that address life-threatening emergencies include the following:

Number §8:36-5.13-5.14	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-5.13 Admission and retention of residents (a) The administrator of the assisted living residence, comprehensive personal care home, or assisted living program or the administrator's designee shall conduct an interview with the resident and, if the resident agrees, the resident's family, guardian, or interested agency, prior to or at the time of the resident's admission. The interview shall include at least orientation to the facility's or program's policies, business hours, fee schedule, services provided, resident rights, and criteria for admission and discharge. Documentation of the resident interview shall be included in the resident record. (b) At the initial interview prior to, or at the time of, admission of each resident, the administrator or the administrator's designee should be provided with the name, address, and telephone number of a family member, guardian, or responsible person who can be notified in the event of the resident's illness, incident, or other emergency. This information is voluntary on the part of the resident. A resident shall not be denied admission to the facility or program solely for declining to provide this information. (c) If a facility or program has reason to believe, based on a resident's behavior, that the resident poses a danger to himself or herself or others, and that the facility or program is not capable of providing proper care to the resident, then the attending physician or the physician on call, in consultation with facility or program staff and a resident representative, shall determine whether the resident is appropriately placed in that facility or program. The facility or program or resident representative shall initiate the mental health screening process in accordance with N.J.S.A. 30:4-27.1 et seq., and N.J.A.C. 10:31, Screening and Screening Outreach Program, and, based on the results and recommendations of that screening process, shall attempt to locate a new placement, if necessary. (d) If an applicant, after applying in writing, is denied admission to the assisted living residence, comprehensive personal care home, or assisted living program, the applicant and/or his or her family, guardian, or responsible person shall, upon written request, be given the reason for such denial in writing, signed by the administrator, within 15 days of the receipt of the written request. (e) If there is an infirmary in the facility, residents shall be transferred to the infirmary only if they have consented to such transfer and shall remain in the infirmary for a limited time only, generally not to exceed one week. §8:36-5.14 Involuntary discharge (a) Written notification by the administrator shall be provided to a resident and/or his or her family, guardian, or designated responsible person, of a decision to involuntarily discharge the resident from the facility or program. Such involuntary discharge shall only be upon grounds contained in the facility's or program's policies and procedures and shall occur only if the resident has been notified and informed of such policies in advance. The notice of discharge shall be given at least 30 days in advance and shall include the reason for discharge and the resident's right to appeal. This 30 day advance notice shall not apply if the discharge is for reasons in accordance with the criteria specified at N.J.A.C. 8:36-5.1(d). A copy of the notice shall be entered in the resident's record. (b) In an emergency situation, as stated in N.J.A.C. 8:36-5.1(d), for the protection of the life and safety of the resident or others, the facility or program may transfer the resident without 30 days notice. The Department shall be notified in the event of such discharge.			- Availability of first aid and Basic Life Support (CPR) services - Emergency transfer to another organization - Placement of a phone call to outside emergency assistance
		PC.04.01.01	**The organization follows a process that addresses transitions in the resident's care.**
		EP 1	The organization documents the following: - The reason(s) for and conditions under which the resident is transferred or residency is terminated - The method for shifting responsibility for a resident's care from one clinician, organization, program, or service to another
		EP 14	The organization transfers a resident upon order of their attending licensed independent practitioner.
		EP 20	The organization follows an established process for emergency transfer resulting from medical necessity.
		PC.04.01.03	**The organization terminates residency or transfers the resident based on the resident's assessed needs and the organization's ability to meet those needs.**
		EP 3	The resident, the resident's family, licensed independent practitioners, and staff involved in the resident's care, treatment, and services participate in planning the resident's transfer or termination of residency. (See also RI.01.01.01, EP 19)
		EP 12	The organization terminates residency or transfers a resident when the needs of the resident exceed the scope of the services provided.
		RC.02.01.01	**The resident's record contains information that reflects the resident's care, treatment, and services.**
		EP 1	The resident's record contains the following demographic information: - The resident's name and date of birth - Up-to-date contact information of family and any legally authorized representative - The resident's sex - The resident's language and communication needs
		RI.01.01.01	**The organization respects the resident's rights.**
		EP 18	Prior to moving in, residents are informed about the organization's policies and procedures regarding the handling of life-threatening emergencies. Note: Refer to standard PC.02.01.09 regarding policies and procedures for life-threatening emergencies. (See also PC.02.01.09, EP 1; RI.01.02.01, EP 2)
		EP 19	Prior to the resident moving in, the organization informs them of its policies and practices about room/apartment changes and for termination of residency in language that the resident understands. (See also LD.04.03.07, EPs 1, 6; PC.04.01.03, EP 3)
		EP 20	The organization obtains from the resident written acknowledgement that they received information on resident rights and on changes to these rights.

Number §8:36-5.15	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-5.15	§8:36-5.15 Notification requirements (a) The resident's family, guardian, and/or designated responsible person or community agency shall be notified, when known, and with the resident's consent, immediately after the occurrence, in the event of the following: 1. The resident acquires an acute illness requiring medical care; 2. Any serious accident, criminal act or incident occurs which involves the resident and results in serious harm or injury or results in the resident's arrest or detention; 3. The resident is transferred from the facility; or 4. The resident expires. (b) Notification of any occurrence noted in (a) above shall be documented in the resident's record. The documentation with regard to an occurrence noted in (a)4 above shall include confirmation and written documentation of that notification.	**LD.03.04.01**	**The organization communicates information related to safety and quality to those who need it, including staff, residents, families, and external interested parties.**
		EP 1	Communication processes are effective in doing the following: - Meeting the needs of internal and external users - Supporting safety and quality throughout the organization
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		PC.02.01.05	**The organization provides interdisciplinary, collaborative care, treatment, and services.**
		EP 13	Changes in the resident's condition are communicated to the resident's provider or other authorized health care professional(s), the resident, and the resident's family.
		PC.04.01.03	**The organization terminates residency or transfers the resident based on the resident's assessed needs and the organization's ability to meet those needs.**
		EP 3	The resident, the resident's family, licensed independent practitioners, and staff involved in the resident's care, treatment, and services participate in planning the resident's transfer or termination of residency. (See also RI.01.01.01, EP 19)
§8:36-5.16	§8:36-5.16 Interpretation services The facility or program shall demonstrate the ability to provide a means to communicate with any resident admitted who is non-English-speaking and/or has a communication disability, using available community or on-site resources.	**RC.02.01.01**	**The resident's record contains information that reflects the resident's care, treatment, and services.**
		EP 1	The resident's record contains the following demographic information: - The resident's name and date of birth - Up-to-date contact information of family and any legally authorized representative - The resident's sex - The resident's language and communication needs
		RI.01.01.03	**The organization respects the resident's right to receive information in a manner the patient understands.**
		EP 1	The organization provides written and verbal information in a manner tailored to the resident's language and ability to understand.
§8:36-5.17	§8:36-5.17 Referral and transfer agreements Each licensed assisted living residence and comprehensive personal care home shall maintain written referral and/or transfer agreements with at least one licensed acute care hospital in New Jersey, at least one licensed State, county, or private psychiatric hospital in New Jersey, and with at least one licensed New Jersey long-term care facility. A written agreement with an acute care hospital with licensed adult psychiatric beds in New Jersey shall enable compliance with the psychiatric hospital component of this requirement.	**LD.04.01.01**	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		PC.02.01.09	**The organization plans for and responds to life-threatening emergencies.**
		EP 2	Policies and procedures that address life-threatening emergencies include the following: - Availability of first aid and Basic Life Support (CPR) services - Emergency transfer to another organization - Placement of a phone call to outside emergency assistance
		PC.04.01.01	**The organization follows a process that addresses transitions in the resident's care.**
		EP 1	The organization documents the following: - The reason(s) for and conditions under which the resident is transferred or residency is terminated - The method for shifting responsibility for a resident's care from one clinician, organization, program, or service to another
		EP 20	The organization follows an established process for emergency transfer resulting from medical necessity.
§8:36-5.18		**PC.02.03.01**	**The organization provides resident education and training based on each resident's needs and abilities.**
		EP 10	The organization provides education and training to the resident for the following topics, based on the

Number §8:36-5.18	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-5.18 Managed risk agreements (a) The choice and independence of action of a resident may need to be limited when a resident's individual choice, preference and/or actions are identified as placing the resident or others at risk, lead to adverse outcome and/or violate the norms of the facility or program or the majority of the residents. When the resident assessment process identified in N.J.A.C. 8:36-7 indicates that there is a high probability that a choice or action of the resident has resulted or will result in any of the preceding, the assisted living residence, comprehensive personal care, home or assisted living program shall: 1. Identify the specific cause(s) for concern; 2. Provide the resident (and if the resident agrees, the resident's family or representative) with clear, understandable information about the possible consequences of his or her choice or action; 3. Seek to negotiate a managed risk agreement with the resident (or legal guardian) that will minimize the possible risk and adverse consequences while still respecting the resident's preferences; and 4. Document the process of negotiation and, if no agreement can be reached, the lack of agreement and the decisions of the parties involved. (b) Managed risk agreements shall be negotiated with the resident or legal guardian and shall address the following areas in writing: 1. The specific cause(s) for concern; 2. The probable consequences if the resident continues the choice and/or action identified as a cause for concern; 3. The resident's preferences; 4. Possible alternatives to the resident's current choice and/or action; 5. The final agreement reached by all parties involved; and 6. The date the agreement is executed and, if needed, the time frames in which the agreement will be reviewed. (c) A copy of the managed risk agreement shall be provided to the resident or legal guardian and a copy shall be placed in the resident's record at the time it is implemented.		resident's condition and assessed needs: - An explanation of the procedures and plan for care, treatment, and services - Procedures to follow if care, treatment, or services are disrupted by a natural disaster or an emergency - Basic health practices and safety - Fall reduction strategies - Person-centered care strategies - Resident's rights and responsibilities - Medication management and storage - Modified diets - Infection prevention and control policies and procedures, including reasons for using personal protective equipment - Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management - Basic physical and structural facility safety - Information on the identification, handling, and safe disposal of hazardous medications
		RI.01.07.01	**Residents and their families have the right to have complaints reviewed by the organization.**
		EP 1	The organization establishes an internal complaint resolution process and informs residents, and their families, verbally and in writing, about it upon admission. Note: If the resident has a surrogate decision-maker, the surrogate decision-maker will be informed of and involved in the complaint resolution process.
		EP 3	The organization posts a description of the complaint process in a prominent location in the facility along with resources to assist the resident, such as an ombudsman, legal services, or adult protective services programs.
		EP 4	The organization reviews and, when possible, resolves complaints made by residents and their families.
		EP 5	If the organization does not resolve a complaint to a resident's or family's satisfaction, it refers them to other sources of assistance, such as an ombudsman, legal services, or adult protective services programs.
		EP 6	When a resident submits a complaint that the organization recognizes as significant, the organization acknowledges receipt of the complaint and notifies the resident of follow-up to the complaint. Note: Significant complaints include, but are not limited to, issues related to care, treatment, management of funds, lost clothing, and violation of rights.
		EP 7	The organization provides the resident with the phone number and address needed to file a complaint with the relevant state authority.
		EP 8	Upon admission, the organization provides the resident with a list of other sources of assistance for complaint resolution, including ombudsman, legal services, and adult protective services programs.
		RI.02.01.01	**The organization informs the resident about the resident's responsibilities related to their care, treatment, and services.**
		EP 1	The organization has a written policy that defines resident responsibilities, including but not limited to the following: - Providing information that facilitates their care, treatment, and services - Asking questions or acknowledging when they do not understand the treatment course or care decision - Following instructions, policies, rules, and regulations in place to support quality care for residents and a safe environment for all individuals in the organization - Supporting mutual consideration and respect by maintaining civil language and conduct in interactions with all who work in the organization - Meeting financial commitments
		EP 2	The organization informs the resident about the resident's responsibilities in accordance with its policy. Note: Information about resident responsibilities is provided in writing and signed by both parties.
§8:36-6.1		**EC.02.01.01**	**The organization manages safety and security risks.**

Number §8:36-6.1	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-6.1 Resident care policies and procedures (a) Written resident care policies and procedures shall be established, implemented, and reviewed at intervals specified in the policies and procedures. Each review of the policies and procedures shall be documented. Policies and procedures shall include, but not be limited to, the following: 1. Resident rights; 2. Advance directives, including but not limited to, the following: i. The circumstances under which an inquiry will be made of individuals regarding the existence and location of an advance directive; ii. Requirements for provision of a written statement of resident rights regarding advance directives, approved by the Commissioner or his or her designee, to residents upon admission; and iii. Requirements for documentation in the resident record; 3. The determination of staffing levels to ensure delivery of services and assistance as needed for each resident of the facility or program during each 24-hour period. Services may be provided directly by staff employed by the facility or program or in accordance with a written contract; 4. The delivery of personal care and assistance to residents in accordance with assisted living concepts which specify that each resident will be encouraged to maintain his or her independence and personal decision making abilities; 5. The referral of residents to health care providers in accordance with individual needs and resident service plans; 6. Emergency medical and dental care of residents, including notification of the resident's family, guardian, or responsible person, when known, and with the resident's consent, and care of residents during periods of acute illness; 7. Resident instruction and health education; 8. The control of smoking in the facility, in accordance with N.J.S.A. 26:3D-55 et seq. and N.J.A.C. 8:6; 9. Discharge, termination by the facility, transfer, and readmission of residents, including criteria for each; 10. The care and control of pets if the facility permits pets in the facility or on its premises; and 11. A policy to determine those circumstances where the resident's absence should be investigated.		
		EP 15	The organization has written procedures to follow in the event of a resident elopement.
		EC.02.01.03	**The organization prohibits smoking except in specific circumstances.**
		EP 1	The organization develops a written policy prohibiting smoking in all buildings except for designated areas for residents in specific circumstances. The organization defines specific circumstances that may result in exceptions to the policy, which must comply with law and regulation. Note: The scope of this EP is concerned with all smoking types—tobacco, electronic, or other.
		HR.01.02.05	**The organization has the necessary staff to support the care, treatment, and services it provides.**
		EP 25	The organization plans for staffing based on the following: - Resident acuity - Complexity of clinical tasks - Staff experience and expertise - Physical layout of the facility - Staff shortage contingencies
		IC.02.01.01	**The organization implements its infection prevention and control plan.**
		EP 13	The organization reduces the risks associated with animals in the facility, including potential problems with cleanliness, immunizations, and management of waste.
		PC.01.02.01	**The organization obtains resident assessments.**
		EP 2	The organization defines, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed.
		PC.01.03.01	**The organization plans the resident's care.**
		EP 14	The plan for care, treatment, and services identifies any advance directives of the resident. (Refer to PC.01.03.01, EP 8)
		PC.02.01.09	**The organization plans for and responds to life-threatening emergencies.**
		EP 1	The organization follows written policies and procedures for responding to life-threatening emergencies. (See also RI.01.01.01, EP 18)
		PC.02.03.01	**The organization provides resident education and training based on each resident's needs and abilities.**
		EP 1	The organization assesses the resident's learning needs.
		EP 4	The organization provides education and training to the resident based on the resident's assessed needs.
		EP 10	The organization provides education and training to the resident for the following topics, based on the resident's condition and assessed needs: - An explanation of the procedures and plan for care, treatment, and services - Procedures to follow if care, treatment, or services are disrupted by a natural disaster or an emergency - Basic health practices and safety - Fall reduction strategies - Person-centered care strategies - Resident's rights and responsibilities - Medication management and storage - Modified diets - Infection prevention and control policies and procedures, including reasons for using personal protective equipment - Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management - Basic physical and structural facility safety - Information on the identification, handling, and safe disposal of hazardous medications

Number §8:36-6.2	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		PC.04.01.03	**The organization terminates residency or transfers the resident based on the resident's assessed needs and the organization's ability to meet those needs.**
		EP 3	The resident, the resident's family, licensed independent practitioners, and staff involved in the resident's care, treatment, and services participate in planning the resident's transfer or termination of residency. (See also RI.01.01.01, EP 19)
		RI.01.01.01	**The organization respects the resident's rights.**
		EP 19	Prior to the resident moving in, the organization informs them of its policies and practices about room/apartment changes and for termination of residency in language that the resident understands. (See also LD.04.03.07, EPs 1, 6; PC.04.01.03, EP 3)
		EP 20	The organization obtains from the resident written acknowledgement that they received information on resident rights and on changes to these rights.
		RI.01.02.01	**The organization respects the resident's right to participate in decisions about their care, treatment, and services.**
		EP 1	The organization involves the resident in making decisions about their care, treatment, and services.
		EP 4	The organization respects the right of the resident or surrogate decision-maker to refuse care, treatment, and services in accordance with current advance directive information and with law and regulation.
		RI.01.05.01	**The organization addresses resident decisions about care, treatment, and services received at the end of life.**
		EP 3	The organization does the following regarding advance directives, including "do not hospitalize" orders, "do not resuscitate" orders, and organ-donation request procedures: - Informs residents of relevant laws and regulations - Provides residents with written information about advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services - Provides the resident with information upon admission on the extent to which the organization is able, unable, or unwilling to honor advance directives - Informs staff and licensed independent practitioners who are involved in the resident's care, treatment, and services of whether or not the resident has an advance directive - Honors the resident's right to review and revise their advance directives - Honors advance directives, in accordance with law and regulation and the organization's capabilities
		EP 9	The organization documents whether or not the resident has an advance directive.
		EP 10	Upon request, the organization refers the resident to resources for assistance in formulating advance directives.
		EP 17	The existence or lack of an advance directive does not determine the resident's right to access care, treatment, and services.
§8:36-6.2			
§8:36-6.2 Financial arrangements and full disclosure			

Number §8:36-6.2(a)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-6.2(a)		**LD.04.01.01**	**The organization complies with law and regulation.**
(a) The facility shall disclose in the admission agreement the service it will provide, the public programs or benefits that it accepts or delivers, the policies that affect a resident's ability to remain in the residence and any waivers that have been granted of the regulations regarding physical plant requirements at N.J.A.C. 8:36-14 for assisted living residences or N.J.A.C. 8:36-22 for comprehensive personal care homes.		**EP 3**	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		PC.01.01.01	**The organization accepts the resident for care, treatment, and services based on its ability to meet the resident's needs.**
		EP 1	The organization discloses to prospective residents and their families which services they are capable of providing prior to entering into a residence agreement with an individual. This disclosure includes the reasons and procedures for termination of residency. The disclosure is provided in a manner that the resident and family understand and is documented.

Number §8:36-6.2(b)-6.3	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance

§8:36-6.2(b)-6.3

(b) Concerning financial arrangements, the facility shall:
1. Upon admission and at the time of any change in charges, inform the residents in writing, of any and all fees for services provided and charges for supplies routinely provided by the facility. The facility shall also inform the resident of the costs of supplies which are specially ordered. At the resident's request, this information may be provided instead to the resident's family, guardian, or responsible person;
2. Impose no additional charges for increased level of care without documentation of reassessment by the registered nurse that necessitates the increase;
3. Impose no additional charges, expenses, or other financial liabilities in excess of the daily, weekly, or monthly rate included in the admission agreement, unless written notification is provided to the resident.
i. Where there is written documentation of the resident's agreement to the purchase and cost of supplies which are purchased through the facility;
4. Maintain a written record of all financial arrangements with the resident and/or his or her family, guardian, or responsible person with copies furnished to the resident; and
5. Provide the resident with information about obtaining financial assistance available from third-party payors and/or other payors and referral systems for resident financial assistance.
(c) All residents who have advanced a security deposit to a facility prior to or upon their admission shall be entitled to receive interest earnings, which have accumulated on such funds or property.
1. The facility shall hold such funds or property in trust for the resident and they shall remain the property of the resident and shall be returned to the resident or the resident's estate upon discharge or death minus any outstanding payment owed to the facility by the resident, in accordance with the resident admission agreement.
2. All such funds shall be held in an interest-bearing account as established under requirements of N.J.S.A. 30:13-1 et seq.
3. The facility may deduct an amount not to exceed one percent per annum of the amount so invested or deposited for costs of servicing and processing the accounts.
4. The facility, within 60 days of establishing an account, shall notify the resident, in writing, of the name of the bank or investment company holding the funds and the account number. The facility shall thereafter provide a quarterly statement to each resident it holds security funds in trust for identifying the balance, interest earned, and any deductions for charges or expenses incurred in accordance with the terms of the contract or agreement of admission.
§8:36-6.3 Personal needs allowance
(a) The administrator or his or her representative shall develop a policy and procedure for handling the monthly personal needs allowance for each resident who receives Supplemental Security Income (SSI) or other forms of public assistance. The personal needs allowance shall be at least the amount specified by the New Jersey State Department of Human Services pursuant to N.J.S.A. 44:7-87(h) and N.J.A.C. 10:123-3.
(b) Every administrator to whom resident's personal funds are entrusted shall maintain written records, such as a ledger, including the date each payment was received, the amount of payment, the date of each disbursement, the amount of each disbursement, the reason for each disbursement and to whom each disbursement was made. The personal needs allowance shall not be commingled with any other facility operating account and shall be deposited into an interest bearing account. Each resident shall receive his or her personal needs allowance within 72 hours of the receipt of the check by the administrator.
(c) The resident or, if the resident is not competent, the resident's representative with financial power of attorney, shall sign to acknowledge receipt of funds, goods or services purchased with such funds at the time of disbursement.

LD.04.01.01	**The organization complies with law and regulation.**
EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
RI.01.06.13	**Residents have a right to manage or delegate management of personal financial affairs.**
EP 1	The organization obtains written authorization when a resident allows the organization to manage the resident's funds.
EP 2	When the organization manages a resident’s funds, the organization provides the resident access to those funds upon request and consistent with agreements for access established with the organization.
EP 4	The organization involves the surrogate decision-maker in the management of the resident’s funds when the resident cannot manage personal financial affairs. Note: The surrogate decision-maker may be a family member. (See also RI.01.02.01, EP 2)

Number §8:36-7.1	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance

§8:36-7.1

§8:36-7.1 Initial assessments and resident service plans

§8:36-7.1(a)

(a) Upon admission, each resident shall receive an initial assessment by a registered professional nurse to determine the resident's needs.

PC.01.02.05	**Qualified staff, physicians, or other licensed practitioners assess and reassess the resident.**
EP 1	Based on the initial assessment, the organization determines the resident's need for nursing care, as required by organization policy and in accordance with law and regulation.

§8:36-7.1(b)-7.2

(b) If this initial assessment indicates the resident has general service needs, a general service plan shall be developed within 14 days of the resident's admission.
(c) The general service plan shall include, but not be limited to, the following:
1. The resident's need, if any, for assistance with activities of daily living (ADL);
2. The resident's need, if any, for assistance with recreational and other activities; and
3. The resident's need, if any, for assistance with transportation.
§8:36-7.2 Health care assessment and health service plan
(a) Within 30 days prior to admission to the assisted living residence, comprehensive personal care home, or assisted living program, a physician, advanced practice nurse or physician assistant shall specify in writing that the resident is appropriate for this level of care.
(b) At the time of admission, arrangements shall be made between the administrator and the resident, guardian, or responsible person regarding the physician and dentist to be called in case of illness, or the individual to be called for a resident who, because of religious affiliation, is opposed to medical treatment.
(c) If the initial assessment in N.J.A.C. 8:36-7.1(a) indicates that the resident requires health care services, a health care assessment shall be completed within 14 days of admission by a registered professional nurse using an assessment instrument available from the Department, or an assessment instrument that has been adopted by the facility or program, equivalent to the instrument available from the Department, and which meets the requirements of (d) below.

LD.04.01.01	**The organization complies with law and regulation.**
EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
PC.01.02.03	**The organization assesses and reassesses the resident and the resident's condition according to defined time frames.**
EP 1	The organization obtains the resident's initial assessment in accordance with written time frames it defines and law and regulation.
PC.01.02.05	**Qualified staff, physicians, or other licensed practitioners assess and reassess the resident.**
EP 6	All resident assessments and screenings obtained for the use of determining care, treatment, and services or the level of care needed are conducted by qualified staff or licensed independent practitioners in accordance with law and regulation.
PC.01.03.01	**The organization plans the resident's care.**
EP 3	An interim plan for care, treatment, and services is developed and documented for each resident prior to the resident moving in. The plan includes the following as applicable: - Fall risk reduction - Skin treatment(s) or maintaining skin integrity - Pain management - Medication assistance or administration - Assistance with activities of daily living
EP 4	The organization develops the resident's plan for care, treatment, and services as soon as possible after moving in and in accordance with law and regulation.
EP 8	The plan for care, treatment, and services identifies the following: - The care, treatment, and services - The frequency at which care, treatment, and services will occur - The team members responsible for providing care, treatment, and services

Number §8:36-7.2(d)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance

§8:36-7.2(d)		
(d) Each health care assessment by the registered professional nurse shall include, at a minimum, evaluation of the following: 1. Need for assistance with "activities of daily living"; 2. Cognitive patterns; 3. Communication/hearing patterns; 4. Vision patterns; 5. Physical functioning and structural problems; 6. Continence; 7. Psychosocial well-being; 8. Mood and behavior problems; 9. Activity pursuit patterns; 10. Disease diagnoses; 11. Health conditions and preventive health measures, including, but not limited to, pain, falls, and lifestyle; 12. Oral/nutritional status; 13. Oral/dental status; 14. Skin conditions; 15. Medication use; 16. Special treatment and procedures; 17. Restraint use; and 18. Outside service utilization.		

PC.01.02.01	The organization obtains resident assessments.
EP 1	The organization defines, in writing, the scope and content of screening, assessment, and reassessment information it collects. Resident information is collected according to these requirements. (See also RC.02.01.01, EP 2)
EP 2	The organization defines, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed.
EP 13	The organization defines, in writing, the information to be gathered during the initial assessment(s), including the following: - The resident's current health condition, including infectious disease screening, diagnosis, pertinent history, medication history (including allergies and sensitivities), current medication, and current treatments - The resident's physical and neuropsychiatric status - The resident's skin condition - The resident's decision-making capacity - The resident's communication status - The resident's functional status - Whether or not the resident smokes, and if so, the resident's ability to meet the organization's written criteria under which one may smoke - The resident's rehabilitation status, potential, and needs - The resident's nutritional and hydration status - The resident's oral health status, including the condition of the oral cavity, teeth, and tooth-supporting structures; the presence or absence of natural teeth or dentures; and the ability to function with or without natural teeth or dentures - The resident's pain status, including recent pain history, origin, location, and severity; alleviating and exacerbating factors; current treatment for pain; and response to treatment - The resident's psychosocial and spiritual needs - The resident's cultural and ethnic factors that can influence care, treatment, and services - The resident's personal preferences regarding schedules, activities, and grooming - For the dying resident, the social, spiritual, and cultural variables that influence both the resident's and family's perceptions and experience of the process of dying
EP 43	Prior to moving in a resident with dementia, the organization obtains a history from the resident and family that includes the following: - Recent changes in behavior or cognition - The resident's pre-dementia personality - Social patterns - Responses to stress and effective interventions - Resident lifelong interests, preferences, and routines - Eating habits, food and beverage preferences - Religious, spiritual, and cultural customs (See also PC.01.03.01, EP 2; PC.02.02.03, EP 9)
PC.01.02.05	**Qualified staff, physicians, or other licensed practitioners assess and reassess the resident.**
EP 1	Based on the initial assessment, the organization determines the resident's need for nursing care, as required by organization policy and in accordance with law and regulation.
EP 6	All resident assessments and screenings obtained for the use of determining care, treatment, and services or the level of care needed are conducted by qualified staff or licensed independent practitioners in accordance with law and regulation.

Number §8:36-7.2(e)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance

§8:36-7.2(e)

(e) Based on the health care assessment, a written health service plan shall be developed. The health service plan shall include, but not be limited to, the following:
1. Orders for treatment or services, medications, and diet, if needed;
2. The resident's needs and preferences for himself or herself;
3. The specific goals of treatment or services, if appropriate;
4. The time intervals at which the resident's response to treatment will be reviewed; and
5. The measures to be used to assess the effects of treatment.

PC.01.03.01	The organization plans the resident’s care.
EP 1	The organization plans the resident’s individualized care, treatment, and services based on needs identified by the resident’s assessment (including strengths and goals) and reassessments.
EP 2	For organizations that elect The Joint Commission Memory Care Certification option: The resident's written plan for individualized care, treatment, and services is developed by an interdisciplinary team comprised of health care professionals, including the treating physician, and in partnership with the resident, family, and staff. This plan reflects the resident's personal goals, personal preferences, lifelong interests, routines for daily activities, and freedom of choice. (See also PC.01.02.01, EP 43)
EP 3	An interim plan for care, treatment, and services is developed and documented for each resident prior to the resident moving in. The plan includes the following as applicable: - Fall risk reduction - Skin treatment(s) or maintaining skin integrity - Pain management - Medication assistance or administration - Assistance with activities of daily living
EP 4	The organization develops the resident’s plan for care, treatment, and services as soon as possible after moving in and in accordance with law and regulation.
EP 8	The plan for care, treatment, and services identifies the following: - The care, treatment, and services - The frequency at which care, treatment, and services will occur - The team members responsible for providing care, treatment, and services
EP 47	The resident and/or family is involved in developing an individualized plan of care.

Number §8:36-7.2(f)-(g)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance

§8:36-7.2(f)-(g)

(f) The initial health care assessment shall be documented by the registered nurse and shall be updated as required, in accordance with the rules of this chapter and professional standards of practice.
(g) The facility shall make reasonable effort to have documentation of services provided by outside health care professionals entered in the resident record.

PC.02.02.01	**The organization coordinates the resident's care, treatment, and services based on the resident's needs.**
EP 1	The organization follows a process to receive or share resident information when the resident is referred to other internal or external providers for care, treatment, or services. (See also PC.04.02.01, EPs 1, 8)
RC.01.01.01	**The organization maintains complete and accurate resident records.**
EP 5	The resident's record includes the following: - Information needed to justify the resident's care, treatment, and services - Information about the resident's care, treatment, and services needed to provide continuity of care among providers
RC.02.01.01	**The resident's record contains information that reflects the resident's care, treatment, and services.**
EP 2	The resident's record contains the following clinical information: - The reason(s) for admission - Any observations relevant to care, treatment, and services - Any orders, including medications ordered or prescribed - Any allergies to medications - Any medications administered, including the strength, dose, route, date and time of administration - Any medication administration devices used, including access site or route - Any adverse drug reactions - Any assessment findings - Any food allergies (See also PC.01.02.01, EP 1)
EP 4	As needed to provide care, treatment, and services, the resident's record contains the following additional information: - Any advance directives - Orders, renewal of orders, and documentation that resuscitative services are to be withheld or life-sustaining treatment withdrawn - Any informed consent, when required by organization policy - Any resident-generated information (for example, choices, habits, routine) - Referrals or communication made to external or internal care providers and community agencies - Any physician's summary and final diagnosis when the resident moves in either from a hospital or from another health care organization
RC.02.01.13	**Resident record documentation includes the provision of and response to nursing care.**
EP 3	Resident record documentation includes the following information regarding nursing care: - Medications and treatment given and untoward reactions - Nursing care provided based on the care plan - Resident's response to nursing care based on the care plan - Current status and changes in the resident's physical or behavioral condition, including symptoms

Number §8:36-7.3	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-7.3	§8:36-7.3 General and health service plans (a) The resident general service plan shall be reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status. (b) The resident health service plan shall be reviewed, and if necessary, revised quarterly, and as needed, based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status. (c) Documentation in the resident's record shall indicate review and any necessary revision of the resident service plan and/or health service plan. (d) The resident shall participate in and, if the resident agrees, family members shall be invited to participate in, the development of the resident service plan and health service plans, if plans are needed. Participation shall be documented in the resident's record. (e) If the resident does not have any general service needs or health services needs, a general or health service plan is not necessary. (f) The facility shall be responsible for reassessing residents who have neither a general service or health service plan in response to changes in the resident's functional and/or cognitive status at least annually and more frequently if such reassessment is predicated on a change in the resident's functional and/or cognitive status.	**PC.01.02.03**	**The organization assesses and reassesses the resident and the resident's condition according to defined time frames.**
		EP 3	Each resident is reassessed in accordance with law and regulation, their plan of care, and changes in their physical or mental condition. Note: Reassessments may also be based on the resident's diagnosis; signs and symptoms of infectious disease(s) as defined by the state or local health authorities and/or the Centers for Disease Control and Prevention; desire for care, treatment, and services; and response to previous care, treatment, and services.
		PC.01.03.01	**The organization plans the resident’s care.**
		EP 1	The organization plans the resident’s individualized care, treatment, and services based on needs identified by the resident’s assessment (including strengths and goals) and reassessments.
		EP 47	The resident and/or family is involved in developing an individualized plan of care.
		RC.02.01.09	**Resident record documentation includes the provision of and response to the activities program at least quarterly.**
		EP 1	The activity providers document the following about the activity program in the resident's record: - The provision of activities to the resident based on the care plan, at least quarterly - The resident’s response to the activities based on the care plan, at least quarterly - Any report given to the primary nurse of changes in the resident’s response to an activity provided
		RC.02.01.13	**Resident record documentation includes the provision of and response to nursing care.**
		EP 3	Resident record documentation includes the following information regarding nursing care: - Medications and treatment given and untoward reactions - Nursing care provided based on the care plan - Resident's response to nursing care based on the care plan - Current status and changes in the resident’s physical or behavioral condition, including symptoms
§8:36-7.4	§8:36-7.4 Health care services		

Number §8:36-7.4(a)-(b)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-7.4(a)-(b)			
(a) The assisted living residence, comprehensive personal care home, or assisted living program shall ensure that the resident receives "health care services" under the direction of a registered professional nurse, in accordance with the health service plan. (b) A registered professional nurse shall be responsible for developing nursing practice policies and procedures and the coordination of all health care services required in the resident's health service plan.		**HR.01.02.05**	**The organization has the necessary staff to support the care, treatment, and services it provides.**
		EP 22	The organization provides the services of a registered nurse at a frequency that meets the resident's needs, and is in accordance with the scope of its services and law and regulation.
		LD.01.04.01	**An administrator manages the organization.**
		EP 6	The administrator identifies a nurse, qualified by education and experience, to direct nursing services if it is provided by the organization, in accordance with law and regulation.
		PC.01.02.05	**Qualified staff, physicians, or other licensed practitioners assess and reassess the resident.**
		EP 1	Based on the initial assessment, the organization determines the resident’s need for nursing care, as required by organization policy and in accordance with law and regulation.
		EP 6	All resident assessments and screenings obtained for the use of determining care, treatment, and services or the level of care needed are conducted by qualified staff or licensed independent practitioners in accordance with law and regulation.
		PC.01.03.01	**The organization plans the resident’s care.**
		EP 8	The plan for care, treatment, and services identifies the following: - The care, treatment, and services - The frequency at which care, treatment, and services will occur - The team members responsible for providing care, treatment, and services
		PC.02.02.02	**For organizations that provide specialty care: An individual(s) coordinates the provision of specialty care, treatment, and services for residents.**
		EP 1	The organization designates a qualified individual (such as a registered nurse, occupational therapist, physical therapist, speech therapist, or social worker) who is competent to coordinate the provision of rehabilitation and advanced care services.
§8:36-7.4(c)			
(c) Written policies and procedures shall be developed and implemented to ensure, but not be limited to, the following: 1. Assessment of all residents with a general service plan at least semi-annually, and those residents who have a health service plan shall be reassessed at least quarterly and more often on an as-needed basis, including and upon the resident's return to the facility from the hospital; 2. Monitoring of the condition of all residents on an as needed basis; 3. Notification of the registered professional nurse if there are significant changes in a resident's condition; 4. Assessment of the resident's need for referral to a physician, advanced practice nurse or physician assistant, or community agencies as appropriate; and 5. Maintenance of records as required.		**IM.02.01.01**	**The organization protects the privacy of health information.**
		EP 3	The organization uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also RI.01.01.01, EP 7)
		EP 4	The organization discloses health information only as authorized by a resident or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7)
		LD.04.01.07	**The organization has policies and procedures that guide and support resident care, treatment, and services.**
		EP 1	Leaders review, approve, and manage the implementation of policies and procedures that guide and support resident care, treatment, and services.
		PC.01.02.05	**Qualified staff, physicians, or other licensed practitioners assess and reassess the resident.**
		EP 1	Based on the initial assessment, the organization determines the resident’s need for nursing care, as required by organization policy and in accordance with law and regulation.
		PC.02.01.05	**The organization provides interdisciplinary, collaborative care, treatment, and services.**
		EP 39	When staff identify signs of a change in a resident’s condition, they respond in accordance with policies and procedures. Policies and procedures include who should be notified of changes and what information needs to be documented in the resident's record.

Number §8:36-7.5	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance

§8:36-7.5

§8:36-7.5 Provision of health care services

§8:36-7.5(a)-(b)

(a) The facility or program shall arrange for health care services to be provided to residents as needed, in accordance with assessments and with the health service plan. The administrator shall develop a system to identify the residents receiving health care services. (b) If a resident who has not been receiving a health care service requires a health care service on a temporary basis (meaning a period of time reasonably expected to be 14 days or less and not involving a significant change in condition or a life-threatening illness), neither a health care assessment nor a health service plan shall be required. The administrator shall develop a system to identify the residents receiving a health care service on a temporary basis.

PC.01.02.01 The organization obtains resident assessments.

EP 13 The organization defines, in writing, the information to be gathered during the initial assessment(s), including the following:
- The resident's current health condition, including infectious disease screening, diagnosis, pertinent history, medication history (including allergies and sensitivities), current medication, and current treatments
- The resident's physical and neuropsychiatric status
- The resident's skin condition
- The resident's decision-making capacity
- The resident's communication status
- The resident's functional status
- Whether or not the resident smokes, and if so, the resident's ability to meet the organization's written criteria under which one may smoke
- The resident's rehabilitation status, potential, and needs
- The resident's nutritional and hydration status
- The resident's oral health status, including the condition of the oral cavity, teeth, and tooth-supporting structures; the presence or absence of natural teeth or dentures; and the ability to function with or without natural teeth or dentures
- The resident's pain status, including recent pain history, origin, location, and severity; alleviating and exacerbating factors; current treatment for pain; and response to treatment
- The resident's psychosocial and spiritual needs
- The resident's cultural and ethnic factors that can influence care, treatment, and services
- The resident's personal preferences regarding schedules, activities, and grooming
- For the dying resident, the social, spiritual, and cultural variables that influence both the resident's and family's perceptions and experience of the process of dying

PC.02.01.13 The resident has access to health care professionals as needed.

EP 5 Visiting schedules of physicians, physician assistants, advanced practice registered nurses, and registered nurses comply with law, regulation, and organization policy.

PC.02.02.02 For organizations that provide specialty care: An individual(s) coordinates the provision of specialty care, treatment, and services for residents.

EP 2 The individual coordinates the provision of rehabilitation and advanced care services with staff and each resident and/or family by making sure of the following:
- Assessments are completed within time frames per organizational policy
- Resident's needs are supported in a person-centered manner in order to meet self-managed care goals

Note: An organization may designate more than one individual to coordinate the provision of rehabilitation and advanced care services as long as each individual performs the roles listed above.

RC.02.01.17 Resident record documentation includes the provision of and response to rehabilitation services if offered by the facility.

EP 1 Documentation in the resident's record describes the provision of rehabilitation services that are based on the care plan and includes the following:
- Reason for rehabilitation services
- Rehabilitation treatments, modalities, or procedures provided
- The resident's involvement in rehabilitation services

Number §8:36-7.5(c)-(d)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-7.5(c)-(d)	(c) The registered professional nurse shall be called at the onset of illness, injury or change in condition of any resident to arrange for assessment of the resident's nursing care needs or medical needs and for needed nursing care intervention or medical care. (d) The resident's physician or the physician's designee, that is, another physician or an advanced practice nurse or physician assistant, shall be notified by the licensed professional nurse of any significant changes in the resident's physical or cognitive/mental condition and any intervention by the physician shall be recorded.	**PC.01.02.05**	**Qualified staff, physicians, or other licensed practitioners assess and reassess the resident.**
		EP 1	Based on the initial assessment, the organization determines the resident’s need for nursing care, as required by organization policy and in accordance with law and regulation.
		EP 6	All resident assessments and screenings obtained for the use of determining care, treatment, and services or the level of care needed are conducted by qualified staff or licensed independent practitioners in accordance with law and regulation.
		PC.02.01.05	**The organization provides interdisciplinary, collaborative care, treatment, and services.**
		EP 13	Changes in the resident’s condition are communicated to the resident's provider or other authorized health care professional(s), the resident, and the resident’s family.
		EP 39	When staff identify signs of a change in a resident’s condition, they respond in accordance with policies and procedures. Policies and procedures include who should be notified of changes and what information needs to be documented in the resident's record.
§8:36-7.5(e)-(g)	(e) Each resident shall have an annual physical examination by a physician, advanced practice nurse or physician assistant, which shall be documented in the resident's record. The physician, advanced practice nurse or physician assistant shall certify annually that the resident does not have needs which exceed the care that the facility or program is capable of providing. (f) If it is determined that there is a medical need for a transfer of a resident to another health care facility because the assisted living residence, comprehensive personal care home or assisted living program cannot meet the resident's needs, such transfers shall be initiated promptly, in accordance with N.J.A.C. 8:36-5.1(d). The registered professional nurse shall be notified to ensure that the resident is receiving appropriate care during the transfer period. (g) If the resident is not transferred within seven days, the Department shall be notified and assistance shall be requested from the Department to arrange for transfer of the resident.	**LD.04.01.01**	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		PC.01.02.03	**The organization assesses and reassesses the resident and the resident's condition according to defined time frames.**
		EP 3	Each resident is reassessed in accordance with law and regulation, their plan of care, and changes in their physical or mental condition. Note: Reassessments may also be based on the resident's diagnosis; signs and symptoms of infectious disease(s) as defined by the state or local health authorities and/or the Centers for Disease Control and Prevention; desire for care, treatment, and services; and response to previous care, treatment, and services.
		PC.01.02.05	**Qualified staff, physicians, or other licensed practitioners assess and reassess the resident.**
		EP 6	All resident assessments and screenings obtained for the use of determining care, treatment, and services or the level of care needed are conducted by qualified staff or licensed independent practitioners in accordance with law and regulation.
		PC.02.01.09	**The organization plans for and responds to life-threatening emergencies.**
		EP 2	Policies and procedures that address life-threatening emergencies include the following: - Availability of first aid and Basic Life Support (CPR) services - Emergency transfer to another organization - Placement of a phone call to outside emergency assistance
		PC.04.01.01	**The organization follows a process that addresses transitions in the resident’s care.**
		EP 1	The organization documents the following: - The reason(s) for and conditions under which the resident is transferred or residency is terminated - The method for shifting responsibility for a resident's care from one clinician, organization, program, or service to another
		EP 14	The organization transfers a resident upon order of their attending licensed independent practitioner.
		EP 20	The organization follows an established process for emergency transfer resulting from medical necessity.
		PC.04.01.03	**The organization terminates residency or transfers the resident based on the resident's assessed needs and the organization’s ability to meet those needs.**
		EP 12	The organization terminates residency or transfers a resident when the needs of the resident exceed the scope of the services provided.

Number §8:36-8.1	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance

§8:36-8.1
§8:36-8.1 Qualifications of professional nurses (a) Each registered professional nurse shall be licensed by the New Jersey State Board of Nursing in accordance with N.J.A.C. 13:37. (b) Each licensed practical nurse shall be licensed by the New Jersey State Board of Nursing, in accordance with N.J.A.C. 13:37.

HR.01.02.07	The organization determines how staff function within the organization.
EP 1	All staff who provide residents with care, treatment, or services possess a current license, certification, or registration, in accordance with law and regulation.
EP 2	Staff who provide residents with care, treatment, or services practice within the scope of their license, certification, or registration and as required by law and regulation.

§8:36-8.2
§8:36-8.2 Nurse staffing requirements A facility shall have at least one registered professional nurse available at all times.

HR.01.02.05	The organization has the necessary staff to support the care, treatment, and services it provides.
EP 21	The organization provides licensed nurses and other nursing personnel, in accordance with its scope of services and law and regulation. (See also LD.03.06.01, EP 2)
EP 22	The organization provides the services of a registered nurse at a frequency that meets the resident's needs, and is in accordance with the scope of its services and law and regulation.
EP 25	The organization plans for staffing based on the following: - Resident acuity - Complexity of clinical tasks - Staff experience and expertise - Physical layout of the facility - Staff shortage contingencies

§8:36-9.1
§8:36-9.1 Qualifications of personal care assistants (a) For the purposes of this subchapter, each personal care assistant shall be an individual who is employed by the facility and who has completed: 1. A nurse aide training course approved by the Department in accordance with N.J.A.C. 8:39-43, and shall have passed the New Jersey Nurse Aide Certification Examination; 2. A homemaker-home health aide training program approved by the New Jersey Board of Nursing and shall be certified by the Board in accordance with N.J.A.C. 13:37-14; or 3. A personal care assistant training course approved by the Department and the competency evaluation program approved by the Department resulting in personal care assistant certification. i. No individual shall be certified as a personal care assistant pursuant to (a)3 above unless that individual has completed the criminal history background check required by N.J.A.C. 8:43I. (b) Each personal care assistant and each direct caregiver shall receive orientation prior to or upon employment and on-going in-service education regarding the concepts of assisted living. (c) Personal care assistant certification shall be valid for a period of two years from the date of issue. (d) At least once every two years, on a schedule to be determined by the Department, a certified personal care assistant shall file an application for renewal of current certification and shall complete an updated criminal history background check as required by N.J.A.C. 8:43I. (e) In order to be eligible to renew a current certification, the certified personal care assistant shall complete at least 20 hours, every two years, of continuing education in assisted living concepts and related topics, including cognitive and physical impairment and dementia. (f) If an individual fails to become recertified in accordance with (e) above, the name of the individual shall be removed from the New Jersey certified personal care assistant registry. (g) In order for an individual to be reentered onto the New Jersey personal care assistant registry, the individual shall successfully complete a training course approved in accordance with the training requirements at (a)3 above in effect at the time of application

HR.01.01.01	The organization defines and verifies staff qualifications.
EP 1	The organization defines staff qualifications specific to their job responsibilities. Note: Qualifications for infection control may be met through education, training, experience, and/or certification (such as certification from the Certification Board for Infection Control and Epidemiology).
EP 2	The organization verifies and documents the credentials of care providers using the primary source when licensure, certification, or registration is required by law and regulation to practice their profession. This is done at the time of hire and at the time credentials are renewed. Note: The credentials of contracted providers are verified by their employer or the organization. The organization needs to have verification of this information whether it or the provider's employer verifies.
EP 3	The organization verifies and documents that the applicant has the education and experience required by the job responsibilities, unless this information has already been verified by the entity that issued the applicant's licensure, certification, or registration authority. Note: Verification of education does not have to be obtained from the primary source.
EP 4	The organization obtains a criminal background check and fingerprints on the applicant or contractor as required by law and regulation or organization policy. Criminal background checks are documented.
HR.01.04.01	The organization provides orientation to staff.
EP 1	The organization orients its staff to the key safety content it identifies before staff provides care, treatment, and services. Completion of this orientation is documented. Note: Key safety content may include specific processes and procedures related to the provision of care, treatment, and services; the environment of care; and infection control.
EP 3	The organization orients staff on the following: - Organizationwide and unit-specific policies and procedures related to job duties and responsibilities - Their specific job duties and responsibilities, including those related to infection prevention and control and, if applicable to their role, assessing and managing pain, and Alzheimer's disease and other forms of dementia - Characteristics of the resident population - Detecting and reporting change in resident physical or psychological condition - Sensitivity to cultural diversity based on their job duties and responsibilities - Resident rights, including ethical aspects of care, treatment, and services and the process used to

Number §8:36-9.1	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
	and shall pass the New Jersey competency evaluation. If the individual initially became certified within the five years immediately preceding reapplication, the individual shall be recertified upon passing the New Jersey competency evaluation, and completion of a training course shall not be required. (h) The facility shall maintain records sufficient to verify the continuing education record of present and previous employees for at least one renewal period. (i) A certified nurse aide or certified homemaker-home health aide, functioning as a personal care assistant, shall be subject to the continuing education requirements in (e) above and the annual registry and background checks in (j) and (k) below. (j) No licensed assisted living residence, comprehensive personal care home, or assisted living program shall employ a person as a personal care assistant without making inquiry to the New Jersey Certified Personal Care Assistant Registry, the New Jersey Certified Nurse Aide Registry, or to any other State agency registry in which the facility has a good faith belief the personal care assistant is registered. 1. Registry confirmation of a personal care assistant certification or nurse aide certification or homemaker-home health aide certification shall not be sufficient to satisfy the requirement for reference checks identified at N.J.A.C. 8:43I. (k) A certificate issued to a personal care assistant in accordance with this section shall be suspended, denied or revoked in the following cases: 1. Substantiated findings of resident abuse or neglect or misappropriation of resident property in any health care facility licensed in accordance with N.J.S.A. 26:2H-1 et seq.; 2. Failure to complete the criminal history background check required by N.J.A.C. 8:43I, or failure to obtain a determination of rehabilitation as required by N.J.S.A. 26:2H-83 et seq.; or 3. Sale, purchase, or alteration of a certificate; use of fraudulent means to secure the certificate, including filing false information on the application; or forgery, imposture, dishonesty, or cheating on an examination. (l) If the Department proposes to sanction the employee or to suspend, deny or revoke the certification of a personal care assistant in an assisted living residence, comprehensive personal care home, or assisted living program, the aggrieved person may request a hearing, which shall be conducted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1. (m) Upon receipt of a finding that a certified personal care assistant has abused, neglected, or misappropriated the property of a resident, resulting from an investigation by the State Long-Term Care Ombudsman, the Department, or other State or local governmental agency, including criminal justice authorities, the Department shall determine whether the finding is valid and is to be entered onto the personal care assistant abuse registry at which time a disciplinary hearing process shall be initiated in accordance with (n) below. (n) Prior to entering the finding on the personal care assistant abuse registry, the Department shall provide a notice to the certified personal care assistant identifying the intended action, the factual basis and source of the finding, and the individual's right to a hearing. 1. The notice in (n) above shall be transmitted to the individual so as to provide at least 30 days for the individual to request a hearing prior to abuse registry placement. If a hearing is requested, it shall be conducted by the Office of Administrative Law or by a Departmental hearing officer in accordance with the hearing procedures established by the Administrative Procedure Act, N.J.S.A. 52:14B-1, et seq., and 52:14F-1, et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1. 2. No further right to an administrative hearing shall be offered to individuals who have been afforded a hearing before a State or local administrative agency or other neutral party, or in a court of law, at which time the personal care assistant received adequate notice and an opportunity to testify and to confront witnesses, and where there was an impartial hearing officer who issued a written decision verifying the findings of abuse, neglect, or misappropriation of resident property. The individual shall have the right to enter a statement to be included in the abuse registry contesting such findings.		address ethical issues based on their job duties and responsibilities - Abuse, exploitation, and neglect identification, prevention, and reporting - Confidentiality of resident information Completion of this orientation is documented.
		HR.01.05.03	**Staff participate in education and training.**
		EP 5	Staff participate in education and training that is specific to the needs of the residents served by the organization. Staff participation is documented. (See also PC.01.02.09, EP 3)
		EP 22	All staff participate in education and training that addresses how to identify early warning signs of a change in a resident's condition and how to respond to a resident's decline in condition. Participation in this education is documented.
		EP 23	All staff education and training incorporate person-centered care principles. (See also HR.01.07.01, EP 6)
		EP 24	For organizations that provide care to residents with dementia: Staff participate in, at a minimum, annual education and training that aligns with current best practices in dementia care and includes the following: - Symptoms of dementia and its progression - How to recognize potential symptoms of delirium - Understanding how a resident's unmet needs are expressed through behaviors, such as inappropriate conduct or exit seeking Note: Unmet needs could encompass pain, hunger, thirst, bowel irregularity, bladder troubles, boredom, loneliness, spirituality, cultural issues, or an underlying medical condition. - Communication techniques for the resident with dementia - Personalized approaches to behavioral expressions of unmet needs - Abuse prevention - Supporting the resident through environmental cues and landmarks - Environmental measures that promote comfort including room temperature, lighting, and sound. Participation in this education is documented. Staff participation is documented. (See also EC.02.06.01, EPs 38, 39; HR.01.06.01, EP 25)
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		LD.04.01.05	**The organization effectively manages its programs, services, sites, or departments.**
		EP 4	Staff are held accountable for their responsibilities.

Number §8:36-9.2	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
(o) An order of suspension, denial, or revocation may contain such provisions regarding reinstatement of the certification as the Department shall recommend. In the absence of any such provisions regarding reinstatement in the order of a denial, suspension, or revocation, the action shall be deemed to be permanent.			

§8:36-9.2		
§8:36-9.2 Certified medication aides (a) Certified medication aides shall meet the following requirements: 1. Certification as a nurse aide, homemaker-home health aide, or personal care assistant; 2. Successful completion of the medication administration training course approved by the Department; and 3. Successful completion of a Department approved standardized examination regarding medication administration for personal care assistants. i. An oral examination shall not substitute for the written component of this examination. (b) Medication aide certification shall be valid for a period of two years from the date of issue. (c) An applicant for medication aide certification shall sit for the standardized examination within six months of successful completion of an approved medication administration training course. (d) At least once every two years, on a schedule to be determined by the Department, a medication aide shall file an application for renewal of current certification. 1. In order to be eligible to renew a current certification, the medication aide shall have completed at least 10 hours of continuing education, seminars, or in-service training every two-year certification period. i. The continuing education requirement shall include five hours for review of the fundamental principles of medication administration and the skills and knowledge necessary for the task of medication administration and five hours of continuing education and in-service training on topics of current drug use relevant to the elderly. ii. The continuing education requirement shall be in addition to the continuing education requirement in N.J.A.C. 8:36-9.1(e). 2. The facility shall maintain records sufficient to verify the continuing education record of present and previous employees for at least one medication aide certificate renewal period. (e) An individual whose name has been removed from the New Jersey medication aide registry for a period of more than one year shall be required to retrain and retest in accordance with the rules for medication aide certification in effect at the time of retraining and retesting in order to be reentered on said registry. (f) Registry confirmation of a medication aide certification shall not be sufficient to satisfy the requirement for reference checks identified at N.J.A.C. 8:43I. (g) A certificate issued to a medication aide in accordance with this section shall be suspended, denied, or revoked in the following cases: 1. Substantiated findings of resident abuse or neglect or misappropriation of resident property; 2. Revocation of any certification as a nurse aide, homemaker-home health aide, or personal care assistant as a result of the criminal history background checks required by N.J.A.C. 8:43I; 3. Sale, purchase, or alteration of a certificate; use of fraudulent means to secure the certificate, including filing false information on the application; or forgery, imposture, dishonesty, or cheating on an examination; or 4. Documented and verified incompetence and/or negligence in the performance of duties which fall within the scope of practice of the certified medication aide as delegated by the registered professional nurse. (h) If the Department proposes to suspend, deny or revoke the certification of a certified medication aide in an assisted living residence, comprehensive personal care home, or assisted living program, the aggrieved person may request a hearing which shall be conducted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and		
	HR.01.01.01	**The organization defines and verifies staff qualifications.**
	EP 1	The organization defines staff qualifications specific to their job responsibilities. Note: Qualifications for infection control may be met through education, training, experience, and/or certification (such as certification from the Certification Board for Infection Control and Epidemiology).
	EP 2	The organization verifies and documents the credentials of care providers using the primary source when licensure, certification, or registration is required by law and regulation to practice their profession. This is done at the time of hire and at the time credentials are renewed. Note: The credentials of contracted providers are verified by their employer or the organization. The organization needs to have verification of this information whether it or the provider's employer verifies.
	EP 3	The organization verifies and documents that the applicant has the education and experience required by the job responsibilities, unless this information has already been verified by the entity that issued the applicant's licensure, certification, or registration authority. Note: Verification of education does not have to be obtained from the primary source.
	EP 4	The organization obtains a criminal background check and fingerprints on the applicant or contractor as required by law and regulation or organization policy. Criminal background checks are documented.
	HR.01.04.01	**The organization provides orientation to staff.**
	EP 1	The organization orients its staff to the key safety content it identifies before staff provides care, treatment, and services. Completion of this orientation is documented. Note: Key safety content may include specific processes and procedures related to the provision of care, treatment, and services; the environment of care; and infection control.
	EP 3	The organization orients staff on the following: - Organizationwide and unit-specific policies and procedures related to job duties and responsibilities - Their specific job duties and responsibilities, including those related to infection prevention and control and, if applicable to their role, assessing and managing pain, and Alzheimer's disease and other forms of dementia - Characteristics of the resident population - Detecting and reporting change in resident physical or psychological condition - Sensitivity to cultural diversity based on their job duties and responsibilities - Resident rights, including ethical aspects of care, treatment, and services and the process used to address ethical issues based on their job duties and responsibilities - Abuse, exploitation, and neglect identification, prevention, and reporting - Confidentiality of resident information Completion of this orientation is documented.
	HR.01.05.03	**Staff participate in education and training.**
	EP 5	Staff participate in education and training that is specific to the needs of the residents served by the organization. Staff participation is documented. (See also PC.01.02.09, EP 3)
	EP 22	All staff participate in education and training that addresses how to identify early warning signs of a change in a resident's condition and how to respond to a resident's decline in condition. Participation in this education is documented.
	EP 23	All staff education and training incorporate person-centered care principles. (See also HR.01.07.01, EP 6)
	EP 24	For organizations that provide care to residents with dementia: Staff participate in, at a minimum, annual education and training that aligns with current best practices in dementia care and includes the following: - Symptoms of dementia and its progression

Number §8:36-9.2	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
	52:14F-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1. (i) Upon receipt of a finding that a certified medication aide has abused, neglected, or misappropriated the property of a resident, or was negligent or incompetent in the performance of the individual's duties, resulting from an investigation by the State Long-Term Care Ombudsman, the Department, or other State or local governmental agency, including criminal justice authorities, the Department shall determine whether the finding is valid and is to be entered onto the certified medication aide abuse registry, at which time a disciplinary hearing process shall be initiated. (j) Prior to entering the finding on the certified medication aide abuse registry, the Department shall provide a notice to the certified medication aide, identifying the intended action, the factual basis and source of the finding, and the individual's right to a hearing. 1. The notice at (j) above shall be transmitted to the individual so as to provide at least 30 days for the individual to request a hearing prior to abuse registry placement. If a hearing is requested, it shall be conducted by the Office of Administrative Law or by a Departmental hearing officer in accordance with the hearing procedures established by the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and 52:14F-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1. 2. No further right to an administrative hearing shall be offered to individuals who have been afforded a hearing before a State or local administrative agency or other neutral party, or in a court of law, at which time the certified medication aide received adequate notice and an opportunity to testify and to confront witnesses, and where there was an impartial hearing officer who issued a written decision verifying the findings of abuse, neglect, or misappropriation of resident property or negligence or incompetence in the performance if the individual's duties. The individual shall have the right to enter a statement to be included in the abuse registry contesting such findings. (k) An order of suspension, denial, or revocation may contain such provisions regarding reinstatement of the certification as the Department shall recommend. In the absence of any such provisions regarding reinstatement in the order of a denial, suspension, or revocation, the action shall be deemed to be permanent.		- How to recognize potential symptoms of delirium - Understanding how a resident's unmet needs are expressed through behaviors, such as inappropriate conduct or exit seeking Note: Unmet needs could encompass pain, hunger, thirst, bowel irregularity, bladder troubles, boredom, loneliness, spirituality, cultural issues, or an underlying medical condition. - Communication techniques for the resident with dementia - Personalized approaches to behavioral expressions of unmet needs - Abuse prevention - Supporting the resident through environmental cues and landmarks - Environmental measures that promote comfort including room temperature, lighting, and sound. Participation in this education is documented. Staff participation is documented. (See also EC.02.06.01, EPs 38, 39; HR.01.06.01, EP 25)
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		LD.04.01.05	**The organization effectively manages its programs, services, sites, or departments.**
		EP 4	Staff are held accountable for their responsibilities.
		MM.06.01.01	**The organization safely administers medications.** **Note: This standard is applicable only to organizations that administer medications.**
		EP 1	For organizations that administer medications: Only authorized licensed independent practitioners, clinical staff, and staff certified in medication administration can administer medications. The organization defines, in writing, those who are authorized to administer medication, with or without supervision, in accordance with law and regulation. Note: This does not prohibit self-administration of medications by residents, when indicated. (See also MM.06.01.03, EP 1)

Number §8:36-9.3	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance

§8:36-9.3

§8:36-9.3 Minimum personal care assistant staffing
(a) The facility shall provide on the premises at all times the following minimum numbers of employees:
1. At least one awake personal care assistant in accordance with N.J.A.C. 8:36-9.1(a); and
2. At least one additional employee.
(b) Any facility with more than one free standing building with residents shall provide on the premises at all times at least one personal care assistant in each building. In such cases, the two personal care assistants shall satisfy the requirements of (a) above, except both personal care assistants shall be awake.
(c) The staffing level in this chapter is minimum only and the assisted living residence, comprehensive personal care, or assisted living program shall employ both professional and unlicensed staff in sufficient number and with sufficient ability and training to provide the basic resident care, assistance, and supervision required, based on an assessment of the acuity of residents' needs.

HR.01.02.05	**The organization has the necessary staff to support the care, treatment, and services it provides.**
EP 25	The organization plans for staffing based on the following: - Resident acuity - Complexity of clinical tasks - Staff experience and expertise - Physical layout of the facility - Staff shortage contingencies
EP 26	To meet the needs of residents with dementia, at a minimum, the organization plans nurse staffing (RN, LPN, CNA) based on the following: - Resident personal care needs - The varying cognitive levels of the resident population served - The level of supervision needed to maintain resident safety
LD.03.09.01	**The organization has an organizationwide, integrated resident safety program.**
EP 10	At least once a year, the leaders provide governance with written reports on the following: - All system or process failures - The number and type of sentinel events - Whether the residents and families were informed of the event - All actions taken to improve safety, both proactively and in response to actual occurrences - All results of the analyses related to the adequacy of staffing (See also PI.03.01.01, EP 14)
PI.03.01.01	**The organization compiles and analyzes data.**
EP 14	At least once a year, the leaders responsible for the organizationwide resident safety program review a written report on the results of any analyses related to the adequacy of staffing and any actions taken to resolve identified problems. (See also LD.03.09.01, EP 10)

§8:36-10.1

§8:36-10.1 Qualifications of dietitians
The dietitian shall possess a bachelor's degree from an accredited college or university with a major area of concentration in a nutrition-related field of study, and one year of full-time professional experience or graduate-level training in nutrition.
§8:36-10.2 Provision of meals
The assisted living residence or comprehensive personal care home shall provide dining services to meet the daily nutritional needs of residents, directly in the facility.
§8:36-10.3 Designation of a food service coordinator
The facility shall designate a food service coordinator who, if not a dietitian, functions with scheduled consultation from a dietitian. When meals are prepared in the facility, the food service coordinator or designee shall be present in the facility. The food service coordinator shall ensure that dining services are provided as specified in the dining portion of the health care plan.
§8:36-10.4 Responsibilities of dietitians
(a) If indicated, according to residents' needs, a dietitian shall be responsible for providing resident care, including, but not limited to, the following:
1. Assessing the nutritional needs of the resident. If indicated, preparing the dietary portion of the health care plan on the basis of the assessment, providing dietary services to the resident as specified in the dietary portion of the health plan, reassessing the resident, and revising the dietary portion of the health care plan. Each of these activities shall be documented in the resident's record; and
2. Providing nutritional counseling and education to residents.
§8:36-10.5 Requirements for dining services
(a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food

PC.02.01.15	**Residents at risk for health-related complications receive preventive care.**
EP 3	The organization provides preventive care to avoid aspiration, dehydration, and malnutrition.
PC.02.02.03	**The organization makes food and nutrition products available to its residents.**
EP 6	The organization prepares food and nutrition products under proper conditions of sanitation, temperature, light, moisture, and ventilation.
EP 7	If the organization accommodates special diets, food and nutrition products are consistent with each resident’s care, treatment, and services.
EP 8	The organization accommodates a resident's diet schedule, unless contraindicated.
EP 9	When possible, the organization accommodates the resident’s cultural, religious, or ethnic food and nutrition preferences, unless contraindicated. (See also PC.01.02.01, EP 43)
EP 11	The organization stores food and nutrition products under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.
EP 13	Staff assist those residents who require help with dining.
EP 14	Resident dining areas are supervised consistent with residents' needs.
EP 21	A food service supervisor oversees general kitchen management. The organization verifies that the qualifications of this individual is in accordance with law and regulation.
EP 26	The organization monitors safe storage of food that is brought into the facility by residents or their visitors.

Number §8:36-10.1	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
	Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code. (b) A current diet manual shall be available to the dining service personnel and to the nursing service personnel. (c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following: 1. At least three meals shall be prepared and served daily to residents; 2. The facility shall select foods and beverages, which include fresh and seasonal foods, and shall prepare menus with regard to the nutritional and therapeutic needs, cultural backgrounds, food habits, and personal preference of residents; 3. Written, dated menus shall be planned at least 14 days in advance for all diets. The same menu shall not be used more than once in any continuous seven-day period; 4. Current menus with portion sizes and any changes in menus shall be posted in the food preparation area. Menus shall be posted in a conspicuous place in residents' area, and/or a copy of the menu shall be provided to each resident. Any changes or substitutes in menus shall be posted or provided in writing to each resident. Menus, with changes or substitutes, shall be kept on file in the facility for at least 30 days; 5. Diets served shall be consistent with the diet manual, the dietitian's instructions, and, if applicable for special diets, shall be served in accordance with physicians' orders; 6. Nutrients and calories shall be provided for each resident, based upon current recommended dining allowances in the Dietary Reference Intake Tables of the Food and Nutrition Board of the National Academy of Sciences, National Research Council, incorporated herein by reference, as amended and supplemented, available on the Internet at https://nationalacademies.org/hmd/Activities/Nutrition/SummaryDRIs/DRI-Tables.aspx or by calling (202) 334-2000. These allowances are to be adjusted for age, sex, weight, physical activity, and therapeutic needs of the resident, if applicable; 7. Between-meal snacks and beverages shall be available at all times for each resident, unless medically contraindicated as documented by a physician in the resident's health care plan; 8. Substitute foods and beverages of equivalent nutritional value shall be available to all residents; 9. In the case of a resident who has a health care plan in which diet is identified as a service, the staff shall observe whether meals are refused or missed and shall document this information; 10. All meals shall be served at the proper temperature and shall be attractive when served to residents. Place settings and condiments shall be appropriate to the meal; 11. Seatings shall be arranged for each meal in order to accommodate individual resident's meal-time preferences, in accordance with facility policies; 12. In the case of a resident who has a health service plan in which diet is identified as a service, a record shall be maintained for such resident, identifying the resident by name, diet order, if applicable, and other information, such as meal patterns, when on a calculated diet and allergies; and 13. If the resident is ill, meals shall be served in his or her apartment, as indicated in the resident service plan and in accordance with facility policy. §8:36-10.6 Commercial food management services If a commercial food management firm provides dining services, the firm shall be required to conform to the standards of this subchapter.	**RC.02.01.11**	**If the organization accommodates special diets, the resident's record documentation includes the provision of and response to nutrition care services at least quarterly.**
		EP 3	Resident record documentation includes the following information regarding nutrition care services: - Provision of nutrition care services, at least quarterly - Significant weight changes, in accordance with law or regulation - The resident’s ability to eat with or without adaptive devices - Current status and changes in the resident’s physical or behavioral status that affect nutrition (for example, the ability to function with or without natural teeth or dentures)

Number §8:36-11.1-11.2	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-11.1-11.2	§8:36-11.1 Qualifications of pharmacists Each pharmacist shall be registered by the New Jersey State Board of Pharmacy, in accordance with N.J.A.C. 13:39. §8:36-11.2 Provision of pharmaceutical services The assisted living residence, comprehensive personal care home, or assisted living program shall be capable of ensuring that pharmaceutical services are provided to residents in accordance with the prescriber's orders, each resident's health care plan, and in accordance with the rules of this chapter and all applicable State and Federal laws and regulations.	**HR.01.01.01**	**The organization defines and verifies staff qualifications.**
		EP 1	The organization defines staff qualifications specific to their job responsibilities. Note: Qualifications for infection control may be met through education, training, experience, and/or certification (such as certification from the Certification Board for Infection Control and Epidemiology).
		EP 2	The organization verifies and documents the credentials of care providers using the primary source when licensure, certification, or registration is required by law and regulation to practice their profession. This is done at the time of hire and at the time credentials are renewed. Note: The credentials of contracted providers are verified by their employer or the organization. The organization needs to have verification of this information whether it or the provider's employer verifies.
		MM.04.01.01	**Medication orders are clear and accurate.** **Note: This standard is applicable only to organizations that prescribe medications. The elements of performance in this standard do not apply to prescriptions written by a prescriber who is not affiliated with the organization.**
		EP 2	For organizations that prescribe medications: The organization follows a written policy that defines the following: - The minimum required elements of a complete medication order, which must include medication name, medication dose, medication route, and medication frequency - When indication for use is required on a medication order - The precautions for ordering medications with look-alike or sound-alike names - Actions to take when medication orders are incomplete, illegible, or unclear
		MM.05.01.15	**For organizations that do not operate a pharmacy but administer medications: The organization safely obtains prescribed medications.**
		EP 1	For organizations that do not operate a pharmacy but administer medications: The organization follows a process for obtaining medications to meet the needs of the resident.
		EP 2	For organizations that do not operate a pharmacy but administer medications: If the organization obtains medications from a pharmacy that is not open 24 hours a day, 7 days a week, the organization follows a process for obtaining medications from another source for urgent or emergent conditions when the pharmacy is closed.
§8:36-11.3	§8:36-11.3 Supervision of medication administration (a) If indicated in the resident's health service plan or resident's general service plan, a designated employee shall provide resident supervision of self-administration of medications in accordance with physicians' orders. Any employee who has been designated to provide resident supervision of self-administration of medications shall have received training from the licensed professional nurse or the licensed pharmacist, and such training shall be documented. 1. The facility or program shall document the provision of training to each employee who has been designated to provide resident supervision of self-administration of medications; 2. The facility or program shall document any instance where medications are not taken in accordance with the prescriber's orders; and 3. The facility shall keep a record of all prescribed medications for which the resident is receiving supervision of medication administration.	**MM.06.01.03**	**Self-administered medications are administered safely and accurately.** **Note: The term "self-administered medication(s)" may refer to medications administered by a family member.**
		EP 28	When a resident requires staff assistance with self-administration of medications, the staff member has received training and is deemed competent by the organization to assist. Training must be documented and in accordance with law and regulation. Note: Assistance with medication can include cueing, scheduling, opening packages or containers, and observing safe consumption.
		EP 29	All activities performed by staff to assist residents with medication administration are documented in the resident's record including name of medication(s), dosage received, route, date, and time.
§8:36-11.4	§8:36-11.4 Administration of medications		

Number §8:36-11.4(a)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance

§8:36-11.4(a)

(a) Notwithstanding the definition of "health care service," the administration of medication in accordance with N.J.A.C. 8:36-11.3 and this section, in and of itself, shall not be considered a health care service.

§8:36-11.4(b)

(b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.

MM.06.01.01	**The organization safely administers medications.** **Note: This standard is applicable only to organizations that administer medications.**
EP 1	For organizations that administer medications: Only authorized licensed independent practitioners, clinical staff, and staff certified in medication administration can administer medications. The organization defines, in writing, those who are authorized to administer medication, with or without supervision, in accordance with law and regulation. Note: This does not prohibit self-administration of medications by residents, when indicated. (See also MM.06.01.03, EP 1)

§8:36-11.5

§8:36-11.5 Certified Medication Aide Program
(a) The administration of medications is within the scope of practice and remains the responsibility of the registered professional nurse.
(b) The registered professional nurse may choose to delegate the task of administering medications in accordance with N.J.A.C. 13:37-6.2 to certified medication aides, as defined in this chapter.
1. A unit-of-use/unit dose drug distribution system shall be developed and implemented whenever the administration of medication is delegated by the registered professional nurse to a certified medication aide;
i. Over-the-counter (OTC) solid and liquid dosage forms may be dispensed in a non unit-of-use or non unit-dose medication distribution system.
ii. Prescription liquid medications (that is, conventional bottles, concentrates) may be dispensed in a non unit-of-use, non unit dose, or conventional medication distribution system.
2. If an appropriate delegation is made, and in accordance with the facility's policies and procedures and all applicable State and Federal laws and regulations, the certified medication aide may:
i. Administer medications through the routes of oral, ophthalmic, otic, inhalant, nasal, rectal, vaginal, topical, and by the percutaneous endoscopic gastrostomy (PEG) tube route of administration;
ii. Administer any prescription or OTC medications as described in (b)1 above;
iii. Administer regularly scheduled medications, including prescription, OTC, and Schedule II-V medications;
iv. Administer "prn" or as-needed prescription, OTC and Schedule II-V medications except that residents receiving the following medications shall be assessed by the registered professional nurse at least once every seven days:
(1) Residents receiving prn Schedule II narcotic analgesics;
(2) Residents receiving Schedule III-IV narcotic analgesics; and
(3) Residents receiving Schedule III-IV central nervous system agents;
v. Administer medications that have been dispensed by a pharmacy, in accordance with N.J.S.A. 45:14 et seq., N.J.S.A. 24:21 et seq., N.J.A.C. 13:39, and the requirements of this chapter; or
vi. Administer experimental and/or research medications in accordance with 45 CFR Part 46, Protection of Human Subjects, incorporated herein by reference, as amended and supplemented.
3. The certified medication aide shall not:
i. Administer any injection other than pre-drawn properly packaged and labeled insulin as described in (b)1 above;
ii. Calculate a medication dosage;

LD.04.01.01	**The organization complies with law and regulation.**
EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
MM.03.01.01	**The organization safely stores medications.** **Note: This standard is applicable only to organizations that store medications at their sites.**
EP 4	For organizations that store medications: The organization follows a written policy addressing the control of medication between receipt by an individual health care provider and administration of the medication, including safe storage, handling, wasting, security, disposition, and return to storage.
EP 6	For organizations that store medications: The organization prevents unauthorized individuals from obtaining medications in accordance with its policy and law and regulation.
MM.03.01.05	**The organization safely controls medications brought into the organization by residents, their families, or prescribers.**
EP 1	For organizations in which staff administer medications or self-administration is allowed within the organization's facilities: The organization determines whether medications brought into the organization by residents, their families, or licensed independent practitioners can be used or administered.
MM.04.01.01	**Medication orders are clear and accurate.** **Note: This standard is applicable only to organizations that prescribe medications. The elements of performance in this standard do not apply to prescriptions written by a prescriber who is not affiliated with the organization.**
EP 1	For organizations that prescribe medications: The organization follows a written policy that identifies the specific types of medication orders that it deems acceptable for use. Note: There are several different types of medication orders. Medication orders commonly used include the following: - As needed (PRN) orders: Orders acted on based on the occurrence of a specific indication or symptom - Standing orders: A pre-written medication order and specific instructions from the licensed independent practitioner to administer a medication to a person in clearly defined circumstances - Automatic stop orders: Orders that include a date or time to discontinue a medication - Range orders: Orders in which the dose or dosing interval varies over a prescribed range, depending on the situation or the resident's status - Orders for medication-related devices (for example, nebulizers, catheters) - Orders for investigational medications - Orders for herbal products - Orders for medications at move out or transfer
MM.06.01.01	**The organization safely administers medications.** **Note: This standard is applicable only to organizations that administer medications.**

Number §8:36-11.5	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
iii. Pre-pour medications for more than one resident at a time; iv. Contact prescribers for changes in medication, to clarify an order, or contact the pharmacist for questions regarding a dispensed medication; or v. Administer bolus doses of enteral feedings, or stop and/or start an existing enteral feeding pump or gravity-fed system. 4. The certified medication aide shall contact the registered professional nurse for any questions or clarification regarding medication administration. 5. The delegating nurse shall review with the certified medication aide medication actions and untoward effects for each drug to be administered. Pertinent information about medications' adverse effects, side effects, contraindications, and potential interactions shall be incorporated into the plan of care for each resident, with interventions to be implemented by the personal care assistant and other caregiving staff, and documented on the medication administration record (MAR). 6. At least weekly, a registered professional nurse shall review and sign off on any modifications or additions to the MAR that were made by the certified medication aide under the registered professional nurse's delegation. 7. Registered professional nurses who participate in certified medication aide training shall attend a Department offered one-day Train-the-Trainer Medication Aide Workshop prior to providing such training to certified medication aides. 8. Registered pharmacists, who participate in certified medication aide training, shall attend a Department offered one-day Train-the-Trainer Medication Aide Workshop prior to providing such training to certified medication aides. 9. The fee charged by the Department for a two-year approval of a medication aide training program shall be $ 100.00 and is non-refundable. 10. The facility shall keep a record of all prescription and non-prescription medications administered to each resident. (c) Each resident shall be identified prior to medication administration. (d) Medication prescribed for one resident shall not be administered to another resident. Borrowing shall not occur. (e) The registered professional nurse shall report medication errors and adverse drug reactions immediately to the prescriber, to the provider pharmacist and/or consultant pharmacist, and shall document the incident in the resident's record. (f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders.		
		EP 1	For organizations that administer medications: Only authorized licensed independent practitioners, clinical staff, and staff certified in medication administration can administer medications. The organization defines, in writing, those who are authorized to administer medication, with or without supervision, in accordance with law and regulation. Note: This does not prohibit self-administration of medications by residents, when indicated. (See also MM.06.01.03, EP 1)
		EP 3	For organizations that administer medications: Before administration, the individual administering the medication does the following: - Verifies that the medication selected matches the medication order and product label - Visually inspects the medication for particulates, discoloration, or other loss of integrity - Verifies that the medication has not expired - Verifies that no contraindications exist - Verifies that the medication is being administered at the proper time, in the prescribed dose, and by the correct route - Discusses any unresolved concerns about the medication with the resident's licensed independent practitioner, prescriber (if different from the licensed independent practitioner), and/or staff involved with the resident's care, treatment, and services (See also MM.03.01.05, EP 2)
		MM.07.01.03	**The organization responds to actual or potential adverse drug events, significant adverse drug reactions, and medication errors.** **Note 1: This standard is applicable only to organizations that prescribe or administer medications.** **Note 2: See the Glossary for definitions of "adverse drug event" and "significant adverse drug reaction."**
		EP 2	For organizations that prescribe or administer medications: The organization follows a written process for notifying the prescriber in the event of an adverse drug event, significant adverse drug reaction, or medication error.
		NPSG.01.01.01	**Use at least two resident identifiers when providing care, treatment, and services.** **Note: At the first encounter, the requirement for two identifiers is appropriate; thereafter, and in any situation of continuing one-on-one care in which the clinician knows the resident, one identifier can be facial recognition.**
		EP 1	Use at least two resident identifiers when administering medications; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures. The resident's room number or physical location is not used as an identifier. (See also MM.05.01.09, EPs 7, 10)

Number §8:36-11.6	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-11.6		**HR.01.01.01**	**The organization defines and verifies staff qualifications.**
§8:36-11.6 Designation of a pharmacist (a) The facility or program shall designate a pharmacist who shall direct pharmaceutical services and provide consultation to the physician, facility, or program staff, and residents, as needed. The pharmacist shall assist the facility or program with, at a minimum, the following: 1. The training of employees; 2. Educating residents regarding medications; 3. Establishing policies and procedures which ensure safe and appropriate self-administration of medications; 4. Reviewing medication administration records on a quarterly basis; and 5. At least quarterly, inspecting all common areas of the facility or program where medications are stored or administered, documenting any problems and proposing solutions to these problems, and maintaining records of such inspections.		**EP 1**	The organization defines staff qualifications specific to their job responsibilities. Note: Qualifications for infection control may be met through education, training, experience, and/or certification (such as certification from the Certification Board for Infection Control and Epidemiology).
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		LD.04.01.05	**The organization effectively manages its programs, services, sites, or departments.**
		EP 2	Programs, services, sites, or departments providing resident care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical privileges.
		EP 3	The organization defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments.
		MM.04.01.01	**Medication orders are clear and accurate.** **Note: This standard is applicable only to organizations that prescribe medications. The elements of performance in this standard do not apply to prescriptions written by a prescriber who is not affiliated with the organization.**
		EP 2	For organizations that prescribe medications: The organization follows a written policy that defines the following: - The minimum required elements of a complete medication order, which must include medication name, medication dose, medication route, and medication frequency - When indication for use is required on a medication order - The precautions for ordering medications with look-alike or sound-alike names - Actions to take when medication orders are incomplete, illegible, or unclear
§8:36-11.7			
§8:36-11.7 Storage and control of medications			

Number §8:36-11.7(a)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance

§8:36-11.7(a)
(a) The administrator shall provide an appropriate and safe medication storage area, either in a common area or in the resident's unit, for the storage of medications that are not self-administered by the residents. The storage area requirement may be satisfied through the use of a locked medication cart. 1. The storage area shall be kept locked when not in use. 2. The storage area shall be used only for storage of medications and medical supplies. 3. The key to the storage area shall be kept on the person of the employee on duty who is responsible for resident supervision. 4. Each resident's medications shall be kept separated within the storage area, with the exception of large volume medications which may be labeled and stored together in the storage area. 5. Medications shall be stored in accordance with manufacturer's instructions, and/or pharmacy labels and/or directions, and/or United States Pharmacopeia Drug Information (USP DI) Volume I, Drug Information for the Health Care Professional, 2005, incorporated herein by reference, as amended and supplemented and USP DI Volume II: Advice for the Patient, incorporated herein by reference, as amended and supplemented. USP DI Volume I: Drug Information for the Health Care Professional and USP DI Volume II: Advice for the Patient can be obtained by contacting Thomson-Micromedex, 6200 S. Syracuse Way, Suite 300, Englewood, CO 80111, (303) 486-6400.

MM.03.01.01	**The organization safely stores medications.** **Note: This standard is applicable only to organizations that store medications at their sites.**
EP 2	For organizations that store medications: The organization stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions.
EP 3	For organizations that store medications: The organization stores controlled (scheduled) medications to prevent diversion, in accordance with law and regulation.
EP 4	For organizations that store medications: The organization follows a written policy addressing the control of medication between receipt by an individual health care provider and administration of the medication, including safe storage, handling, wasting, security, disposition, and return to storage.
EP 6	For organizations that store medications: The organization prevents unauthorized individuals from obtaining medications in accordance with its policy and law and regulation.
EP 7	For organizations that store medications: All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings.
EP 8	For organizations that store medications: The organization removes all expired, damaged, and/or contaminated medications and stores them separately from medications available for administration.
EP 18	For organizations that store medications: The organization inspects all medication storage areas periodically, as defined by the organization, to verify that medications are stored properly.
MM.06.01.03	**Self-administered medications are administered safely and accurately.** **Note: The term "self-administered medication(s)" may refer to medications administered by a family member.**
EP 1	If self-administration of medications is allowed, the organization follows written processes that guide the safe storage of medications. (See also MM.06.01.01, EP 1)

Number §8:36-11.7(b)-(d)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance

§8:36-11.7(b)-(d)		
(b) All medications shall be kept in their original containers and shall be properly labeled and identified. 1. The label of each resident's prescription medication container shall be permanently affixed and contain the resident's full name, prescriber's name, prescription number, name and strength of medication, lot number, quantity, date of issue, expiration date, manufacturer's name if generic, directions for use, and cautionary and/or accessory labels. Required information appearing on individually packaged medications or within an alternate medication delivery system need not be repeated on the label. 2. If a generic substitute is used, the drug shall be labeled according to N.J.A.C. 8:71 and/or the provisions identified in the publication of the Office of Generic Drugs in the Office of Pharmaceutical Science of the Center for Drug Evaluation and Research of the United States Department of Health and Human Services, "Approved Drug Products with Therapeutic Equivalence Evaluations," (March 20, 2020 Edition), incorporated herein by reference, as amended and supplemented, commonly known as the "Orange Book." The Orange Book can be obtained by contacting the Superintendent of Documents, Government Publishing Office, PO Box 371954, Pittsburgh, PA 15250-7954, (202) 512-1800 or toll-free (866) 512-1800, and is available on-line at https://www.fda.gov/media/136324/download. 3. All over-the-counter medications repackaged by the pharmacy shall be labeled with the name and strength of the medication, expiration date, lot number, date of issue, manufacturer's name, and cautionary and/or accessory labels, in accordance with (a)5 above. Original manufacturer's containers shall be labeled with at least the resident's name, and the name label shall not obstruct any of the aforementioned information. 4. For non-liquid prescription medications, where a unit-of-use drug distribution system shall be used, each dose of medication shall be individually packaged in a hermetically sealed, tamper-proof container, and shall carry full manufacturer's disclosure information on each discrete dose. Disclosure information shall include, but not be limited to, the following: product name and strength, lot number, expiration date, and manufacturer's or distributor's name. 5. If a customized resident medication package is utilized, it shall conform with the provisions of USP DI Volume III, Approved Drug Products and Legal Requirements, 2005, incorporated herein by reference, as amended and supplemented. USP DI Volume III, Approved Drug Products and Legal Requirements can be obtained by contacting Thomson-Micromedex, 6200 S. Syracuse Way, Suite 300, Englewood, CO 80111, (303) 486-6400, under license granted by the United States Pharmacopeial Convention, Inc. (c) Single use and disposable items shall not be reused. (d) No stock supply of medications shall be maintained, unless prior approval is obtained from the Department.	**LD.04.01.01**	**The organization complies with law and regulation.**
	EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
	MM.03.01.01	**The organization safely stores medications.** **Note: This standard is applicable only to organizations that store medications at their sites.**
	EP 7	For organizations that store medications: All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings.
	MM.05.01.09	**Medications are labeled.** **Note: This standard is applicable only to organizations that dispense or administer medications.**
	EP 2	For organizations that dispense or administer medications: Information on medication labels is displayed in a standardized format, in accordance with law and regulation and standards of practice.
	EP 7	For organizations that dispense or administer medications: When preparing individualized medications for multiple residents, the label also includes the following: - The resident's name - The physical location where the medication is to be delivered - Directions for use and applicable accessory and cautionary instructions (See also NPSG.01.01.01, EP 1)
	EP 10	For organizations that dispense or administer medications: When an individualized medication(s) is prepared by someone other than the person administering the medication, the label includes the following: - The resident's name - The physical location where the medication is to be delivered - Directions for use and applicable accessory and cautionary instructions (See also NPSG.01.01.01, EP 1)
	MM.05.01.15	**For organizations that do not operate a pharmacy but administer medications: The organization safely obtains prescribed medications.**
	EP 4	For organizations that do not operate a pharmacy but administer medications: When an unlabeled medication comes into the organization, the organization takes action to have the medication correctly labeled.

§8:36-11.7(e)		
(e) Discontinued or expired medications shall be destroyed within 30 days in the facility, or, if unopened and properly labeled, returned to the pharmacy for credit, if allowable, and in conformance with N.J.A.C. 13:39 and other State and Federal laws, codes, and regulations.	**MM.03.01.01**	**The organization safely stores medications.** **Note: This standard is applicable only to organizations that store medications at their sites.**
	EP 8	For organizations that store medications: The organization removes all expired, damaged, and/or contaminated medications and stores them separately from medications available for administration.
	MM.05.01.19	**The organization safely manages returned medications.** **Note: This standard is applicable only to organizations that administer medications.**
	EP 2	For organizations that administer medications: The organization follows a process for returning unused, expired, or returned medications to the pharmacy's or organization's control which includes procedures for preventing diversion.

Number §8:36-11.7(f)-(j)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance

§8:36-11.7(f)-(j)		
(f) All medication destruction in the facility shall be witnessed and documented by two individuals, each of whom shall be either the administrator, the registered professional nurse, the licensed practical nurse, or the provider or consultant pharmacist. (g) The facility shall generate a crediting mechanism for medications dispensed in a unit-of-use medication distribution system, or other system that allows for the re-use of medications in accordance with all applicable State and Federal laws and regulations. The crediting system shall be monitored by the provider pharmacist and/or the consultant pharmacist and a facility representative. (h) If the facility utilizes medications marked "sample," the provider pharmacist and/or consultant pharmacist, and the registered professional nurse, shall develop a mechanism for the control and limitation of these medications, in accordance with N.J.A.C. 13:35 and 13:39. (i) Medication containers and carts shall be kept clean, and handled properly to prevent damage to the contents, and to prevent injury and harm to staff and/or residents. (j) Needles and syringes shall be stored, used, and disposed of in accordance with N.J.S.A. 26:2H-5.10 et seq.; N.J.A.C. 8:43E-7 and 7:26-3A; and 29 CFR 1910 through 1930, and a record shall be maintained of the purchase, storage, and disposal of needles and syringes.	**EC.02.06.01**	**The organization establishes and maintains a safe, functional environment.**
	EP 26	The organization keeps furnishings and equipment safe and in good repair.
	IC.02.02.01	**The organization reduces the risk of infections associated with medical equipment, devices, and supplies.**
	EP 1	The organization implements infection prevention and control activities when doing the following: Cleaning and performing low-level disinfection of medical equipment, devices, and supplies. Note 1: Low-level disinfection is used for items that come in contact with intact skin, such as stethoscopes and blood glucose meters. Note 2: For further information regarding cleaning and performing low-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/infectioncontrol/guidelines/disinfection/#r3.
	EP 3	The organization implements infection prevention and control activities when doing the following: Disposing of medical equipment, devices, and supplies.
	LD.04.01.01	**The organization complies with law and regulation.**
	EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
	MM.03.01.01	**The organization safely stores medications.** **Note: This standard is applicable only to organizations that store medications at their sites.**
	EP 4	For organizations that store medications: The organization follows a written policy addressing the control of medication between receipt by an individual health care provider and administration of the medication, including safe storage, handling, wasting, security, disposition, and return to storage.
	MM.08.01.01	**The organization evaluates the effectiveness of its medication management system.** **Note 1: This evaluation includes reconciling medication information. (Refer to NPSG.03.06.01 for more information)** **Note 2: This standard is applicable only to organizations that prescribe, dispense, or administer medications.**
	EP 6	For organizations that prescribe, dispense, or administer medications: When opportunities are identified for improvement of the medication management system, the organization does the following: - Takes action on improvement opportunities identified as priorities for its medication management system - Evaluates its actions to confirm that they resulted in improvements Note: This element of performance is also applicable to sample medications. (See also PI.04.01.01, EP 2)

Number §8:36-11.7(k)-(l)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-11.7(k)-(l)			
(k) Controlled dangerous substances shall be stored, and records shall be maintained, in accordance with the New Jersey Controlled Dangerous Substances Act, N.J.S.A. 24:21-1 et seq., and all other Federal and State laws and regulations concerning the procurement, storage, dispensation, administration, and disposition of same. (l) Any theft of Scheduled or Controlled Substances shall be reported to the New Jersey Department of Law and Public Safety, Enforcement Bureau of Professional Boards at (973) 648-4742, and/or to any other municipal, county, State, or Federal authority having jurisdiction over theft of such substances.		**EC.02.02.01**	**The organization manages risks related to hazardous materials and waste.**
		EP 5	The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.
		EP 8	The organization minimizes risks associated with disposing of hazardous medications. (See also MM.01.01.03, EP 2)
		EP 11	For managing hazardous materials and waste, the organization has the permits, licenses, manifests, and safety data sheets required by law and regulation.
		EP 12	The organization labels hazardous materials and waste. Labels identify the contents and hazard warnings. Note: The National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens and Global Harmonizing System provide details on labeling requirements. (See also IC.02.01.01, EP 6)
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		MM.03.01.01	**The organization safely stores medications.** **Note: This standard is applicable only to organizations that store medications at their sites.**
		EP 3	For organizations that store medications: The organization stores controlled (scheduled) medications to prevent diversion, in accordance with law and regulation.
§8:36-12.1			
§8:36-12.1 Provision of resident activities			
§8:36-12.1(a)			
(a) A planned, diversified program of resident activities shall be offered daily for residents, including individual and or group activities, on-site or off-site, to meet the individual needs of residents.		**PC.02.02.09**	**Residents are provided with opportunities to participate in social and recreational activities.**
		EP 1	The organization offers residents a variety of social and recreational activities according to their abilities and interests.
		EP 3	The organization helps residents to participate in social and recreational activities according to their abilities and interests.
		EP 8	The organization provides planned and unplanned opportunities for family of residents with dementia to be involved in activity programs.
		RC.02.01.09	**Resident record documentation includes the provision of and response to the activities program at least quarterly.**
		EP 1	The activity providers document the following about the activity program in the resident's record: - The provision of activities to the resident based on the care plan, at least quarterly - The resident's response to the activities based on the care plan, at least quarterly - Any report given to the primary nurse of changes in the resident's response to an activity provided

Number §8:36-12.1(b)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-12.1(b)		**RI.01.07.01**	**Residents and their families have the right to have complaints reviewed by the organization.**
(b) Residents shall have the opportunity to organize and participate in a resident council that presents the resident's concerns to the administrator of the facility.		**EP 1**	The organization establishes an internal complaint resolution process and informs residents, and their families, verbally and in writing, about it upon admission. Note: If the resident has a surrogate decision-maker, the surrogate decision-maker will be informed of and involved in the complaint resolution process.
		EP 3	The organization posts a description of the complaint process in a prominent location in the facility along with resources to assist the resident, such as an ombudsman, legal services, or adult protective services programs.
§8:36-13.1-13.2		**HR.01.01.01**	**The organization defines and verifies staff qualifications.**
§8:36-13.1 Qualifications of social workers Each social worker shall be licensed or certified by the New Jersey State Board of Social Work Examiners in accordance with N.J.A.C. 13:44G. §8:36-13.2 Provision of social work services The facility shall arrange for the provision of social work services to residents who require them, by social workers licensed in accordance with N.J.S.A. 45:15BB and N.J.A.C. 13:44G.		**EP 1**	The organization defines staff qualifications specific to their job responsibilities. Note: Qualifications for infection control may be met through education, training, experience, and/or certification (such as certification from the Certification Board for Infection Control and Epidemiology).
		EP 2	The organization verifies and documents the credentials of care providers using the primary source when licensure, certification, or registration is required by law and regulation to practice their profession. This is done at the time of hire and at the time credentials are renewed. Note: The credentials of contracted providers are verified by their employer or the organization. The organization needs to have verification of this information whether it or the provider's employer verifies.
		RC.02.01.19	**Resident record documentation includes the provision of and response to social services if provided.**
		EP 1	Documentation in the resident's record describes the provision of social services, including the following: - Summary of the resident's problems and condition - Specified goals related to social services - Services provided - Referrals to outside agencies, resources, or individuals
		EP 2	Documentation in the resident's record describes the response to social services, including the following: - Outcomes of services provided - Follow-up actions or recommendations of outside agencies, resources, or individuals
§8:36-14.1		**MM.03.01.03**	**The organization safely manages emergency medications, such as epinephrine pens.**
§8:36-14.1 Emergency medical services (a) Emergency medical services shall be available to or arranged for residents requiring these services. (b) The facility shall develop a written plan for arranging for emergency transportation of residents for medical care and returning them to the assisted living residence. (c) At least one employee trained in cardiopulmonary resuscitation and the Heimlich maneuver shall be available in the facility at all times. (d) The facility shall have an automatic external defibrillator (AED) on site. At least one employee trained in the use of the AED shall be available in the facility at all times.		**EP 1**	Organization leaders, licensed independent practitioners, pharmacists, and other clinical staff decide which emergency medications and their associated supplies will be readily accessible based on the population served. Whenever possible, emergency medications are available in unit-dose, age-specific, and ready-to-administer forms.
		EP 6	When emergency medications or supplies are used, the organization replaces them as soon as possible, in accordance with organization policies and procedures, to maintain a full stock.
		PC.02.01.09	**The organization plans for and responds to life-threatening emergencies.**
		EP 2	Policies and procedures that address life-threatening emergencies include the following: - Availability of first aid and Basic Life Support (CPR) services - Emergency transfer to another organization - Placement of a phone call to outside emergency assistance
		PC.04.01.01	**The organization follows a process that addresses transitions in the resident's care.**
		EP 20	The organization follows an established process for emergency transfer resulting from medical necessity.

Number §8:36-14.2	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-14.2	§8:36-14.2 Emergency plans and procedures (a) The facility shall develop written emergency plans, policies, and procedures which shall include plans and procedures to be followed in case of medical emergencies, power failures, fire, and natural disasters. The emergency plans shall be filed with the Department and the Department shall be notified when the plans are changed. Copies of emergency plans shall also be forwarded to other agencies in accordance with State and municipal laws. (b) The emergency plans, including a written evacuation diagram specific to the unit that includes evacuation procedure, location of fire exits, alarm boxes, and fire extinguishers, and all emergency procedures shall be conspicuously posted throughout the facility. All employees shall be trained in procedures to be followed in the event of a fire and instructed in the use of fire-fighting equipment and resident evacuation as part of their initial orientation and at least annually thereafter. All residents shall be instructed in emergency evacuation procedures. (c) Procedures for emergencies shall specify persons to be notified, process of notification and verification of notification, locations of emergency equipment and alarm signals, evacuation routes, procedures for evacuating residents, procedures for reentry and recovery, frequency of fire drills, tasks and responsibilities assigned to all personnel, and shall specify medications and records to be taken from the facility upon evacuation and to be returned following the emergency. (d) Nothing in these rules shall supersede or imply non-compliance with the Uniform Fire Act or Uniform Fire Code, N.J.A.C. 5:70, or NFPA 101.	**EM.02.01.01**	**The organization has an Emergency Operations Plan.** **Note: The organization's Emergency Operations Plan (EOP) is designed to coordinate its communications, resources and assets, safety and security, staff responsibilities, utilities, and clinical and support activities during an emergency. Although emergencies have many causes, the effects on these areas of the organization and the required response effort may be similar. This all-hazards approach supports a general response capability that is sufficiently nimble to address a range of emergencies of different duration, scale, and cause. For this reason, the plan's response procedures address the prioritized emergencies but are also adaptable to other emergencies that the organization may experience.**
		EP 2	The organization develops and maintains a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur. Note: The response procedures address the prioritized emergencies but can also be adapted to other emergencies that the organization may experience. Response procedures could include the following: - Maintaining or expanding services - Conserving resources - Curtailing services - Supplementing resources from outside the local community - Closing the organization to new residents - Staged evacuation - Total evacuation
		EP 3	The Emergency Operations Plan identifies the organization's capabilities and establishes response procedures for when the organization cannot be supported by the local community in the organization's efforts to provide communications, resources and assets, security and safety, staff, utilities, or resident care for at least 96 hours.
		EP 6	The Emergency Operations Plan identifies the individual(s) who has the authority to activate the response and recovery phases of the emergency response.
		EP 7	The Emergency Operations Plan identifies alternative housing or sites for care, treatment, and services that meet the needs of the organization's residents during emergencies.
		EP 8	If the organization experiences an actual emergency, the organization implements its response procedures related to care, treatment, and services for its residents.
		HR.01.04.01	**The organization provides orientation to staff.**
		EP 1	The organization orients its staff to the key safety content it identifies before staff provides care, treatment, and services. Completion of this orientation is documented. Note: Key safety content may include specific processes and procedures related to the provision of care, treatment, and services; the environment of care; and infection control.
		LS.01.01.01	**The organization designs and manages the physical environment to comply with state regulations and applicable safety codes.**
		EP 3	The organization maintains current and accurate drawings denoting features of fire safety and related square footage. Fire safety features include the following: - Areas of the building that are fully sprinklered (if the building is partially sprinklered) - Locations of all hazardous storage areas - Locations of all fire-rated barriers - Locations of all smoke-rated barriers - Sleeping and non-sleeping suite boundaries, including the size of the identified suites - Locations of designated smoke compartments - Locations of chutes and shafts - Any approved equivalencies or waivers
§8:36-14.3		**EC.02.03.03**	**The organization conducts fire drills.**
		EP 1	The organization conducts fire drills once per shift per quarter in each building defined as health care

Number §8:36-14.3	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-14.3 Drills and tests (a) The facility shall conduct at least one drill of the emergency plans every month. The 12 drills shall be conducted on a rotating basis, to ensure that four drills occur during each working shift on an annual basis. The facility shall maintain documentation of all drills, including the date, hour, description of the drill, participating staff, and signature of the person in charge. In addition to drills for emergencies due to fire, the facility shall conduct at least one drill per year for emergencies due to a disaster other than fire, such as storm, flood, other natural disaster, bomb threat, or nuclear accident (a total of 12 drills). All staff shall participate in at least one drill annually, and selected residents may participate in drills. (b) The facility shall request of the local fire department that at least one joint fire drill be conducted annually. Upon scheduling a joint fire drill, the facility shall notify first aid and civil defense agencies of this drill and shall participate in community-wide disaster drills. (c) The facility shall test at least one manual pull alarm each month of the year and maintain documentation of test dates, location of each manual pull alarm tested, persons testing the alarm, and its condition. (d) Fire extinguishers shall be conspicuously hung, kept easily accessible, shall be visually examined monthly and the examination shall be recorded on a tag which is attached to the fire extinguisher. Fire extinguishers shall also be inspected and maintained in accordance with manufacturers' and applicable NFPA requirements and N.J.A.C. 5:70. Each fire extinguisher shall be labeled to show the date of such inspection and maintenance. (e) Nothing in these rules shall supersede or imply non-compliance with the New Jersey Uniform Fire Safety Act, N.J.S.A. 52:27D-192 et seq. or Uniform Fire Code, N.J.A.C. 5:70.			occupancy by the Life Safety Code. Note 1: Residents may, but need not be, evacuated during drills. Note 2: When drills are conducted between 9:00 P.M. and 6:00 A.M., the organization may use a coded announcement to notify staff instead of activating audible alarms. Note 3: In shared facilities, drills are conducted only in areas of the building that the organization occupies. Note 4: Assisted living communities are considered health care occupancies if door locking other than permitted delayed-egress and access-controlled egress locks is utilized to prohibit residents from leaving the building or spaces in the building. They would also be considered health care occupancy if they have four or more occupants mostly incapable of self-preservation at one time. When determining whether the assisted living community follows the health care occupancy or residential board and care occupancy requirements, the organization refers to state rules and regulations, as these may be more restrictive. (See also LS.01.02.01, EP 11)
		EP 3	When quarterly fire drills are required, they are unannounced and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions. Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the organization may use a coded announcement to notify staff instead of activating audible alarms. Note 2: Fire drills vary by at least one hour for each shift from quarter to quarter, through four consecutive quarters. Note 3: The plan is in accordance with state regulations and applicable safety codes.
		EP 6	The organization conducts bimonthly (not less than six times per year) fire drills in each building designed as a residential board and care facility, with at least two annual drills conducted during the night when residents are sleeping. These drills include actual evacuation of all residents unless otherwise permitted by NFPA 101-2012: 32/33.7.3. Note: Assisted living communities are considered residential board and care occupancies if they are used for lodging and boarding of four or more residents, door locking other than permitted delayed-egress and access-controlled egress locks is not utilized to prohibit residents from leaving the building or spaces in the building, and they do not have four or more occupants mostly incapable of self-preservation at one time. When determining whether the assisted living community follows the health care occupancy or residential board and care occupancy requirements, the organization refers to state rules and regulations, as these may be more restrictive.
		EC.02.03.05	**The organization maintains fire safety equipment and fire safety building features. Note: This standard does not require organizations to have the types of fire safety equipment and building features described in the elements of performance of this standard. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.**
		EP 5	Every 12 months, the organization tests fire alarm equipment on the inventory for notifying off-site fire responders. The results and completion dates are documented. Note: For additional guidance on performing tests, refer to state regulations and applicable safety codes.
		EP 13	Every 6 months, the organization inspects any automatic fire-extinguishing system in a kitchen. The results and completion dates are documented. Note 1: Discharge of the fire-extinguishing systems is not required. Note 2: For additional guidance on performing inspections, refer to state regulations and applicable safety codes.
		EP 15	At least monthly, the organization inspects portable fire extinguishers. The results and completion dates are documented. Note 1: There are many ways to document the inspections, such as using bar-coding equipment, using check marks on a tag, or using an inventory. Note 2: Inspections involve a visual check to determine correct type of and clear and unobstructed access to a fire extinguisher, in addition to a check for broken parts and full charge. Note 3: For additional guidance on inspection of fire extinguishers, refer to state regulations and applicable safety codes.
		EP 16	Every 12 months, the organization performs maintenance on portable fire extinguishers, including

Number §8:36-14.3	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
			recharging. Individuals performing annual maintenance on extinguishers are certified. The results and completion dates are documented. Note 1: There are many ways to document the maintenance, such as using bar-coding equipment, using check marks on a tag, or using an inventory. Note 2: For additional guidance on maintaining fire extinguishers, refer to state regulations and applicable safety codes.
§8:36-15.1-15.4	§8:36-15.1 Health record A current, complete health record shall be maintained for each resident who is receiving health care services. §8:36-15.2 Record availability The records required by this subchapter shall be maintained for all residents and shall be kept available on the premises for review at any time by representatives of the Department. §8:36-15.3 Confidentiality (a) Records and information regarding the individual resident shall be considered confidential and the resident shall have the opportunity to examine such records, in accordance with facility or program policies. (b) The written consent of the resident shall be obtained for release of his or her records to any individual outside the facility or program, except in the case of the resident's transfer to another health care facility, or as required by law, third-party payor, or authorized government agencies. §8:36-15.4 Record retention All records shall be maintained for a period of 10 years after the discharge of a resident from the assisted living residence, comprehensive personal care home or assisted living program.	**IM.02.01.01**	**The organization protects the privacy of health information.**
		EP 3	The organization uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also RI.01.01.01, EP 7)
		EP 4	The organization discloses health information only as authorized by a resident or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7)
		IM.02.01.03	**The organization maintains the security and integrity of health information.**
		EP 5	The organization protects against unauthorized access, use, and disclosure of health information.
		EP 6	The organization protects health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction.
		IM.02.02.03	**The organization retrieves, disseminates, and transmits health information in useful formats.**
		EP 2	The organization's storage and retrieval systems make health information accessible when needed for resident care, treatment, and services.
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
§8:36-15.5	§8:36-15.5 Register (a) A register which contains a current census of all residents, along with other pertinent information, shall be maintained by each assisted living residence, comprehensive personal care home, or assisted living program. The following standards for maintaining the register shall apply: 1. The administrator or the administrator's designee shall make all entries in the register and shall be responsible for its maintenance and safe-keeping; 2. The register shall be kept up-to-date at all times. Admissions, discharges and discharge destination, and other changes shall be recorded within 48 hours; 3. The register, which is a permanent record, shall be kept in a safe place; and 4. All entries into the register shall be clear, legible, and written in ink or typed.	**LD.04.01.01**	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
§8:36-15.6		**RC.01.01.01**	**The organization maintains complete and accurate resident records.**
		EP 1	The organization defines the components of a complete resident record.
		EP 5	The resident's record includes the following: - Information needed to justify the resident's care, treatment, and services - Information about the resident's care, treatment, and services needed to provide continuity of care among providers
		RC.02.01.01	**The resident's record contains information that reflects the resident's care, treatment, and services.**
		EP 1	The resident's record contains the following demographic information:

Number §8:36-15.6	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-15.6 Residents' individual records (a) Each resident's record shall include at least the following: 1. The resident's completed admission application and all records forwarded to the facility; 2. The resident's name, last address, date of birth, name and address of sponsor or interested agency, date of admission, date of discharge (and discharge destination) or death, the name, address and telephone number of physician to be called, and the name and address of nearest relative, guardian, responsible person, or interested agency, together with any other information the resident wishes to have recorded; 3. A copy of the resident's advanced directive, if applicable; and 4. A copy of the resident's general service plan and/or health service plan, if applicable. (b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice.			- The resident's name and date of birth - Up-to-date contact information of family and any legally authorized representative - The resident's sex - The resident's language and communication needs
		EP 2	The resident's record contains the following clinical information: - The reason(s) for admission - Any observations relevant to care, treatment, and services - Any orders, including medications ordered or prescribed - Any allergies to medications - Any medications administered, including the strength, dose, route, date and time of administration - Any medication administration devices used, including access site or route - Any adverse drug reactions - Any assessment findings - Any food allergies (See also PC.01.02.01, EP 1)
		EP 4	As needed to provide care, treatment, and services, the resident's record contains the following additional information: - Any advance directives - Orders, renewal of orders, and documentation that resuscitative services are to be withheld or life-sustaining treatment withdrawn - Any informed consent, when required by organization policy - Any resident-generated information (for example, choices, habits, routine) - Referrals or communication made to external or internal care providers and community agencies - Any physician's summary and final diagnosis when the resident moves in either from a hospital or from another health care organization
		RC.02.01.13	**Resident record documentation includes the provision of and response to nursing care.**
		EP 3	Resident record documentation includes the following information regarding nursing care: - Medications and treatment given and untoward reactions - Nursing care provided based on the care plan - Resident's response to nursing care based on the care plan - Current status and changes in the resident's physical or behavioral condition, including symptoms
		RC.02.01.15	**Resident record documentation includes the provision of and response to medical treatment and care, and changes in the resident's condition.**
		EP 2	Documentation in the resident's record includes, before or at time of move in, the following: - Primary diagnosis - Current medical findings - Diet prescribed - The resident's functional status
		RC.02.01.17	**Resident record documentation includes the provision of and response to rehabilitation services if offered by the facility.**
		EP 1	Documentation in the resident's record describes the provision of rehabilitation services that are based on the care plan and includes the following: - Reason for rehabilitation services - Rehabilitation treatments, modalities, or procedures provided - The resident's involvement in rehabilitation services

Number §8:36-15.7	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-15.7	§8:36-15.7 Record of death (a) Whenever a resident dies in the assisted living residence, the administrator or the administrator's designee shall: 1. Promptly notify a family member, guardian or other designated person of the death of the resident. Notification shall be made at the time of the occurrence, and the time between the resident's death and notification shall not exceed one hour; and 2. Include in the resident's record written documentation from the physician of the date and time of death, the name of the person who pronounced the death, disposition of the body, and a record of notification of the family. The administrator or administrator's designee shall include in the record of notification of the family confirmation and written documentation of that notification. (b) A physician, registered nurse or paramedic may make a determination and pronouncement of death in accordance with N.J.A.C. 13:35-6.2(d) and (e).	**LD.04.01.01**	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		PC.01.02.05	**Qualified staff, physicians, or other licensed practitioners assess and reassess the resident.**
		EP 6	All resident assessments and screenings obtained for the use of determining care, treatment, and services or the level of care needed are conducted by qualified staff or licensed independent practitioners in accordance with law and regulation.
		PC.02.01.05	**The organization provides interdisciplinary, collaborative care, treatment, and services.**
		EP 13	Changes in the resident's condition are communicated to the resident's provider or other authorized health care professional(s), the resident, and the resident's family.
		RC.02.01.15	**Resident record documentation includes the provision of and response to medical treatment and care, and changes in the resident's condition.**
		EP 4	If the resident dies in the organization, the course of events leading up to the resident's death is documented.
§8:36-16.1-16.2	§8:36-16.1 Scope (a) The standards in this subchapter shall apply to new construction of assisted living residences or alterations or renovations to existing buildings to create assisted living residences. (b) New buildings and alterations, renovations and additions to existing buildings for assisted living residences shall conform with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-3, Use Group I-2 of the subcode. §8:36-16.2 Restrictions Mixed use occupancy shall not be permitted in buildings classified as High Hazard (H), Factory (F) or Assembly (A-2) Use Groups.	**EC.02.06.05**	**The organization manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.**
		EP 1	The organization uses design criteria when planning for new, altered, or renovated space that are consistent with applicable local, state, and federal law and regulation.
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		LS.01.02.01	**The organization protects occupants during periods when state regulations or applicable safety codes are not met or during periods of construction.**
		EP 1	The organization has a written interim life safety measures (ILSM) policy that covers situations when regulatory or applicable safety code deficiencies cannot be immediately corrected or during periods of construction. The policy includes criteria for evaluating when and to what extent the organization implements LS.01.02.01, EPs 2–15, to compensate for increased life safety risk. The criteria include the assessment process to determine when interim life safety measures are implemented. Note: For any Life Safety Code (LSC) deficiency that cannot be immediately corrected during survey, the organization identifies which ILSMs in its policy will be implemented until the issue is corrected.
§8:36-16.3	§8:36-16.3 Ventilation (a) Means of ventilation shall be provided in accordance with the Uniform Construction Code, N.J.A.C. 5:23, either by windows or by mechanical ventilation for every habitable room. (b) Means of ventilation shall be provided for every bathroom or water closet (toilet) compartment. Ventilation shall be provided either by a window with an openable area or by mechanical ventilation.	**EC.02.05.01**	**The organization manages risks associated with its utility systems.**
		EP 16	The ventilation system provides required pressure relationships, temperature, and humidity.

Number §8:36-16.4	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-16.4		**LS.02.01.20**	**The organization maintains the integrity of the means of egress.**
§8:36-16.4 Exit access passageways and corridors The width of passageways, aisles and corridors shall have a minimum of 44 inches of clear space.		**EP 14**	Exits, exit accesses, and exit discharges (means of egress) are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text, refer to NFPA 101-2012:18/19.2.5.1; 7.1.10.1; 7.5.1.1) Note 1: Wheeled equipment (such as equipment and carts currently in use, equipment used for lift and transport of residents, and medical emergency equipment not in use) that maintains at least five feet of clear and unobstructed corridor width is allowed, provided there is a fire plan and training program addressing its relocation in a fire or similar emergency. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (4)) Note 2: Where the corridor width is at least eight feet and the smoke compartment is fully protected by an electrically supervised smoke detection system or is in direct supervision of facility staff, furniture that is securely attached is allowed provided it does not reduce the corridor width to less than six feet, is only on one side of the corridor, does not exceed 50 square feet, is in groupings spaced at least 10 feet apart, and does not restrict access to building service and fire protection equipment. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (5))
		EP 18	The width of exit corridors are at least eight feet wide, unless otherwise permitted by the Life Safety Code. (For full text, refer to NFPA 101-2012: 18.2.3.4; 18.2.3.5)
		LS.04.02.20	**The organization maintains the integrity of the means of egress.** **Note 1: This standard applies to large assisted living community settings that provide sleeping arrangements for 17 or more residents as a required part of their care, treatment, and services.** **Note 2: If the organization locks doors so that residents are prohibited from leaving the building or space, then Standards LS.02.01.10 through LS.02.01.70 apply.**
		EP 13	The organization meets all other Life Safety Code means of egress requirements related to NFPA 101-2012: 32/33.3.2.
§8:36-16.5		**LS.02.01.34**	**The organization provides and maintains fire alarm systems.**
§8:36-16.5 Automatic fire detection system (a) Smoke detectors shall be provided in all residents' bedrooms, living rooms, and "studio apartment" units, whether or not the facility contains a comprehensive automatic fire suppression system throughout. (b) All fire detection systems shall be installed in accordance with the Uniform Construction Code, N.J.A.C. 5:23, N.J.A.C. 5:70 and the National Fire Alarm Code, National Fire Protection Association (NFPA) 72, 1999 Edition, incorporated herein by reference, as amended and supplemented. National Fire Protection Association publications are available from: NFPA, One Batterymarch Park, Quincy, MA, 02269-9101		**EP 1**	A fire alarm system is installed with systems and components to provide effective warning of fire in any part of the building in accordance with NFPA 70-2011, National Electric Code and NFPA 72-2010, National Fire Alarm Code.
§8:36-16.6		**LS.02.01.35**	**The organization provides and maintains systems for extinguishing fires.**
§8:36-16.6 Fire suppression systems All facilities shall be provided with a fire suppression system in accordance with the Uniform Construction Code, N.J.A.C. 5:23.		**EP 1**	The fire alarm system monitors approved automatic sprinkler system components. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.2.1)
		EP 5	Sprinklers are not damaged. They are also free from corrosion, foreign materials, and paint and have necessary escutcheon plates installed. (For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.5; NFPA 25-2011: 5.2.1.1.1; 5.2.1.1.2; NFPA 13-2010: 6.2.6.2.2; 6.2.7.1)
		EP 10	The travel distance from any point to the nearest portable fire extinguisher is 75 feet or less. Portable fire extinguishers have appropriate signage, are installed either in a cabinet or secured on a hanger made for the extinguisher and are at least four inches off the floor. Those fire extinguishers that are 40 pounds or less are installed so the top is not more than 5 feet above the floor. (For full text, refer to NFPA 101-2012: 18/19.3.5.12; 9.7.4.1; NFPA 10-2010: 6.2.1.1; 6.1.3.3.1; 6.1.3.4; 6.1.3.8)
		EP 14	The organization meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2012: 18/19.3.5.

Number §8:36-16.7	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance

§8:36-16.7		
§8:36-16.7 Interior finish requirement Interior wall, ceiling and floor finishes shall be in compliance with the Uniform Construction Code, N.J.A.C. 5:23.	**LS.04.01.30**	**The organization maintains and protects vertical openings, fire alarm systems, and separation of sleeping rooms.** **Note 1: This standard applies to small assisted living community settings that provide sleeping arrangements for 4 to 16 residents as a required part of their care, treatment, and services.** **Note 2: If the organization locks doors so that residents are prohibited from leaving the building or space, then Standards LS.02.01.10 through LS.02.01.70 apply.**
	EP 3	Existing wall and ceiling interior finishes are rated Class A, B, or C for preventing smoke and the spread of flames. New wall and ceiling interior finishes are rated Class A in exit enclosures and Class B in lobbies, corridors, rooms, and unenclosed spaces. (For full text, refer to NFPA 101-2012: 32/33.2.3.3.2)
	LS.04.02.30	**The organization provides and maintains building features to protect individuals from the hazards of fire and smoke.** **Note 1: This standard applies to large assisted living community settings that provide sleeping arrangements for 17 or more residents as a required part of their care, treatment, and services.** **Note 2: If the organization locks doors so that residents are prohibited from leaving the building or space, then Standards LS.02.01.10 through LS.02.01.70 apply.**
	EP 4	Existing wall and ceiling interior finishes of exit enclosures or exit access corridors are rated Class A or B to limit the development of smoke and the spread of flames. New wall and ceiling interior finishes are rated Class A in exit enclosures and Class B in lobbies, corridors, rooms, and enclosed spaces. (For full text, refer to NFPA 101-2012: 32/33.3.3.3)

Number §8:36-16.8-16.11	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance

§8:36-16.8-16.11
§8:36-16.8 General residential unit requirements (a) Residential units occupied by one person shall have a minimum of 150 square feet of clear and usable floor area. Any calculation of clear and usable floor area shall exclude closets, bathroom, kitchenette, hallways, corridors, vestibules, alcoves and foyers unless the applicant submits a written request to the Department to consider an alcove, foyer or vestibule as clear and usable floor area within the context and purpose of these rules and the Department grants such a request. Such request shall be made in writing during the certificate of need process or, if exempt, as part of the licensing application review process. (b) In units occupied by more than one resident, there shall be a minimum of 80 additional square feet for an additional occupant. No residential unit in an assisted living residence shall be occupied by more than two individuals. (c) Residential units shall be lockable by the occupant(s). Egress from the unit shall be possible at all times and locking hardware shall enable occupant(s) to gain egress from within by means of a simple operation. All residential units shall be accessible by means of a master key or similar system which is available at all times in the facility, and available at all times for use by designated staff. (d) Each residential unit shall have an exterior glazed area equal to at least eight percent of the clear floor area. §8:36-16.9 Toilets, baths and handwashing sinks (a) A bathroom with a toilet, bathtub and/or shower, and handwashing sink shall be located in each residential unit. (b) Additional toilet facilities shall be provided to meet the needs of residents, staff and visitors to the facility and shall be located in areas other than the residential units. § 8:36-16.10 Kitchenettes (a) Each residential unit shall contain, at a minimum, a small refrigerator, a wall cabinet for food storage, a small bar-type sink, and a counter with work space and electrical outlets suitable for small cooking appliances, for example, a microwave, a two-burner cooktop, or a toaster-oven. 1. Upon entering the assisted living facility, the resident and the resident's family or representative shall be asked if they wish to have a cooking appliance. If so, the appliance shall be provided by the facility, in accordance with facility policies. If the resident and resident's family or representative wish to provide their own cooking appliance, it shall meet the facility's safety standards. 2. If the resident and the resident's family or representative do not want a cooking appliance or if resident assessments indicate that having a cooking appliance in the living unit endangers the resident, no cooking appliance shall be provided or allowed in the living unit. §8:36-16.11 Community space The facility shall provide a minimum of 30 square feet per resident of community spaces for dining and for active and passive recreation.

EC.02.05.01	**The organization manages risks associated with its utility systems.**
EP 1	The organization designs and installs utility systems according to state regulations and applicable codes to meet resident care and operational needs.
EC.02.06.01	**The organization establishes and maintains a safe, functional environment.**
EP 1	Interior spaces meet the needs of the resident populations for safety and suitability for the care, treatment, and services provided. Note: Interior spaces contain equipment and activities needed to achieve residents' goals, but they are arranged in a way that does not compromise the safety of the environment.
EP 4	The organization provides outside areas for resident use, suitable to the residents' needs, age, or other characteristics.
EP 5	The organization provides storage space to meet residents' needs.
EP 9	Restrooms are adequate in size and number for people using the facility, and are in accordance with state regulations and applicable safety codes.
EP 25	Door locks and other structural restraints (such as fences) have the following characteristics: - They are consistent with the organization's mission, program goals, program policy, and law and regulation. - They provide the least-restrictive environment. - They meet the needs of the residents. - They provide for emergency access to locked, occupied spaces.
LD.04.01.01	**The organization complies with law and regulation.**
EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
RI.01.06.05	**The resident has the right to an environment that preserves dignity and contributes to a positive self-image.**
EP 3	The organization provides homelike surroundings with access to personal living space.

Number §8:36-16.12	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-16.12		**LD.04.01.01**	**The organization complies with law and regulation.**
§8:36-16.12 Laundry equipment (a) Each assisted living facility shall provide at least one non-commercial washer and dryer to be used exclusively for residents' personal items. (b) Where laundry equipment is limited to non-commercial type, (ordinary household or residential types), no special fire protective measures shall be required. (c) When commercial type laundry equipment is utilized, it shall be installed in a separate laundry room. The remainder of the home shall be protected from the laundry room by fire separation assemblies of at least one-hour rated construction. Openings in all fire separation assemblies shall be protected in accordance with the Uniform Construction Code, N.J.A.C. 5:23. (d) All dryers shall be vented to the outside of the building and properly maintained including the removal of lint.		**EP 3**	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		LS.04.02.30	**The organization provides and maintains building features to protect individuals from the hazards of fire and smoke.** **Note 1: This standard applies to large assisted living community settings that provide sleeping arrangements for 17 or more residents as a required part of their care, treatment, and services.** **Note 2: If the organization locks doors so that residents are prohibited from leaving the building or space, then Standards LS.02.01.10 through LS.02.01.70 apply.**
		EP 3	Hazardous areas are protected by walls and doors in accordance with NFPA 101-2012: 32/33.3.3.2. Note: Use the following information to assess protection of hazardous areas and to identify any deficient areas: Boiler/fuel-fired heater rooms - Existing boiler/fuel-fired heater rooms have approved automatic sprinkler systems or have 1-hour fire-rated walls with 3/4-hour fire-rated doors. - New boiler/fuel-fired heater rooms have approved automatic sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors. Central/bulk laundries larger than 100 square feet - Existing laundries have approved automatic sprinkler systems or have 1-hour fire-rated walls with 3/4-hour fire-rated doors. - New laundry rooms have approved automatic sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors. Maintenance shops - Existing maintenance shops have approved automatic sprinkler systems or have 1-hour fire-rated walls with 3/4-hour fire-rated doors. - New maintenance shops have approved automatic sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors. Soiled linen rooms - Existing soiled linen rooms have approved automatic sprinkler systems or have 1-hour fire-rated walls with 3/4-hour fire-rated doors. - New soiled linen rooms have approved automatic sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors. Storage rooms - Existing storage rooms (where the quantity of combustible supplies or equipment has been deemed hazardous by the state or local authorities) have approved automatic sprinkler systems or 1-hour fire-rated walls with 3/4-hour fire-rated doors. - New storage rooms between 50 square feet and 100 square feet storing combustible material have smoke partitions. New storage rooms larger than 100 square feet storing combustible material have approved automatic sprinkler systems or have 1-hour fire-rated walls with 3/4-hour fire-rated doors. Trash rooms - Existing trash rooms have approved automatic sprinkler systems or have 1-hour fire-rated walls with 3/4-hour fire-rated doors. - New trash rooms have approved automatic sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Number §8:36-16.13	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-16.13		**LD.04.01.01**	**The organization complies with law and regulation.**
§8:36-16.13 Dietary department (a) Construction, equipment, and installation of food service facilities shall meet the requirements of the dietary programs as contained in this chapter. (b) The facilities shall provide, at a minimum, the following: 1. A control station for receiving food supplies; 2. Minimum storage facilities for four days' food supply, including refrigeration and freezer for cold storage items; 3. Food preparation facilities; 4. Handwashing facilities located in the food preparation area; 5. Facilities for food distribution to residents; 6. Warewashing space; 7. Potwashing facilities and facilities for cart washing; 8. Storage areas for cans and carts; 9. Waste storage facilities; 10. Offices or desk space for dietitian(s) and the dietary service manager; 11. A janitor's closet; and 12. Self-dispensing icemaking facilities		**EP 3**	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		PC.02.02.03	**The organization makes food and nutrition products available to its residents.**
		EP 6	The organization prepares food and nutrition products under proper conditions of sanitation, temperature, light, moisture, and ventilation.
		EP 11	The organization stores food and nutrition products under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.
§8:36-16.14		**EC.02.06.01**	**The organization establishes and maintains a safe, functional environment.**
§8:36-16.14 Administration and public areas (a) A grade level barrier-free entrance, sheltered from the weather and able to accommodate wheelchairs shall be provided, and shall include a reception and information counter or desk and waiting space with seating. (b) Space for private interviews shall be provided. (c) An individual mailbox for each resident shall be provided. (d) General or individual offices for records, administrative and professional staffs shall be provided. (e) Space shall be provided for storing employee's personal possessions. (f) Separate space shall be provided for storage of office supplies, sterile or pharmaceutical supplies, and housekeeping supplies. (g) A room(s) for examination and treatment of residents, which is adequate for an overnight stay and includes toilet facilities, may be provided. The room shall have a minimum floor area of 100 square feet, excluding space for vestibule, toilet and closet. The room shall contain a lavatory or sink equipped for handwashing, a work counter, storage facilities, and a desk, counter or shelf for writing. (h) An infirmary may be provided for residents who may need 24-hour observation on a temporary basis. Clear space of at least three feet shall be provided at each side and at the foot of each bed in the infirmary. Toilet facilities shall be provided in the infirmary.		**EP 5**	The organization provides storage space to meet residents' needs.
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		RI.01.01.01	**The organization respects the resident's rights.**
		EP 7	The organization respects the resident's right to privacy. Note 1: This element of performance (EP) addresses a resident's personal privacy. For EPs addressing the privacy of a resident's health information, please refer to Standard IM.02.01.01. Note 2: Respect for privacy can be demonstrated in various ways; for example, via policies and procedures, practices, or the design of the environment. (See also IM.02.01.01, EPs 3, 4)
		RI.01.06.05	**The resident has the right to an environment that preserves dignity and contributes to a positive self-image.**
		EP 4	The organization allows the resident to keep and use personal clothing and possessions, unless this infringes on others' rights or is medically contraindicated, based on the setting or service.
		RI.01.07.05	**The resident has the right to receive and restrict visitors.**
		EP 3	The organization provides space for the resident to receive visitors in comfort and privacy.
§8:36-16.15		**LS.04.02.30**	**The organization provides and maintains building features to protect individuals from the hazards of fire and smoke.** **Note 1: This standard applies to large assisted living community settings that provide sleeping arrangements for 17 or more residents as a required part of their care, treatment, and services.** **Note 2: If the organization locks doors so that residents are prohibited from leaving the building or space, then Standards LS.02.01.10 through LS.02.01.70 apply.**
§8:36-16.15 Fire extinguisher specifications (a) Fire extinguishers shall comply with National Fire Protection Association (NFPA) 10, Standards For Portable Fire Extinguishers, 2002 edition, incorporated herein by reference, as amended and supplemented, available from: NFPA, One Batterymarch Park, Quincy, MA, 02169-7471, http://www.nfpa.org, 1-800-344-3555. (b) All fire extinguishers shall bear the seal of the Underwriters Laboratories. (c) Nothing in these rules shall supersede or imply non-compliance with N.J.A.C. 5:70, the Uniform Fire Code.		**EP 9**	Portable fire extinguishers are provided in accordance with NFPA 101-2012: 9.7.4.1. (For full text, refer to NFPA 101-2012: 32/33.3.3.5.7)

Number §8:36-16.16	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-16.16	§8:36-16.16 Sounding devices If self-locking doors are used at the main entrance and other entrances which open onto a roof or balconies, they shall be equipped with a sounding device, such as a bell, buzzer or chime, which is in operating condition. The sounding device shall be affixed to the outside of the door or to the adjacent exterior wall for use in the event that a person is unable to enter the building, and shall ring at an area staffed 24 hours a day.	**LD.04.01.01**	**The organization complies with law and regulation.** **EP 3** Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
§8:36-16.17	§8:36-16.17 Telecommunications Each residential unit shall be pre-wired for telephone and television reception.	**LD.04.01.01**	**The organization complies with law and regulation.** **EP 3** Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.

Number §8:36-17.1-17.2	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-17.1-17.2			
§8:36-17.1 Provision of services (a) The facility shall provide and maintain a sanitary and safe environment for residents (b) The facility shall provide housekeeping, laundry, pest control, and maintenance services, and shall provide assistance to residents who require assistance with these services in their residential units. §8:36-17.2 Housekeeping (a) A written work plan for housekeeping operations shall be established and implemented, with categorization of cleaning assignments as daily, weekly, monthly, or annually within each area of the facility. The facility shall have a written schedule that determines the frequency of cleaning and maintenance of all equipment, structures, areas, and systems. (b) Housekeeping personnel shall be trained in cleaning procedures, including the use and care of equipment.		**EC.02.01.01**	**The organization manages safety and security risks.**
		EP 1	The organization implements its process to identify safety and security risks associated with the environment of care that could affect residents, staff, and other people coming to the organization's facilities. Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.
		EP 3	The organization takes action to minimize or eliminate identified safety and security risks associated with the physical environment.
		EP 5	The organization maintains all grounds and equipment.
		EC.02.04.01	**The organization manages medical equipment risks.**
		EP 3	The organization identifies, in writing, the activities for maintaining, inspecting, and testing for all medical equipment on the inventory. Note: Organizations may use different strategies for different items as appropriate. For example, strategies such as predictive maintenance, reliability-centered maintenance, interval-based maintenance, corrective maintenance, or metered maintenance may be selected to provide for reliable performance.
		EP 4	The organization identifies, in writing, frequencies for inspecting, testing, and maintaining medical equipment on the inventory based on criteria such as manufacturers' recommendations, risk levels, or current organization experience.
		EC.02.04.03	**The organization inspects, tests, and maintains medical equipment.**
		EP 3	The organization has a process for inspecting, testing, and maintaining medical equipment. These activities are documented.
		EC.02.06.01	**The organization establishes and maintains a safe, functional environment.**
		EP 20	Areas used by residents are safe, clean, and comfortable.
		IC.02.02.01	**The organization reduces the risk of infections associated with medical equipment, devices, and supplies.**
		EP 1	The organization implements infection prevention and control activities when doing the following: Cleaning and performing low-level disinfection of medical equipment, devices, and supplies. Note 1: Low-level disinfection is used for items that come in contact with intact skin, such as stethoscopes and blood glucose meters. Note 2: For further information regarding cleaning and performing low-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/infectioncontrol/guidelines/disinfection/#r3.
		PC.02.01.17	**Residents receive restorative services, including assistance with activities of daily living.**
		EP 6	Residents are helped with instrumental activities of daily living, based on their needs, including the following: - Housekeeping, including laundry - Meal preparation - Shopping for groceries and other necessities - Managing medications - Electronic communications like the telephone or computer - Transportation - Moving into or out of the assisted living community

Number §8:36-17.3	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance

§8:36-17.3

§8:36-17.3 Resident environment

§8:36-17.3(a)

(a) The housekeeping and sanitation conditions in paragraphs 1 through 12 below shall be met. Application of this requirement with respect to the individual living environment shall take into consideration residents' personal preferences for style of living:
1. The facility and its contents, including all surfaces such as tables, floors, walls, beds and dressers, shall be clean to sight and touch and free of dirt and debris;
2. All rooms shall be ventilated to help prevent condensation, mold growth, and noxious odors;
3. All resident areas shall be free of noxious odors;
4. All furnishings shall be clean and in good repair, and mechanical equipment shall be in working order. Items which are broken or worn to the extent that they may cause discomfort or present danger to residents shall be repaired, replaced, or removed promptly;
5. All equipment and materials necessary for cleaning, disinfecting, sanitizing, and sterilizing (if applicable) shall be provided;
6. For central kitchens, thermometers which are accurate to within three degrees Fahrenheit shall be kept in a visible location within refrigerators, freezers, and storerooms used for perishable and other items subject to deterioration. Temperatures shall be maintained in accordance with N.J.A.C. 8:24-3.2;
7. Lighted and ventilated storage spaces shall be provided in the facility for the proper storage of residents' clothing, linens, drugs, food, cleaning and other supplies;
8. Articles in storage shall be elevated from the floor and away from walls (if moisture is present), ceilings, and air vents;
9. Unobstructed aisles shall be provided in storage areas;
10. Effective and safe controls shall be used to minimize and eliminate the presence of rodents, flies, roaches and other vermin in the facility;
11. When facility housekeeping services are provided, items such as bedpans, toilets and sinks shall be disinfected, using a process for disinfection established by the facility; and
12. Toilet tissue, soap, paper towels or air dryers, and waste receptacles shall be provided in each common area toilet facility at all times. A self-draining dish or device shall be provided for storage of bar soap, if bar soap is used. Residents' personal cloth towels may be used in residential units.

EC.02.01.01	**The organization manages safety and security risks.**
EP 1	The organization implements its process to identify safety and security risks associated with the environment of care that could affect residents, staff, and other people coming to the organization's facilities. Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.
EP 3	The organization takes action to minimize or eliminate identified safety and security risks associated with the physical environment.
EP 5	The organization maintains all grounds and equipment.
EC.02.05.01	**The organization manages risks associated with its utility systems.**
EP 16	The ventilation system provides required pressure relationships, temperature, and humidity.
EC.02.06.01	**The organization establishes and maintains a safe, functional environment.**
EP 5	The organization provides storage space to meet residents' needs.
EP 11	Lighting is suitable for care, treatment, and services.
EP 20	Areas used by residents are safe, clean, and comfortable.
EP 26	The organization keeps furnishings and equipment safe and in good repair.
IC.01.02.01	**Organizational leaders allocate needed resources for infection prevention and control activities.**
EP 3	The organization provides supplies to support infection prevention and control activities. Note: Examples of supplies include alcohol-based hand sanitizers, hand soap, gloves, face tissues, and cleaning supplies.
IC.02.02.01	**The organization reduces the risk of infections associated with medical equipment, devices, and supplies.**
EP 1	The organization implements infection prevention and control activities when doing the following: Cleaning and performing low-level disinfection of medical equipment, devices, and supplies. Note 1: Low-level disinfection is used for items that come in contact with intact skin, such as stethoscopes and blood glucose meters. Note 2: For further information regarding cleaning and performing low-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/infectioncontrol/guidelines/disinfection/#r3.
LS.02.01.20	**The organization maintains the integrity of the means of egress.**
EP 14	Exits, exit accesses, and exit discharges (means of egress) are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text, refer to NFPA 101-2012:18/19.2.5.1; 7.1.10.1; 7.5.1.1) Note 1: Wheeled equipment (such as equipment and carts currently in use, equipment used for lift and transport of residents, and medical emergency equipment not in use) that maintains at least five feet of clear and unobstructed corridor width is allowed, provided there is a fire plan and training program addressing its relocation in a fire or similar emergency. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (4)) Note 2: Where the corridor width is at least eight feet and the smoke compartment is fully protected by an

Number §8:36-17.3(a)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
			electrically supervised smoke detection system or is in direct supervision of facility staff, furniture that is securely attached is allowed provided it does not reduce the corridor width to less than six feet, is only on one side of the corridor, does not exceed 50 square feet, is in groupings spaced at least 10 feet apart, and does not restrict access to building service and fire protection equipment. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (5))
		PC.02.01.17	**Residents receive restorative services, including assistance with activities of daily living.**
		EP 6	Residents are helped with instrumental activities of daily living, based on their needs, including the following: - Housekeeping, including laundry - Meal preparation - Shopping for groceries and other necessities - Managing medications - Electronic communications like the telephone or computer - Transportation - Moving into or out of the assisted living community
		PC.02.02.03	**The organization makes food and nutrition products available to its residents.**
		EP 6	The organization prepares food and nutrition products under proper conditions of sanitation, temperature, light, moisture, and ventilation.
		EP 11	The organization stores food and nutrition products under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.
§8:36-17.3(b)		**EC.01.01.01**	**The organization plans activities that minimize risks in the environment of care.**
(b) The following safety conditions shall be met: 1. Non-carpeted floors in public areas shall be coated with slip-resistant floor finish, and any carpeting in public areas shall be kept clean and odor free and shall not be frayed, worn, torn, or buckled; 2. All equipment shall have unobstructed space provided for operation; 3. Pesticides shall be applied in accordance with N.J.A.C. 7:30; 4. All household and cleaning products used by facility staff shall be identified, labeled, and secured. All poisonous and toxic materials shall be identified, labeled, and stored in a locked cabinet or room. The telephone number of the poison control center shall be conspicuously posted in the facility; 5. Combustible materials shall be stored in accordance with fire safety requirements specified in the New Jersey Uniform Fire Code, N.J.A.C. 5:70; 6. Paints, varnishes, lacquers, thinners, and all other flammable materials shall be stored in accordance with fire safety requirements specified in the New Jersey Uniform Fire Code, N.J.A.C. 5:70; 7. If pets are allowed in the facility, the facility shall provide safeguards to prevent interference in the lives of residents. Guidelines for pet facilitated therapy may be requested from the Department; 8. An electrician licensed in accordance with N.J.A.C. 13:31 shall annually inspect and provide a written statement that the electrical circuits and wiring in the facility are satisfactory and in safe condition; i. The written statement shall include the date of inspection, and shall indicate that circuits are not overloaded, that all wiring and permanent fixtures are in safe condition, and that all portable electrical appliances, including lamps, are Underwriters Laboratories (U.L.) approved; and ii. The written statement shall be available for review by the Department during survey.		**EP 9**	The organization has a written plan for managing the following: Utility systems. Note: In circumstances where the program or service is located in a business occupancy not owned by the accredited organization, the plan may only need to address how routine service and maintenance for their utility systems are obtained.
		EC.02.02.01	**The organization manages risks related to hazardous materials and waste.**
		EP 5	The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.
		EP 11	For managing hazardous materials and waste, the organization has the permits, licenses, manifests, and safety data sheets required by law and regulation.
		EP 12	The organization labels hazardous materials and waste. Labels identify the contents and hazard warnings. Note: The National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens and Global Harmonizing System provide details on labeling requirements. (See also IC.02.01.01, EP 6)
		EC.02.03.01	**The organization manages fire risks.**
		EP 1	The organization minimizes the potential for harm from fire, smoke, and other products of combustion.
		EC.02.05.01	**The organization manages risks associated with its utility systems.**
		EP 4	The organization identifies, in writing, inspection and maintenance activities for all operating components of utility systems on the inventory. Note: Organizations may use different approaches to maintenance. For example, activities such as predictive maintenance, reliability-centered maintenance, interval-based maintenance, corrective maintenance, or metered maintenance may be selected to provide for dependable performance.
		EP 5	The organization identifies, in writing, the frequencies for inspecting, testing, and maintaining all operating components of the utility systems, based on criteria such as manufacturers' recommendations, risk levels, or organization experience.

Number §8:36-17.3(b)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
			EP 8 The organization maps the distribution of its utility systems.
		EC.02.05.05	**The organization inspects, tests, and maintains utility systems.** **Note: At times, maintenance is performed by an external service. In these cases, organizations are not required to possess maintenance documentation but have access to such documentation during survey and as needed.**
			EP 3 The organization inspects, tests, and maintains the following: Utility systems. The completion dates and test results are documented.
		IC.02.01.01	**The organization implements its infection prevention and control plan.**
			EP 13 The organization reduces the risks associated with animals in the facility, including potential problems with cleanliness, immunizations, and management of waste.
		LS.02.01.20	**The organization maintains the integrity of the means of egress.**
			EP 14 Exits, exit accesses, and exit discharges (means of egress) are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text, refer to NFPA 101-2012:18/19.2.5.1; 7.1.10.1; 7.5.1.1) Note 1: Wheeled equipment (such as equipment and carts currently in use, equipment used for lift and transport of residents, and medical emergency equipment not in use) that maintains at least five feet of clear and unobstructed corridor width is allowed, provided there is a fire plan and training program addressing its relocation in a fire or similar emergency. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (4)) Note 2: Where the corridor width is at least eight feet and the smoke compartment is fully protected by an electrically supervised smoke detection system or is in direct supervision of facility staff, furniture that is securely attached is allowed provided it does not reduce the corridor width to less than six feet, is only on one side of the corridor, does not exceed 50 square feet, is in groupings spaced at least 10 feet apart, and does not restrict access to building service and fire protection equipment. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (5))
		LS.04.02.30	**The organization provides and maintains building features to protect individuals from the hazards of fire and smoke.** **Note 1: This standard applies to large assisted living community settings that provide sleeping arrangements for 17 or more residents as a required part of their care, treatment, and services.** **Note 2: If the organization locks doors so that residents are prohibited from leaving the building or space, then Standards LS.02.01.10 through LS.02.01.70 apply.**
			EP 3 Hazardous areas are protected by walls and doors in accordance with NFPA 101-2012: 32/33.3.3.2. Note: Use the following information to assess protection of hazardous areas and to identify any deficient areas: Boiler/fuel-fired heater rooms - Existing boiler/fuel-fired heater rooms have approved automatic sprinkler systems or have 1-hour fire-rated walls with 3/4-hour fire-rated doors. - New boiler/fuel-fired heater rooms have approved automatic sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors. Central/bulk laundries larger than 100 square feet - Existing laundries have approved automatic sprinkler systems or have 1-hour fire-rated walls with 3/4-hour fire-rated doors. - New laundry rooms have approved automatic sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors. Maintenance shops - Existing maintenance shops have approved automatic sprinkler systems or have 1-hour fire-rated walls with 3/4-hour fire-rated doors.

Number §8:36-17.3(b)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
			- New maintenance shops have approved automatic sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors. Soiled linen rooms - Existing soiled linen rooms have approved automatic sprinkler systems or have 1-hour fire-rated walls with 3/4-hour fire-rated doors. - New soiled linen rooms have approved automatic sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors. Storage rooms - Existing storage rooms (where the quantity of combustible supplies or equipment has been deemed hazardous by the state or local authorities) have approved automatic sprinkler systems or 1-hour fire-rated walls with 3/4-hour fire-rated doors. - New storage rooms between 50 square feet and 100 square feet storing combustible material have smoke partitions. New storage rooms larger than 100 square feet storing combustible material have approved automatic sprinkler systems or have 1-hour fire-rated walls with 3/4-hour fire-rated doors. Trash rooms - Existing trash rooms have approved automatic sprinkler systems or have 1-hour fire-rated walls with 3/4-hour fire-rated doors. - New trash rooms have approved automatic sprinkler systems and have 1-hour fire-rated walls with 3/4-hour fire-rated doors.
		NPSG.09.02.01	**Reduce the risk of falls.**
		EP 2	Implement interventions to reduce falls based on the resident's assessed risk.
§8:36-17.4 §8:36-17.4 Waste removal (a) All solid or liquid waste, garbage, and trash shall be collected, stored, and disposed of in accordance with the rules of the New Jersey State Department of Environmental Protection and this chapter. Solid waste which is stored within the building shall be stored in insect-proof, rodent-proof, fireproof, nonabsorbent, watertight containers with tightfitting covers and collected from storage areas regularly so as to prevent nuisances such as odors. Procedures and schedules shall be established and implemented for the cleaning of storage areas and containers for solid or liquid waste, garbage, and trash, in accordance with N.J.A.C. 8:24. (b) If garbage compactors are used, they shall comply with all the International Mechanical Code, 2003 Edition, incorporated herein by reference, as amended and supplemented, and local codes. Copies of the International Mechanical Code are available from: International Code Council at 1-800-786-4452 or on the Internet at http://www.iccsafe.org/		**EC.02.01.01**	**The organization manages safety and security risks.**
		EP 3	The organization takes action to minimize or eliminate identified safety and security risks associated with the physical environment.
		IC.02.01.01	**The organization implements its infection prevention and control plan.**
		EP 6	The organization minimizes the risk of infection when storing and disposing of infectious waste. (See also EC.02.02.01, EP 12)
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		LS.02.01.70	**The organization provides and maintains operating features that conform to fire and smoke prevention requirements.**
		EP 6	Soiled linen and trash receptacles larger than 32 gallons are stored in a room protected as a hazardous area. (For full text, refer to NFPA 101-2012: 18/19.7.5.7) Note: Containers that are 96 gallons or less and are labeled and listed as meeting the requirements of FM Approval Standard 6921 (or equivalent) and are used solely for recycling clean waste (including resident records awaiting destruction) are permitted in an unprotected area. Those containers that are greater than 96 gallons are stored in a hazardous storage area.

Number §8:36-17.5	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-17.5		**EC.02.05.01**	**The organization manages risks associated with its utility systems.**
§8:36-17.5 Heating and air conditioning (a) The heating and air conditioning system shall be adequate to maintain the required temperature in all areas used by residents. Residents may have individually controlled thermostats in residential units in order to maintain temperatures at their own comfort level. 1. During the heating season, the temperature in the facility shall be kept at a minimum of 72 degrees Fahrenheit (22 degrees Celsius) during the day ("day" means the time between sunrise and sunset) and 68 degrees Fahrenheit (20 degrees Celsius) at night, when residents are in the facility. 2. The facility or residents shall not utilize portable heaters. 3. During warm weather conditions, the temperature within the facility shall not exceed 82 degrees Fahrenheit. i. The facility shall provide for and operate adequate ventilation in all areas used by residents. ii. All areas of the facility used by residents shall be equipped with air conditioning and the air conditioning shall be operated so that the temperature in these areas does not exceed 82 degrees Fahrenheit. 4. Residents may regulate temperature controls in residential units, and may, by choice, exceed 82 degrees Fahrenheit. (b) Filters for heaters and air conditioners shall be provided as needed and maintained in accordance with manufacturer's specifications.		**EP 1**	The organization designs and installs utility systems according to state regulations and applicable codes to meet resident care and operational needs.
		EP 4	The organization identifies, in writing, inspection and maintenance activities for all operating components of utility systems on the inventory. Note: Organizations may use different approaches to maintenance. For example, activities such as predictive maintenance, reliability-centered maintenance, interval-based maintenance, corrective maintenance, or metered maintenance may be selected to provide for dependable performance.
		EP 16	The ventilation system provides required pressure relationships, temperature, and humidity.
		EC.02.06.01	**The organization establishes and maintains a safe, functional environment.**
		EP 20	Areas used by residents are safe, clean, and comfortable.
		LS.02.01.70	**The organization provides and maintains operating features that conform to fire and smoke prevention requirements.**
		EP 8	Portable space heaters are prohibited in smoke compartments containing sleeping rooms and resident treatment areas. Non-sleeping rooms that are occupied by staff and separated from the corridor are permitted to have portable space heaters, but must contain heating elements not exceeding 212°F. (For full text, refer to NFPA 101-2012: 18/19.7.8) Note: For this element of performance, nurses stations are considered resident treatment areas.

Number §8:36-17.6	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-17.6	§8:36-17.6 Water supply (a) The water supply used for drinking or culinary purposes shall be adequate in quantity, of a safe and sanitary quality, and from a water system which shall be constructed, protected, operated, and maintained in conformance with the New Jersey Safe Drinking Water Act, N.J.S.A. 58:12A-1 et seq., N.J.A.C. 7:10 and local laws, ordinances, and regulations. Copies of the Safe Drinking Water Act can be obtained from the Department of Environmental Protection, Bureau of Potable Water, P.O. Box 209, Trenton, New Jersey 08625. (b) The temperature of the hot water used for bathing and handwashing shall be at least 105 degrees and shall not exceed 120 degrees Fahrenheit. (c) Equipment requiring drainage, such as ice machines, shall be drained to a sanitary connection, in accordance with the International Mechanical Code, 2003 Edition, incorporated herein by reference, as amended and supplemented and local codes. Copies of the International Mechanical Code are available from: International Code Council at 1-800-786-4452 or on the Internet at http://www.iccsafe.org/. (d) The sewage disposal system shall be maintained in good repair and operated in compliance with N.J.S.A. 52:27D-123 et seq., the Uniform Construction Code, N.J.A.C. 5:23, and local ordinances and codes.	**EC.02.03.05**	**The organization maintains fire safety equipment and fire safety building features. Note: This standard does not require organizations to have the types of fire safety equipment and building features described in the elements of performance of this standard. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.**
		EP 1	The organization tests supervisory signal devices on the inventory in accordance with the following time frames: - Quarterly for pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices - Semiannually for valve supervisory switches - Annually for other supervisory initiating devices The results and completion dates are documented. Note 1: For additional guidance on performing tests, see NFPA 72-2010: Table 14.4.5. Note 2: Water storage tanks and associated water storage equipment do not require testing.
		EP 2	Every 6 months, the organization tests vane-type and pressure-type water flow devices and valve tamper switches on the inventory. The results and completion dates are documented. Note 1: For additional guidance on performing tests, refer to state regulations and applicable safety codes. Note 2: Mechanical water-flow devices (including, but not limited to, water motor gongs) should be tested in accordance with state regulations and applicable safety codes. The results and completion dates are documented.
		EC.02.05.01	**The organization manages risks associated with its utility systems.**
		EP 6	The organization minimizes pathogenic biological agents in cooling towers, domestic hot- and cold-water systems, and other aerosolizing water systems.
		EM.02.02.09	**As part of its Emergency Operations Plan, the organization prepares for how it will manage utilities during an emergency.**
		EP 3	As part of its Emergency Operations Plan, the organization identifies alternative means of providing the following: Water needed for consumption and essential care activities.
		EP 4	As part of its Emergency Operations Plan, the organization identifies alternative means of providing the following: Water needed for equipment and sanitary purposes.
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.

Number §8:36-17.7	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-17.7		**EC.02.01.01**	**The organization manages safety and security risks.**
§8:36-17.7 Building and grounds maintenance The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety.		**EP 5**	The organization maintains all grounds and equipment.
		EC.02.02.01	**The organization manages risks related to hazardous materials and waste.**
		EP 3	The organization has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures. (See also IC.02.01.01, EP 2)
		EP 4	The organization implements its procedures in response to hazardous material and waste spills or exposures.
		EP 5	The organization minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.
		EP 7	The organization minimizes risks associated with the selection and use of hazardous energy sources.
		EP 8	The organization minimizes risks associated with disposing of hazardous medications. (See also MM.01.01.03, EP 2)
		EP 11	For managing hazardous materials and waste, the organization has the permits, licenses, manifests, and safety data sheets required by law and regulation.
		EP 12	The organization labels hazardous materials and waste. Labels identify the contents and hazard warnings. Note: The National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens and Global Harmonizing System provide details on labeling requirements. (See also IC.02.01.01, EP 6)

Number §8:36-17.8	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-17.8			
§8:36-17.8 Laundry services (a) Written policies and procedures shall be established and implemented for the facility's laundry services, including, but not limited to, policies and procedures regarding the following: 1. Storage and transportation of laundry; 2. Collection and storage of soiled laundry in a ventilated area; 3. Protection of clean laundry from contamination during processing, transporting, and storage; and 4. Handling and laundering of resident's clothing and personal items separately from other laundry. (b) Soiled laundry shall be stored in a ventilated, vermin-proof area, separate from other supplies, and shall be stored, sorted, rinsed, and laundered only in areas specifically designated for those purposes. (c) All soiled laundry from resident rooms and other service areas shall be stored, transported, collected, and delivered in a covered laundry bag or cart. Laundry carts shall be in good repair, kept clean, and identified for use with either clean or soiled laundry. (d) Clean laundry shall be protected from contamination during processing, storage, and transportation within the facility. (e) Soiled and clean laundry shall be kept separate. An established procedure shall be followed to reduce the number of bacteria in the fabrics. Equipment surfaces that come into contact with laundry shall be sanitized. (f) Residents who choose to launder their personal items shall be provided with in-house assistance in accordance with facility policy. (g) If the facility provides a laundry service on site in lieu of using a commercial laundry service, it shall provide a receiving, holding, and sorting area with hand-washing facilities. The walls, floors, and ceilings of the area shall be clean and in good repair. The flow of ventilating air shall be from clean to soiled areas, and ventilation shall be adequate to prevent heat and odor build-up.		**EC.02.05.01**	**The organization manages risks associated with its utility systems.**
		EP 16	The ventilation system provides required pressure relationships, temperature, and humidity.
		LS.02.01.50	**The organization provides and maintains building services to protect individuals from the hazards of fire and smoke.**
		EP 10	All linen and waste chute inlet service doors have both self-closing and positive-latching devices. All linen and waste discharge service doors are self-closing. Note: Discharge doors may be held open with fusible links or electrical hold-open devices. (For full text, refer to NFPA 101-2012: 18/19.5.4; 8.3.3.1; 9.5; NFPA 82-2009: 5.2.3.2.3; Tentative Interim Amendment [TIA] 09-1)
		EP 13	Trash chutes discharge into collection rooms that are not used for any other purpose and are separated from the corridor and have a minimum fire resistance rating not less than that specified for the chute. In existing buildings, if the trash collection room is protected with an approved automatic sprinkler system, linen collection may also occur. (For full text, refer to NFPA 101-2012: 18/19.5.4.4; 19.5.4.5; NFPA 82-2009: 5.2.4.1)
		LS.02.01.70	**The organization provides and maintains operating features that conform to fire and smoke prevention requirements.**
		EP 6	Soiled linen and trash receptacles larger than 32 gallons are stored in a room protected as a hazardous area. (For full text, refer to NFPA 101-2012: 18/19.7.5.7) Note: Containers that are 96 gallons or less and are labeled and listed as meeting the requirements of FM Approval Standard 6921 (or equivalent) and are used solely for recycling clean waste (including resident records awaiting destruction) are permitted in an unprotected area. Those containers that are greater than 96 gallons are stored in a hazardous storage area.
		PC.02.01.17	**Residents receive restorative services, including assistance with activities of daily living.**
		EP 6	Residents are helped with instrumental activities of daily living, based on their needs, including the following: - Housekeeping, including laundry - Meal preparation - Shopping for groceries and other necessities - Managing medications - Electronic communications like the telephone or computer - Transportation - Moving into or out of the assisted living community

Number § 8:36-18.1	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§ 8:36-18.1		**HR.01.01.01**	**The organization defines and verifies staff qualifications.**
§8:36-18.1 Infection control program (a) The facility shall develop and implement an infection prevention and control program. (b) The licensed professional nurse, in coordination with the administrator, shall be responsible for the direction, provision, and quality of infection prevention and control services. The health care services director, in coordination with the administrator, shall be responsible for, but not limited to, developing and maintaining written objectives, a policy and procedure manual, and an organizational plan for the infection prevention and control service.		**EP 1**	The organization defines staff qualifications specific to their job responsibilities. Note: Qualifications for infection control may be met through education, training, experience, and/or certification (such as certification from the Certification Board for Infection Control and Epidemiology).
		IC.01.02.01	**Organizational leaders allocate needed resources for infection prevention and control activities.**
		EP 1	The organization provides access to information needed to support infection prevention and control activities.
		EP 3	The organization provides supplies to support infection prevention and control activities. Note: Examples of supplies include alcohol-based hand sanitizers, hand soap, gloves, face tissues, and cleaning supplies.
		IC.01.04.01	**Based on the identified risks, the organization sets goals to minimize the possibility of spreading infections.** **Note: See NPSG.07.01.01 for hand hygiene guidelines.**
		EP 1	The organization's written infection prevention and control goals are based on its risks.
		IC.01.05.01	**The organization has an infection prevention and control plan.**
		EP 1	When developing infection prevention and control activities, the organization uses national guidelines. Note: Examples of guidelines include those offered by the Centers for Disease Control and Prevention: Healthcare Infection Control Practices Advisory Committee (CDC/HICPAC) at http://www.cdc.gov/hai/ and the World Health Organization (WHO) at https://www.who.int/publications/i?publishingoffices=c09761c0-ab8e-4cfa-9744-99509c4d306b.
		EP 2	The organization's written infection prevention and control plan includes a description of the activities, including surveillance, to minimize and/or reduce the risk of infection. Note: The purpose of surveillance (human, environmental, and procedural) is to support the organization's efforts to reduce the risk of infections spreading among residents. Information from the surveillance activities may be used within the organization to improve processes and outcomes related to infection prevention and control.
		IC.02.01.01	**The organization implements its infection prevention and control plan.**
		EP 1	The organization implements its infection prevention and control activities, including surveillance, to reduce and/or minimize the risk of infection. Note: The purpose of surveillance is to support the organization's efforts to reduce the risk of infections spreading among residents. Information from the surveillance activities is used within the organization to improve processes and outcomes related to infection prevention and control.
		IC.03.01.01	**The organization evaluates the effectiveness of its infection prevention and control plan.**
		EP 1	The organization evaluates the effectiveness of its infection prevention and control plan annually and whenever a change in risks impacts the organization.
		EP 7	The organization uses the findings of its evaluation of the infection prevention and control plan when revising the plan.
§8:36-18.2			
§8:36-18.2 Development of infection control policies and procedures			
§8:36-18.2(a)		**EC.01.01.01**	**The organization plans activities that minimize risks in the environment of care.**
		EP 10	The organization has visitation policies and protocols that contain guidance on the following: - Designated entrances and exits for visitors

Number §8:36-18.2(a)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
(a) The facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and procedures shall be consistent with the following Centers for Disease Control publications and OSHA standards, incorporated herein by reference, as amended and supplemented: 1. Guidelines for Hand Hygiene in Health Care Settings, MMWR/51 (RR-16), October 25, 2002; 2. Prevention and Control of Tuberculosis in Facilities Providing Long-Term Care to the Elderly, Recommendations of the Advisory Committee for Elimination of Tuberculosis, MMWR/39 (RR-10), July 13, 1990; 3. Guidelines for Preventing Health Care-Associated Pneumonia, MMWR/53 (RR-03), March 26, 2004; 4. Bloodborne Pathogens, Occupational Safety and Health Standards, 29 CFR 1910.1030, as amended and supplemented; and 5. Fact Sheet on Respiratory Hygiene/Cough Etiquette in Healthcare Settings, December 17, 2003, Department of Health and Human Services, Centers for Disease Control and Prevention.			- Methods for informing visitors about infection control protocols, including hand hygiene, respiratory hygiene/cough etiquette, face masking, and social distancing when appropriate - A method for tracking all personnel who provide resident care in the facility - Criteria for instituting visitation restrictions for non-essential visitors and for when restrictions will be lifted - Provisions for remote communication when visitation restrictions are enforced - Signs posted at entrances instructing visitors of pertinent visitation policies Note: For up-to-date information on the signs and symptoms of transmittable diseases, refer to the Centers for Disease Control and Prevention.
		HR.01.01.01	**The organization defines and verifies staff qualifications.**
		EP 5	Staff comply with health screening in accordance with law and regulation or organization policy. Health screening compliance is documented.
		IC.02.01.01	**The organization implements its infection prevention and control plan.**
		EP 2	The organization uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection. Note 1: Standard precautions are infection prevention and control measures to protect against possible exposure to infectious agents. These precautions are general and applicable to all residents; the combination of control measures used depends on the infection risk. Note 2: For further information regarding standard precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/hicpac/recommendations/core-practices.html ("Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings"). Note 3: For CDC guidance on the donning and doffing of personal protective equipment, see https://www.cdc.gov/hai/prevent/ppe.html. (See also EC.02.02.01, EP 3)
		EP 3	The organization implements transmission-based precautions in response to the pathogens that are suspected or identified within the organization's service setting and community. Note 1: Transmission-based precautions are infection prevention and control measures to protect against exposure to a suspected or identified pathogen. These precautions are specific and based on the way the pathogen is spread. Transmission-based precautions include contact, droplet, airborne, or a combination of these precautions. Note 2: For further information regarding transmission-based precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hai/. Note 3: Implementation of transmission-based precautions may differ depending on the settings, the facility design characteristics, and types of resident interaction. Precautions should be adapted to the specific care setting. Note 4: If contingency strategies are required because of shortages of personal protective equipment, they must be in accordance with CDC and local health authority guidance.
		IC.02.03.01	**The organization works to prevent the spread of infectious disease among residents, licensed independent practitioners, and staff.**
		EP 1	The organization makes screening for exposure and/or immunity to infectious disease available to licensed independent practitioners and staff who may come in contact with infections at the workplace.
		NPSG.07.01.01	**Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.**
		EP 1	Implement a program that follows categories IA, IB, and IC of either the current Centers for Disease Control and Prevention (CDC) and/or the current World Health Organization (WHO) hand hygiene guidelines.
		EP 2	Set goals for improving compliance with hand hygiene guidelines.
		PC.01.02.01	**The organization obtains resident assessments.**
		EP 13	The organization defines, in writing, the information to be gathered during the initial assessment(s),

Number §8:36-18.2(b)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
			including the following: - The resident's current health condition, including infectious disease screening, diagnosis, pertinent history, medication history (including allergies and sensitivities), current medication, and current treatments - The resident's physical and neuropsychiatric status - The resident's skin condition - The resident's decision-making capacity - The resident's communication status - The resident's functional status - Whether or not the resident smokes, and if so, the resident's ability to meet the organization's written criteria under which one may smoke - The resident's rehabilitation status, potential, and needs - The resident's nutritional and hydration status - The resident's oral health status, including the condition of the oral cavity, teeth, and tooth-supporting structures; the presence or absence of natural teeth or dentures; and the ability to function with or without natural teeth or dentures - The resident's pain status, including recent pain history, origin, location, and severity; alleviating and exacerbating factors; current treatment for pain; and response to treatment - The resident's psychosocial and spiritual needs - The resident's cultural and ethnic factors that can influence care, treatment, and services - The resident's personal preferences regarding schedules, activities, and grooming - For the dying resident, the social, spiritual, and cultural variables that influence both the resident's and family's perceptions and experience of the process of dying
		PC.01.02.03	**The organization assesses and reassesses the resident and the resident's condition according to defined time frames.**
		EP 3	Each resident is reassessed in accordance with law and regulation, their plan of care, and changes in their physical or mental condition. Note: Reassessments may also be based on the resident's diagnosis; signs and symptoms of infectious disease(s) as defined by the state or local health authorities and/or the Centers for Disease Control and Prevention; desire for care, treatment, and services; and response to previous care, treatment, and services.
§8:36-18.2(b) (b) Centers for Disease Control publications can be obtained from: National Technical Information Service U.S. Department of Commerce 5301 Shawnee Road Alexandria, VA 22312 (703) 605-6000 (800) 363-2086 or Superintendent of Documents U.S. Government Publishing Office 732 N. Capitol Street NW Washington, D.C. 20401 (866) 512-1800			

Number §8:36-18.2(c)-(d)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-18.2(c)-(d)	(c) The facility shall document evidence of annual vaccination against influenza for each resident, in accordance with the Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control, August 27, 2021, incorporated herein by reference, as amended and supplemented, unless such vaccination is medically contraindicated or the resident has refused the vaccine, in accordance with N.J.A.C. 8:36-4.1(a). The Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices, of the Centers for Disease Control, August 27, 2021 is available on the Internet at https://www.cdc.gov/mmwr/volumes/70/rr/rr7005a1.htm. Influenza vaccination for all residents accepting the vaccine shall be completed by November 30 of each year. Residents admitted after this date, during the flu season and up to February 1, shall, as medically appropriate, receive influenza vaccination prior to or on admission unless refused by the resident. (d) The facility shall document evidence of vaccination against pneumococcal disease for all residents who are 65 years of age or older, in accordance with the General Recommendations on Immunization of the Advisory Committee on Immunization Practices of the Centers for Disease Control, January 28, 2011, incorporated herein by reference, as amended and supplemented, unless such vaccination is medically contraindicated or the resident has refused offer of the vaccine in accordance with N.J.A.C. 8:36-4.1(a). The General Recommendations on Immunization of the Advisory Committee on Immunization Practices of the Centers for Disease Control, February 8, 2002, which are available on the Internet at https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm. The facility shall provide or arrange for pneumococcal vaccination of residents who have not received this immunization, prior to or on admission unless the resident refuses offer of the vaccine.	**IC.01.03.01**	**The organization identifies risks for acquiring and spreading infections.**
		EP 1	The organization identifies its risks for acquiring and spreading infections based on the care, treatment, and services it provides. (See also IC.02.05.01, EP 2)
		IC.01.04.01	**Based on the identified risks, the organization sets goals to minimize the possibility of spreading infections.** **Note: See NPSG.07.01.01 for hand hygiene guidelines.**
		EP 1	The organization's written infection prevention and control goals are based on its risks.
§8:36-18.3(a)		**IC.01.03.01**	**The organization identifies risks for acquiring and spreading infections.**
		EP 1	The organization identifies its risks for acquiring and spreading infections based on the care, treatment, and services it provides. (See also IC.02.05.01, EP 2)
		IC.01.04.01	**Based on the identified risks, the organization sets goals to minimize the possibility of spreading infections.** **Note: See NPSG.07.01.01 for hand hygiene guidelines.**
		EP 1	The organization's written infection prevention and control goals are based on its risks.
		IC.01.05.01	**The organization has an infection prevention and control plan.**
		EP 2	The organization’s written infection prevention and control plan includes a description of the activities, including surveillance, to minimize and/or reduce the risk of infection. Note: The purpose of surveillance (human, environmental, and procedural) is to support the organization’s efforts to reduce the risk of infections spreading among residents. Information from the surveillance activities may be used within the organization to improve processes and outcomes related to infection prevention and control.
		IC.01.06.01	**The organization prepares to respond to an increased number of potentially infectious residents.**
		EP 2	The organization obtains current clinical and epidemiological information from its resources regarding new infections that could cause an increased number of potentially infectious residents.
		EP 3	The organization has a method for communicating critical information to residents, families, visitors, licensed independent practitioners, and staff about emerging infections that could cause, or are causing, an increase in the number of infectious residents.
		IC.02.01.01	**The organization implements its infection prevention and control plan.**

Number §8:36-18.3(a)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-18.3 General infection control policies and procedures (a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following: 1. In accordance with Chapter II, New Jersey State Sanitary Code, Communicable Diseases, at N.J.A.C. 8:57, a system for investigating, reporting, and evaluating the occurrence of all infections or diseases which are reportable or conditions which may be related to activities and procedures of the facility, and maintaining records for all residents or personnel having these infections, diseases, or conditions; 2. Infection control in accordance with OSHA Standards 29 CFR 1910.1030, Bloodborne pathogens, incorporated herein by reference, as amended and supplemented; 3. Exclusion from work, and authorization to return to work, for personnel with communicable diseases; 4. Surveillance techniques to minimize sources and transmission of infection; 5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident; 6. Protocols for identification of residents with communicable diseases and education of residents regarding prevention and spread of communicable diseases; 7. Sterilization, disinfection, and cleaning practices and techniques used in the facility, including, but not limited to, the following: i. Care of utensils, instruments, solutions, dressings, articles, and surfaces; ii. Selection, storage, use, and disposition of disposable and nondisposable resident care items. Disposable items shall not be reused; iii. Methods to ensure that sterilized materials are packaged, labeled, processed, transported, and stored to maintain sterility and to permit identification of expiration dates; and iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment, and other devices and equipment that provide a portal of entry for pathogenic microorganisms; and 8. Needles and syringes used by residents as part of home self-care shall be disposed of in accordance with N.J.S.A. 2C:36-6.1 and N.J.A.C. 8:43E-7.		**EP 2** The organization uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection. Note 1: Standard precautions are infection prevention and control measures to protect against possible exposure to infectious agents. These precautions are general and applicable to all residents; the combination of control measures used depends on the infection risk. Note 2: For further information regarding standard precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/hicpac/recommendations/core-practices.html ("Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings"). Note 3: For CDC guidance on the donning and doffing of personal protective equipment, see https://www.cdc.gov/hai/prevent/ppe.html. (See also EC.02.02.01, EP 3)
			EP 3 The organization implements transmission-based precautions in response to the pathogens that are suspected or identified within the organization's service setting and community. Note 1: Transmission-based precautions are infection prevention and control measures to protect against exposure to a suspected or identified pathogen. These precautions are specific and based on the way the pathogen is spread. Transmission-based precautions include contact, droplet, airborne, or a combination of these precautions. Note 2: For further information regarding transmission-based precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/hai/. Note 3: Implementation of transmission-based precautions may differ depending on the settings, the facility design characteristics, and types of resident interaction. Precautions should be adapted to the specific care setting. Note 4: If contingency strategies are required because of shortages of personal protective equipment, they must be in accordance with CDC and local health authority guidance.
			EP 6 The organization minimizes the risk of infection when storing and disposing of infectious waste. (See also EC.02.02.01, EP 12)
		IC.02.02.01	**The organization reduces the risk of infections associated with medical equipment, devices, and supplies.**
			EP 1 The organization implements infection prevention and control activities when doing the following: Cleaning and performing low-level disinfection of medical equipment, devices, and supplies. Note 1: Low-level disinfection is used for items that come in contact with intact skin, such as stethoscopes and blood glucose meters. Note 2: For further information regarding cleaning and performing low-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/infectioncontrol/guidelines/disinfection/#r3.
			EP 3 The organization implements infection prevention and control activities when doing the following: Disposing of medical equipment, devices, and supplies.
			EP 8 If residents with indwelling devices such as urinary catheters are accepted, the organization educates staff about these devices and the importance of infection prevention. Education occurs upon hire and when involvement in indwelling device care is added to an individual's job responsibilities. Ongoing education and competence assessment occur at intervals established by the organization.
		IC.02.05.01	**Implement evidence-based practices to prevent health care–associated infections due to the following:** **- Multidrug-resistant organisms (MDRO)** **- Catheter-associated urinary tract infections (CAUTI)**
			EP 1 The organization develops policies and practices based on evidence and implements these policies and practices aimed at reducing the risk for the following: - Multidrug-resistant organisms (MDRO) - Catheter-associated urinary tract infections (CAUTI)

Number §8:36-18.3(a)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		PC.02.03.01	**The organization provides resident education and training based on each resident's needs and abilities.**
		EP 10	The organization provides education and training to the resident for the following topics, based on the resident's condition and assessed needs: - An explanation of the procedures and plan for care, treatment, and services - Procedures to follow if care, treatment, or services are disrupted by a natural disaster or an emergency - Basic health practices and safety - Fall reduction strategies - Person-centered care strategies - Resident's rights and responsibilities - Medication management and storage - Modified diets - Infection prevention and control policies and procedures, including reasons for using personal protective equipment - Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management - Basic physical and structural facility safety - Information on the identification, handling, and safe disposal of hazardous medications
§8:36-18.4-18.5		**EC.02.04.01**	**The organization manages medical equipment risks.**
		EP 4	The organization identifies, in writing, frequencies for inspecting, testing, and maintaining medical equipment on the inventory based on criteria such as manufacturers' recommendations, risk levels, or current organization experience.
		HR.01.01.01	**The organization defines and verifies staff qualifications.**
		EP 5	Staff comply with health screening in accordance with law and regulation or organization policy. Health screening compliance is documented.
		HR.01.04.01	**The organization provides orientation to staff.**
		EP 1	The organization orients its staff to the key safety content it identifies before staff provides care, treatment, and services. Completion of this orientation is documented. Note: Key safety content may include specific processes and procedures related to the provision of care, treatment, and services; the environment of care; and infection control.
		HR.02.02.01	**The organization provides orientation to physicians and other licensed practitioners.**
		EP 1	The organization orients its licensed independent practitioners to the key safety content it identifies before they provide care, treatment, and services. Completion of this orientation is documented. Note 1: Key safety content may include specific processes and procedures related to the provision of care, the environment of care, and infection control. Note 2: The organization determines the specific responsibilities included in orientation. For example, a covering licensed independent practitioner may have different or fewer responsibilities than an attending licensed independent practitioner.
		IC.01.02.01	**Organizational leaders allocate needed resources for infection prevention and control activities.**
		EP 3	The organization provides supplies to support infection prevention and control activities. Note: Examples of supplies include alcohol-based hand sanitizers, hand soap, gloves, face tissues, and cleaning supplies.
		IC.02.01.01	**The organization implements its infection prevention and control plan.**
		EP 8	The organization reports infection surveillance, prevention, and control information to organization staff consistent with their responsibilities for infection prevention and control activities.
		EP 9	The organization promptly reports infection surveillance, prevention, and control information to local, state, and federal public health authorities in accordance with law and regulation.

Number §8:36-18.4-18.5	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-18.4 Employee health and resident policies and procedures for infection prevention and control (a) Each new employee upon employment shall receive a two-step Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions shall be employees with documented negative two-step Mantoux skin test results (zero to nine millimeters of induration) within the last year, employees with a documented positive Mantoux skin test result (10 or more millimeters of induration), employees who have received appropriate medical treatment for tuberculosis, or when medically contraindicated. Results of the Mantoux tuberculin skin tests administered to new employees shall be acted upon as follows: 1. If the first step of the Mantoux tuberculin skin test result is less than 10 millimeters of induration, the second step of the two-step Mantoux test shall be administered one to three weeks later. 2. If the Mantoux test is significant (10 millimeters or more of induration), a chest x-ray shall be performed and, if necessary, followed by chemoprophylaxis or therapy. 3. Any employee with positive results shall be referred to the employee's personal physician and shall be excluded from work until the physician provides written approval to return. (b) The facility shall have written policies and procedures establishing timeframes, requiring annual Mantoux tuberculin skin tests for all employees except those exempted under (a) above. (c) Employees who have signs or symptoms of a communicable disease shall not be permitted to perform functions that expose residents to risk of transmission of the disease. (d) If a communicable disease prevents the employee from working for a period of more than three days, a physician's statement approving the employee's return shall be required prior to the employee's return to work. (e) The facility shall develop and implement procedures for the care of employees who become ill while at work or who have a work-related accident. (f) The facility shall maintain listings of all residents and personnel who have reportable infections, diseases, or conditions. (g) High-level disinfection techniques approved by the Department shall be used for all reusable respiratory therapy equipment and instruments that touch mucous membranes. (h) Disinfection procedures for items that come in contact with bedpans, sinks, and toilets shall conform to facility established protocols for cleaning and disinfection. (i) All residents shall be provided with an opportunity to wash their hands before each meal and shall be encouraged to do so. Staff shall wash their hands before each meal and before assisting residents in eating. (j) Personnel who have had contact with resident excretions, secretions, or blood, whether directly or indirectly, in activities such as performing a physical examination, providing catheter care, and emptying bedpans, shall wash their hands with soap and warm water for between 10 and 30 seconds or use other effective hand sanitation techniques immediately after such contact. (k) Equipment and supplies used for sterilization, disinfection, and decontamination purposes shall be maintained according to manufacturers' specifications. (l) The facility shall maintain records documenting contagious diseases contracted by employees during employment, as specified at N.J.A.C. 8:57-1.5. §8:36-18.5 Staff education and training for infection prevention and control All staff members shall be informed about the facility's infection control procedures, including personal hygiene requirements.			Note: Other Joint Commission expectations for reporting infection surveillance, prevention, and control information can be found in the sentinel event reporting procedures.
		IC.02.02.01	**The organization reduces the risk of infections associated with medical equipment, devices, and supplies.**
		EP 1	The organization implements infection prevention and control activities when doing the following: Cleaning and performing low-level disinfection of medical equipment, devices, and supplies. Note 1: Low-level disinfection is used for items that come in contact with intact skin, such as stethoscopes and blood glucose meters. Note 2: For further information regarding cleaning and performing low-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/infectioncontrol/guidelines/disinfection/#r3.
		IC.02.03.01	**The organization works to prevent the spread of infectious disease among residents, licensed independent practitioners, and staff.**
		EP 1	The organization makes screening for exposure and/or immunity to infectious disease available to licensed independent practitioners and staff who may come in contact with infections at the workplace.
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		PC.01.02.01	**The organization obtains resident assessments.**
		EP 13	The organization defines, in writing, the information to be gathered during the initial assessment(s), including the following: - The resident’s current health condition, including infectious disease screening, diagnosis, pertinent history, medication history (including allergies and sensitivities), current medication, and current treatments - The resident’s physical and neuropsychiatric status - The resident's skin condition - The resident’s decision-making capacity - The resident’s communication status - The resident’s functional status - Whether or not the resident smokes, and if so, the resident's ability to meet the organization's written criteria under which one may smoke - The resident’s rehabilitation status, potential, and needs - The resident's nutritional and hydration status - The resident's oral health status, including the condition of the oral cavity, teeth, and tooth-supporting structures; the presence or absence of natural teeth or dentures; and the ability to function with or without natural teeth or dentures - The resident's pain status, including recent pain history, origin, location, and severity; alleviating and exacerbating factors; current treatment for pain; and response to treatment - The resident's psychosocial and spiritual needs - The resident's cultural and ethnic factors that can influence care, treatment, and services - The resident's personal preferences regarding schedules, activities, and grooming - For the dying resident, the social, spiritual, and cultural variables that influence both the resident's and family's perceptions and experience of the process of dying

Number §8:36-18.6	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-18.6		**EC.02.02.01**	**The organization manages risks related to hazardous materials and waste.**
§8:36-18.6 Regulated medical waste (a) The facility shall develop policies and procedures for the collection, storage, and handling of regulated medical waste. (b) The facility shall comply with the provisions of N.J.S.A. 13:1E-48.1 et seq., the Comprehensive Regulated Medical Waste Management Act, and all rules promulgated pursuant to the aforementioned Act, including, but not limited to, N.J.A.C. 7:26-3A.		**EP 3**	The organization has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures. (See also IC.02.01.01, EP 2)
		EP 4	The organization implements its procedures in response to hazardous material and waste spills or exposures.
		EP 11	For managing hazardous materials and waste, the organization has the permits, licenses, manifests, and safety data sheets required by law and regulation.
		EP 12	The organization labels hazardous materials and waste. Labels identify the contents and hazard warnings. Note: The National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens and Global Harmonizing System provide details on labeling requirements. (See also IC.02.01.01, EP 6)
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
§8:36-19.1-19.4		**EC.02.06.01**	**The organization establishes and maintains a safe, functional environment.**
		EP 46	For organizations that provide care to residents with dementia who are at risk for unsafe wandering and elopement: The organization has a secure facility. Note: Securing a facility can include delayed door opening, staff surveillance, alarms, and door locks.
		HR.01.02.05	**The organization has the necessary staff to support the care, treatment, and services it provides.**
		EP 26	To meet the needs of residents with dementia, at a minimum, the organization plans nurse staffing (RN, LPN, CNA) based on the following: - Resident personal care needs - The varying cognitive levels of the resident population served - The level of supervision needed to maintain resident safety
		EP 27	The organization provides consistent nurse staffing (RN, LPN, CNA) assignments in order to meet the individualized needs of residents with dementia. Note: Consistent staffing assignments refer to the same caregiver caring for the same resident almost every time they are on duty. Consistent staffing assignments help build staff's personal knowledge on ways to provide the best care while cultivating meaningful and engaging relationships with residents.
		HR.01.04.01	**The organization provides orientation to staff.**
		EP 3	The organization orients staff on the following: - Organizationwide and unit-specific policies and procedures related to job duties and responsibilities - Their specific job duties and responsibilities, including those related to infection prevention and control and, if applicable to their role, assessing and managing pain, and Alzheimer's disease and other forms of dementia - Characteristics of the resident population - Detecting and reporting change in resident physical or psychological condition - Sensitivity to cultural diversity based on their job duties and responsibilities - Resident rights, including ethical aspects of care, treatment, and services and the process used to address ethical issues based on their job duties and responsibilities - Abuse, exploitation, and neglect identification, prevention, and reporting - Confidentiality of resident information Completion of this orientation is documented.
		HR.01.05.03	**Staff participate in education and training.**

Number §8:36-19.1-19.4	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-19.1 Scope and purpose (a) Assisted living facilities may establish programs to meet the needs of residents with Alzheimer's disease or other dementias. Such programs shall provide individualized care based upon assessment of the cognitive and functional abilities of Alzheimer's and dementia residents who have been admitted to the program. §8:36-19.2 Alzheimer's/dementia program policies and procedures (a) An assisted living facility that advertises or holds itself out as having an Alzheimer's/dementia program shall have written policies and procedures for the Alzheimer's/dementia program that are retained by the administrative staff and available to all staff and to members of the public, including those participating in the program. (b) The facility shall have established criteria for admission to the program and criteria for discharge from the program when the resident's needs can no longer be met, based upon a registered professional nurse's assessment of the resident's cognitive and functional status. §8:36-19.3 Staff training program for Alzheimer's disease and dementia (a) A facility that advertises or holds itself out as having an Alzheimer's disease or dementia program shall provide training in specialized care of residents who are diagnosed by a physician as having Alzheimer's disease or dementia to all licensed and unlicensed staff who provide direct care to residents with Alzheimer's or dementia, in accordance with N.J.S.A. 26:2M-7.2. 1. Copies of the mandatory training program may be obtained from the Department by submitting a written request to the Division of Health Facility Survey and Field Operations. §8:36-19.4 Services for residents with Alzheimer's/dementia (a) A facility that advertises or holds itself out as having an Alzheimer's/dementia program shall, pursuant to N.J.S.A. 26:2M-7.1, compile and maintain daily records for each shift in the facility and provide to a member of the public, upon request, information that indicates for each shift, as appropriate: 1. The number of licensed and unlicensed staff providing direct care to residents diagnosed with Alzheimer's and related disorders. (b) A facility that advertises or holds itself out as having an Alzheimer's/dementia program shall, pursuant to N.J.S.A. 26:2M-7.1, provide a member of the public seeking placement of a person diagnosed with Alzheimer's and/or related disorders in the facility with a clear and concise written list that indicates: 1. The activities that are specifically directed toward residents diagnosed with Alzheimer's and related disorders, including, but not limited to, those designed to maintain the resident's dignity and personal identity, enhance socialization and success, and accommodate the cognitive and functional ability of the resident; 2. The frequency of the activities listed in paragraph 1 above; and 3. The safety policies and procedures and any security monitoring system that is specific to residents diagnosed with Alzheimer's and related disorders.		**EP 24**	For organizations that provide care to residents with dementia: Staff participate in, at a minimum, annual education and training that aligns with current best practices in dementia care and includes the following: - Symptoms of dementia and its progression - How to recognize potential symptoms of delirium - Understanding how a resident's unmet needs are expressed through behaviors, such as inappropriate conduct or exit seeking Note: Unmet needs could encompass pain, hunger, thirst, bowel irregularity, bladder troubles, boredom, loneliness, spirituality, cultural issues, or an underlying medical condition. - Communication techniques for the resident with dementia - Personalized approaches to behavioral expressions of unmet needs - Abuse prevention - Supporting the resident through environmental cues and landmarks - Environmental measures that promote comfort including room temperature, lighting, and sound. Participation in this education is documented. Staff participation is documented. (See also EC.02.06.01, EPs 38, 39; HR.01.06.01, EP 25)
		HR.01.06.01	**Staff are competent to perform their responsibilities.**
		EP 25	For organizations that provide care to residents with dementia: Staff competencies include at least the following: - Communication techniques for the resident with dementia - Effective personalized approaches to care for residents with dementia (See also HR.01.05.03, EP 24)
		IM.03.01.01	**Knowledge-based information resources are available, current, and authoritative.**
		EP 5	For organizations that provide care to residents with dementia: The organization uses dementia-related resources and tools to plan dementia programming and services. Note: A valuable resource is the "Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes." It can be found on the Alzheimer's Association website at http://www.alz.org/.
		LD.04.01.05	**The organization effectively manages its programs, services, sites, or departments.**
		EP 12	The organization has a structured program to detect possible signs/symptoms of dementia and for the care of residents with dementia. At a minimum, the organization describes the following program elements in writing: - Mental health screening or other processes to detect signs/symptoms of dementia - Plan of care that addresses the individualized needs of the resident - Environmental considerations or adaptations - Obtaining a behavioral, social, spiritual, and cultural history - Staffing requirements, orientation, and training related to recognizing signs/symptoms of dementia and the care of residents with dementia - Family involvement and participation Note: A valuable resource is the "Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes." It can be found on the Alzheimer's Association website at http://www.alz.org/.
		PC.01.02.01	**The organization obtains resident assessments.**
		EP 43	Prior to moving in a resident with dementia, the organization obtains a history from the resident and family that includes the following: - Recent changes in behavior or cognition - The resident's pre-dementia personality - Social patterns - Responses to stress and effective interventions - Resident lifelong interests, preferences, and routines - Eating habits, food and beverage preferences

Number §8:36-19.1-19.4	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
			- Religious, spiritual, and cultural customs (See also PC.01.03.01, EP 2; PC.02.02.03, EP 9)
			PC.01.02.09 The organization assesses the resident who may be a victim of possible abuse, neglect, or exploitation.
			EP 1 The organization uses written criteria to identify those residents who may be victims of physical assault, sexual assault, sexual molestation, domestic abuse, elder or child abuse, neglect, or exploitation. Residents are evaluated upon moving into the organization and on an ongoing basis. Note 1: Criteria can be based on age, sex, and circumstance. Research shows that dementia and disruptive behavior may increase a resident's risk of mistreatment. Note 2: One source of research is the National Center on Elder Abuse, https://ncea.acl.gov/. (See also RI.01.06.03, EP 2)
			PC.01.03.01 The organization plans the resident's care.
			EP 48 For residents with dementia, the plan of care includes the following: - Personalized approaches to behavioral expressions of unmet needs that minimize the use of psychotropic medications - Flexibility for providing personal care based on the resident's sleep and wake patterns - Interventions to promote optimal physical function - Activities that promote the resident's quality of life - Nutrition and hydration needs - Environmental interventions that minimize distress (See also PC.01.02.01, EP 42; PC.02.01.08, EP 3; PC.02.02.09, EP 4)
			PC.02.01.01 The organization provides care, treatment, or services for each resident.
			EP 3 Only residents with a diagnosis of dementia, who a provider has determined will benefit from a specialized distinct environment, may be moved into the organization's secured, distinct dementia care unit or area.
			PC.02.01.05 The organization provides interdisciplinary, collaborative care, treatment, and services.
			EP 31 For residents with dementia, the organization discusses care, treatment, and services with the family or surrogate decision-maker on an ongoing basis including the following: - The presence of behavioral symptoms (including expressions of unmet needs) - Personalized approaches to behavioral expressions of unmet needs that minimize the use of psychotropic medications - Use of any psychotropic medications - Interventions to promote optimal physical function
			EP 32 For residents with dementia, direct care staff communicate with each other between shifts regarding the following: - Residents with behavioral symptoms - Identification of potential underlying cause(s) of behavioral symptoms - Successful personalized approaches to care - Successful communication techniques with residents - Emotional support provided to family
			PC.02.01.08 The organization responds effectively to behavioral expressions of unmet needs by residents with dementia.
			EP 1 The organization monitors typical behavioral expressions of unmet needs including the nature of behaviors. Behavioral expressions of unmet needs are documented. Note: Behavioral expressions of unmet needs may include yelling or calling out, motor restlessness, facial grimacing, teeth clenching, rigidity of body posture, wandering, rummaging, combativeness, or resistance to care.
			PC.02.02.03 The organization makes food and nutrition products available to its residents.
			EP 24 The organization promotes a social environment during mealtime by seating residents with dementia according to similar abilities or interests.

Number §8:36-19.1-19.4	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		PC.02.02.09	**Residents are provided with opportunities to participate in social and recreational activities.**
		EP 4	For residents with dementia, the organization provides activities that accomplish the following: - Recognize the resident with dementia as a mature adult - Encompass both small groups with similar cognitive levels and one-to-one opportunities - Match the resident's cognitive, sensory, and physical capabilities - Promote engagement in a manner that supports the resident's communication ability - Match the resident's past and current interests - Promote creative artistic expression - Meet the resident's spiritual or religious needs - Allow for flexibility based on the resident's sleep and wake patterns - Allow for unplanned participation (such as table games, crafts, music, and sensory activities) (See also PC.01.03.01, EP 48)
		EP 6	The organization documents the life story of residents with dementia to create opportunities for meaningful engagement that includes major life events, important people, lifelong occupation, hobbies, interests, favorite music, favorite foods, cultural practices, spiritual practices, and other activities of enjoyment.
		EP 8	The organization provides planned and unplanned opportunities for family of residents with dementia to be involved in activity programs.
		PC.04.02.01	**When a resident is transferred to a higher level of care, the organization gives information about the care, treatment, and services provided to the resident to other service providers who will provide the resident with care, treatment, and services.**
		EP 8	For residents with dementia, the organization provides the following resident information to receiving providers at the time of transfer: - A complete list of medications - Successful communication techniques - Successful personalized anxiety-reducing interventions that may promote a feeling of safety - Identification of potential underlying cause(s) of behavioral expressions - Effective personalized approaches to care - The resident's cognitive, sensory, and physical capabilities - Advanced care planning (See also PC.02.02.01, EPs 1, 2)
		RI.01.06.05	**The resident has the right to an environment that preserves dignity and contributes to a positive self-image.**
		EP 7	The organization provides environmental adaptations to help residents with dementia, cognitive impairment, or temporary confusion.

Number §8:36-20.1-20.2(a)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-20.1-20.2(a)		**LD.04.01.01**	**The organization complies with law and regulation.**
§8:36-20.1 Scope and purpose (a) Assisted living facilities are permitted to accept short-term residents whose regular caregivers are participating in a respite care program. A "caregiver" is defined as any individual, paid or unpaid, who provides regular in-home care for an elderly, disabled, or cognitively impaired person. (b) When a caregiver desires respite from this responsibility, continuity of care for the elderly, disabled, or cognitively impaired person is available through temporary placement in an assisted living facility for a period of time specified in advance. (c) The standards in this subchapter apply only to those assisted living facilities that operate a respite care program. §8:36-20.2 Mandatory policies and procedures (a) The assisted living facility shall have written respite care policies and procedures that are retained by the administrative staff and available to all staff and to members of the public, including those participating in the program.		**EP 3**	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		LD.04.01.07	**The organization has policies and procedures that guide and support resident care, treatment, and services.**
		EP 1	Leaders review, approve, and manage the implementation of policies and procedures that guide and support resident care, treatment, and services.
		LD.04.03.01	**The organization provides services that meet resident needs.**
		EP 1	The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements.
		PC.01.01.01	**The organization accepts the resident for care, treatment, and services based on its ability to meet the resident's needs.**
		EP 7	The organization follows a written process for accepting a resident based on its ability to provide for the care, treatment, and services required by the resident and in accordance with law and regulation.

Number §8:36-20.2(b)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-20.2(b)		**PC.01.02.01**	**The organization obtains resident assessments.**
(b) The facility shall obtain the following information from the resident's attending physician, advanced practice nurse, or physician assistant prior to admission: 1. A summary of the resident's medical history and most recent physical examination; 2. Signed and dated medication and treatment orders for the resident's stay in the facility; and 3. Phone numbers of the attending physician, advanced practice nurse, or physician assistant, and an alternate physician, advanced practice nurse or physician assistant, for consultation or emergency services.		**EP 13**	The organization defines, in writing, the information to be gathered during the initial assessment(s), including the following: - The resident's current health condition, including infectious disease screening, diagnosis, pertinent history, medication history (including allergies and sensitivities), current medication, and current treatments - The resident's physical and neuropsychiatric status - The resident's skin condition - The resident's decision-making capacity - The resident's communication status - The resident's functional status - Whether or not the resident smokes, and if so, the resident's ability to meet the organization's written criteria under which one may smoke - The resident's rehabilitation status, potential, and needs - The resident's nutritional and hydration status - The resident's oral health status, including the condition of the oral cavity, teeth, and tooth-supporting structures; the presence or absence of natural teeth or dentures; and the ability to function with or without natural teeth or dentures - The resident's pain status, including recent pain history, origin, location, and severity; alleviating and exacerbating factors; current treatment for pain; and response to treatment - The resident's psychosocial and spiritual needs - The resident's cultural and ethnic factors that can influence care, treatment, and services - The resident's personal preferences regarding schedules, activities, and grooming - For the dying resident, the social, spiritual, and cultural variables that influence both the resident's and family's perceptions and experience of the process of dying
		PC.02.01.03	**The organization provides care, treatment, and services in accordance with orders or prescriptions, as required by law and regulation.**
		EP 1	Orders are obtained from a physician or other authorized individual, in accordance with law and regulation and professional practice acts, before care, treatment, and services are provided. Note: For information on the credentialing process for physicians, refer to Standard HR.02.01.04.
		EP 7	The organization provides care, treatment, and services according to current orders.
		EP 17	Each order is tailored to the resident's needs and includes all elements required by law and regulation.
		RC.01.01.01	**The organization maintains complete and accurate resident records.**
		EP 7	All entries in the resident's record are dated.
		RC.02.01.01	**The resident's record contains information that reflects the resident's care, treatment, and services.**
		EP 2	The resident's record contains the following clinical information: - The reason(s) for admission - Any observations relevant to care, treatment, and services - Any orders, including medications ordered or prescribed - Any allergies to medications - Any medications administered, including the strength, dose, route, date and time of administration - Any medication administration devices used, including access site or route - Any adverse drug reactions - Any assessment findings - Any food allergies (See also PC.01.02.01, EP 1)

Number §8:36-20.2(c)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-20.2(c)		**PC.01.03.01**	**The organization plans the resident's care.**
(c) The facility shall choose whether to follow the resident care plan provided by the attending physician, advanced practice nurse, or physician assistant, or to establish a plan in accordance with N.J.A.C. 8:36-7. The facility is exempt from compliance with N.J.A.C. 8:36-7, if it chooses to follow the care plan provided by the resident's attending physician, advanced practice nurse or physician assistant.		**EP 3**	An interim plan for care, treatment, and services is developed and documented for each resident prior to the resident moving in. The plan includes the following as applicable: - Fall risk reduction - Skin treatment(s) or maintaining skin integrity - Pain management - Medication assistance or administration - Assistance with activities of daily living
		EP 4	The organization develops the resident's plan for care, treatment, and services as soon as possible after moving in and in accordance with law and regulation.
		EP 8	The plan for care, treatment, and services identifies the following: - The care, treatment, and services - The frequency at which care, treatment, and services will occur - The team members responsible for providing care, treatment, and services
§8:36-20.2(d)		**PC.01.02.01**	**The organization obtains resident assessments.**
(d) The facility shall obtain the following information from the resident's regular caregiver(s): 1. Nursing care needs, including personal hygiene and restorative maintenance care; 2. Dietary routine and preferences; and 3. Social and activity routine and preferences.		**EP 13**	The organization defines, in writing, the information to be gathered during the initial assessment(s), including the following: - The resident's current health condition, including infectious disease screening, diagnosis, pertinent history, medication history (including allergies and sensitivities), current medication, and current treatments - The resident's physical and neuropsychiatric status - The resident's skin condition - The resident's decision-making capacity - The resident's communication status - The resident's functional status - Whether or not the resident smokes, and if so, the resident's ability to meet the organization's written criteria under which one may smoke - The resident's rehabilitation status, potential, and needs - The resident's nutritional and hydration status - The resident's oral health status, including the condition of the oral cavity, teeth, and tooth-supporting structures; the presence or absence of natural teeth or dentures; and the ability to function with or without natural teeth or dentures - The resident's pain status, including recent pain history, origin, location, and severity; alleviating and exacerbating factors; current treatment for pain; and response to treatment - The resident's psychosocial and spiritual needs - The resident's cultural and ethnic factors that can influence care, treatment, and services - The resident's personal preferences regarding schedules, activities, and grooming - For the dying resident, the social, spiritual, and cultural variables that influence both the resident's and family's perceptions and experience of the process of dying
		PC.01.02.05	**Qualified staff, physicians, or other licensed practitioners assess and reassess the resident.**
		EP 1	Based on the initial assessment, the organization determines the resident's need for nursing care, as required by organization policy and in accordance with law and regulation.
§8:36-20.2(e)		**PC.02.02.03**	**The organization makes food and nutrition products available to its residents.**
(e) The facility shall choose whether to follow the dietary and activity plan provided by the caregiver(s) or to establish a plan in accordance with N.J.A.C. 8:36-10 and 12, respectively. The facility is exempt from compliance with N.J.A.C. 8:36-10 and 12, if it chooses to follow the plan provided by the caregiver(s).		**EP 7**	If the organization accommodates special diets, food and nutrition products are consistent with each resident's care, treatment, and services.
		EP 8	The organization accommodates a resident's diet schedule, unless contraindicated.

Number §8:36-20.2(f)-20.3	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance

§8:36-20.2(f)-20.3		
(f) The pharmacist shall establish policies and procedures for providing pharmacy services for the respite care program according to the New Jersey State Board of Pharmacy and other applicable rules and regulations. These policies and procedures shall include the following: 1. Options, if any, for provision of resident medications by sources other than the facility's usual provider(s); 2. Labeling and packaging of medications; 3. Self-administration of medications, if applicable; and 4. Control measures. (g) The facility shall apply to respite care residents all the applicable standards contained in this chapter, except those exemptions cited in this section, and in N.J.A.C. 8:36-4.1(a)11 and 5.1(e). §8:36-20.3 Staffing The assisted living facility shall incorporate the care plan, as identified in N.J.A.C. 8:36-20.2(c) through (e) of each respite care resident into the regular schedule of care provided by the facility.	**LD.04.01.01**	**The organization complies with law and regulation.**
	EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
	MM.03.01.01	**The organization safely stores medications.** **Note: This standard is applicable only to organizations that store medications at their sites.**
	EP 2	For organizations that store medications: The organization stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions.
	EP 4	For organizations that store medications: The organization follows a written policy addressing the control of medication between receipt by an individual health care provider and administration of the medication, including safe storage, handling, wasting, security, disposition, and return to storage.
	EP 7	For organizations that store medications: All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings.
	MM.03.01.05	**The organization safely controls medications brought into the organization by residents, their families, or prescribers.**
	EP 1	For organizations in which staff administer medications or self-administration is allowed within the organization’s facilities: The organization determines whether medications brought into the organization by residents, their families, or licensed independent practitioners can be used or administered.
	MM.06.01.03	**Self-administered medications are administered safely and accurately.** **Note: The term "self-administered medication(s)" may refer to medications administered by a family member.**
	EP 1	If self-administration of medications is allowed, the organization follows written processes that guide the safe storage of medications. (See also MM.06.01.01, EP 1)
	EP 7	If a resident elects to self-administer their own medication, the resident must be deemed competent by either the organization or a licensed independent practitioner to safely administer all prescribed medications. The organization retains a list of the medications in the resident’s record.
	PC.01.03.01	**The organization plans the resident’s care.**
	EP 8	The plan for care, treatment, and services identifies the following: - The care, treatment, and services - The frequency at which care, treatment, and services will occur - The team members responsible for providing care, treatment, and services

Number §8:36-21.1	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-21.1		**LD.02.03.01**	**Leaders regularly communicate with each other on issues of safety and quality.**
§8:36-21.1 Quality improvement program (a) The facility shall establish and implement a written plan for a quality improvement program for resident care. The plan shall specify a timetable and the person(s) responsible for the quality improvement program and shall provide for ongoing monitoring of staff and resident care services. (b) Quality improvement activities shall include, but not be limited to, the following: 1. At least annual review of staff qualifications and credentials; 2. At least annual review of staff orientation and staff education; 3. Establishment of objective criteria for evaluation of the resident care provided by each service area; 4. Evaluation of resident care services, staffing, infection prevention and control, housekeeping, sanitation, safety, maintenance of physical plant and equipment, resident care statistics, and discharge planning services; 5. Review of medication errors and adverse drug reactions by the pharmacist; and 6. Evaluation by residents and their families of care and services provided by the facility. (c) The results of the quality improvement program shall be submitted to the licensed operator at least annually and shall include, at a minimum, the deficiencies found and recommendations for corrections or improvements. Deficiencies that jeopardize resident safety shall be reported to the licensed operator immediately. (d) The administrator shall implement measures to ensure that corrections or improvements are made.		**EP 1**	Leaders discuss issues that affect the organization and the population(s) it serves, including the following: - Performance improvement activities - Reported safety and quality issues - Proposed solutions and their impact on the organization's resources - Reports on key quality measures and safety indicators - Safety and quality issues specific to the population served - Input from the population(s) served
		LD.03.05.01	**Leaders manage change to improve the performance of the organization.**
		EP 1	The organization has a systematic approach to change and performance improvement.
		LD.03.06.01	**Those who work in the organization are focused on improving safety and quality.**
		EP 1	Leaders design work processes to focus individuals on safety and quality issues.
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		PI.01.01.01	**The organization collects data to monitor its performance.**
		EP 12	The organization collects data on the following: Significant medication errors. (See also LD.03.07.01, EP 2; MM.08.01.01, EP 1)
		EP 13	The organization collects data on the following: Significant adverse drug reactions. (See also LD.03.07.01, EP 2; MM.08.01.01, EP 1)
		EP 14	The organization collects data on the following: Resident (and, as needed, the family) perception of the safety and quality of care, treatment, and services. (See also LD.03.01.02, EP 1)
		EP 21	The organization collects data on the following: Number of and reasons(s) for hospitalizations.
		EP 32	The organization collects data on resident (and, as appropriate, the family), and staff perceptions of the organization's performance in regard to supporting resident choices, preferences, and self-determination.
		EP 33	The organization collects data on psychotropic medication use, including the use of antipsychotics.
		PI.03.01.01	**The organization compiles and analyzes data.**
		EP 8	The organization uses the results of data analysis to identify improvement opportunities. (See also PI.04.01.01, EP 2)
		PI.04.01.01	**The organization improves performance.**
		EP 2	The organization acts on improvement priorities. (See also MM.08.01.01, EP 6; PI.03.01.01, EP 8)
		EP 5	The organization acts when it does not achieve or sustain planned improvements.
§8:36-21.2		**PC.03.02.09**	**The organization maintains an environment free from restraints and seclusion.**
§8:36-21.2 Use of restraints (a) The facility shall develop policies and procedures that support a restraint-free environment for all residents. (b) The use of any restraining device shall be based on an assessment and shall require a physician, advanced practice nurse or physician assistant order. (c) The least restrictive device shall be used, in compliance with the prescriber's order. (d) A specific plan of care shall be developed for the use of any restraining device.		**EP 2**	The organization prohibits the use of physical or chemical restraints. Note: Refer to the Glossary for the definition of restraint.
		RI.01.06.01	**The resident has the right to be free from chemical and physical restraint.**
		EP 1	The organization has policies and procedures that support the resident's right to be free from chemical and physical restraint.

Number §8:36-21.3	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-21.3		**HR.01.02.05**	**The organization has the necessary staff to support the care, treatment, and services it provides.**
§8:36-21.3 Personal care services (a) The facility shall monitor that residents are maintaining personal hygiene, receiving medications as prescribed (which includes the renewal of prescriptions as necessary and the disposition of outdated or discontinued medications), and are offered the opportunity to participate in appropriate social and recreational activities, in accordance with residents' personal choice. (b) Personal care services shall include education in assistance with activities of daily living and supervision of personal hygiene.		**EP 26**	To meet the needs of residents with dementia, at a minimum, the organization plans nurse staffing (RN, LPN, CNA) based on the following: - Resident personal care needs - The varying cognitive levels of the resident population served - The level of supervision needed to maintain resident safety
		MM.06.01.03	**Self-administered medications are administered safely and accurately.** **Note: The term "self-administered medication(s)" may refer to medications administered by a family member.**
		EP 28	When a resident requires staff assistance with self-administration of medications, the staff member has received training and is deemed competent by the organization to assist. Training must be documented and in accordance with law and regulation. Note: Assistance with medication can include cueing, scheduling, opening packages or containers, and observing safe consumption.
		PC.02.03.01	**The organization provides resident education and training based on each resident's needs and abilities.**
		EP 10	The organization provides education and training to the resident for the following topics, based on the resident's condition and assessed needs: - An explanation of the procedures and plan for care, treatment, and services - Procedures to follow if care, treatment, or services are disrupted by a natural disaster or an emergency - Basic health practices and safety - Fall reduction strategies - Person-centered care strategies - Resident's rights and responsibilities - Medication management and storage - Modified diets - Infection prevention and control policies and procedures, including reasons for using personal protective equipment - Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management - Basic physical and structural facility safety - Information on the identification, handling, and safe disposal of hazardous medications
§8:36-22.2			
§8:36-22.2 Services provided to residents Each comprehensive personal care home shall comply with the following: N.J.A.C. 8:36-1 through 15, 16.8(c), 16.15, 16.16, 17 (except 17.5(a)4), and 18 through 22.			
§8:36-22.3			
§8:36-22.3 Physical plant			

Number §8:36-22.3(a)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-22.3(a)		**LD.04.01.01**	**The organization complies with law and regulation.**
(a) Each comprehensive personal care home shall, at a minimum: 1. Maintain substantial compliance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-3, and the Uniform Fire Code, N.J.A.C. 5:70, Use Group I-2 of the subcode; 2. Maintain a comprehensive automatic fire-suppression system throughout the facility. Buildings presently in Use Group I-2 or buildings which comply with the construction requirements for an I-2 use may apply to the Department for an exemption to this requirement, provided they can document compliance with the New Jersey Uniform Fire Code, N.J.A.C. 5:70, with regard to construction type; 3. Maintain compliance with N.J.A.C. 5:23-7, regarding barrier-free accessibility, applicable at the time plans are approved. 4. Provide smoke detectors in all resident bedrooms, living rooms, and public areas; and 5. Provide corridor widths of at least 36 inches of clear space.		**EP 3**	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		LS.02.01.20	**The organization maintains the integrity of the means of egress.**
		EP 14	Exits, exit accesses, and exit discharges (means of egress) are clear of obstructions or impediments to the public way, such as clutter (for example, equipment, carts, furniture), construction material, and snow and ice. (For full text, refer to NFPA 101-2012:18/19.2.5.1; 7.1.10.1; 7.5.1.1) Note 1: Wheeled equipment (such as equipment and carts currently in use, equipment used for lift and transport of residents, and medical emergency equipment not in use) that maintains at least five feet of clear and unobstructed corridor width is allowed, provided there is a fire plan and training program addressing its relocation in a fire or similar emergency. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (4)) Note 2: Where the corridor width is at least eight feet and the smoke compartment is fully protected by an electrically supervised smoke detection system or is in direct supervision of facility staff, furniture that is securely attached is allowed provided it does not reduce the corridor width to less than six feet, is only on one side of the corridor, does not exceed 50 square feet, is in groupings spaced at least 10 feet apart, and does not restrict access to building service and fire protection equipment. (For full text, refer to NFPA 101-2012: 18/19.2.3.4 (5))
		EP 18	The width of exit corridors are at least eight feet wide, unless otherwise permitted by the Life Safety Code. (For full text, refer to NFPA 101-2012: 18.2.3.4; 18.2.3.5)
		LS.02.01.34	**The organization provides and maintains fire alarm systems.**
		EP 8	Smoke detection systems are provided in spaces open to corridors as required by NFPA 101-2012: Chapter 18/19. (For full text, refer to NFPA 101-2012: 18/19.3.4.5.2; 18/19.3.6.1)
		EP 10	The organization meets all other Life Safety Code fire alarm requirements related to NFPA 101-2012: 18/19.3.4.
		LS.04.02.30	**The organization provides and maintains building features to protect individuals from the hazards of fire and smoke.** **Note 1: This standard applies to large assisted living community settings that provide sleeping arrangements for 17 or more residents as a required part of their care, treatment, and services.** **Note 2: If the organization locks doors so that residents are prohibited from leaving the building or space, then Standards LS.02.01.10 through LS.02.01.70 apply.**
		EP 7	Sleeping rooms have approved smoke alarms powered by the building's electrical service unless it is an existing facility having a corridor smoke detection system. (For full text, refer to NFPA 101-2012: 32/33.3.3.4.7; 9.6.2.10)
		LS.04.02.40	**The organization provides and maintains special features to protect individuals from the hazards of fire and smoke.** **Note 1: This standard applies to large assisted living community settings that provide sleeping arrangements for 17 or more residents as a required part of their care, treatment, and services.** **Note 2: If the organization locks doors so that residents are prohibited from leaving the building or space, then Standards LS.02.01.10 through LS.02.01.70 apply.**
		EP 1	High-rise buildings have an approved automatic sprinkler system that meets the requirements of NFPA 101 -2012: 33.3.3.5.3.

Number §8:36-22.3(b)-22.6	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance

§8:36-22.3(b)-22.6		
(b) Ventilation requirements for comprehensive personal care homes are as follows: 1. Means of ventilation shall be provided either by a window with an openable area or by mechanical ventilation for every habitable room. If mechanical ventilation is used, there shall be at least two air changes per hour. 2. Means of ventilation shall be provided for every bathroom or water closet compartment (toilet). Ventilation shall be provided either by a window with an openable area or by mechanical ventilation. 3. All hallway corridors and passageways shall have a minimum of two outside air changes per hour. (c) Interior wall, ceiling and floor finishes shall be in compliance with the Uniform Construction Code, N.J.A.C. 5:23. (d) Residential units occupied by one person shall have a minimum of 80 square feet of clear and useable floor area. ("Clear and useable floor area" means space exclusive of closets, bathroom and, if provided, kitchenette.) (e) In units occupied by more than one resident, there shall be a minimum of 50 additional square feet of clear floor area. (f) No residential unit in a comprehensive personal care home may be occupied by more than two individuals. An exception may be considered in those instances where an eligible facility at the time of conversion to a comprehensive personal care home has more than two individuals in a unit. However, as attrition occurs the number of individuals per residential unit shall be reduced to no more than two. §8:36-22.4 Other requirements Each comprehensive personal care home administrator, manager, or their designee shall explain to all residents assisted living concepts, services to be provided based on these concepts, and all charges for these services. §8:36-22.5 Prohibition of resident discharge on conversion of facility An eligible existing facility converting to a comprehensive personal care home shall not discharge any current resident solely because of the conversion. If compliance with this section results in more than two individuals per residential unit, the facility shall apply for the exception noted at N.J.A.C. 8:36-22.3(f). §8:36-22.6 Combination of license categories Another licensed bed category may be located within a distinct and separate section of the comprehensive personal care home. The comprehensive personal care home shall comply fully with all licensure requirements applicable to each licensed component.	**EC.02.05.01**	**The organization manages risks associated with its utility systems.**
	EP 16	The ventilation system provides required pressure relationships, temperature, and humidity.
	LD.04.01.01	**The organization complies with law and regulation.**
	EP 1	The organization is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, and services for which the organization is seeking accreditation from The Joint Commission. Note: Applicable law and regulation include, but are not limited to, individual and facility licensure, certification, US Food and Drug Administration regulations, Drug Enforcement Agency regulations, Centers for Medicare & Medicaid Services regulations, Occupational Safety and Health Administration regulations, Department of Transportation regulations, Health Insurance Portability and Accountability Act, and other local, state, and federal laws and regulations.
	EP 2	The organization provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.
	EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.

§8:36-22.7-23.2		
§8:36-22.7 Supplemental Security Income recipients (a) In converting to a comprehensive personal care home from a residential health care facility or Class "C" boarding home, the facility shall maintain its existing residents who are Supplemental Security Income (SSI) eligible recipients and those who are former psychiatric patients. (b) On an ongoing, annual basis, at least five percent of each comprehensive personal care home's residents shall be SSI-eligible recipients, at least half of whom shall be former psychiatric patients. This percentage shall be computed based on the number of resident days per calendar year. The facility shall report this information to the Certificate of Need and Licensing Program by April 15 of each year for the prior calendar year. 1. Facilities approved for conversion to comprehensive personal care which maintain less than the five percent SSI-eligible requirement noted above shall have one year from the date of licensure as comprehensive personal care to comply. 2. In the event that the Supplemental Security Income payment rate for Comprehensive Personal Care Homes is set at a level below the SSI payment rate for residential health care facilities, the five percent occupancy requirements for SSI-eligible residents noted above shall not take effect. However, comprehensive personal care homes shall maintain	**LD.04.01.01**	**The organization complies with law and regulation.**
	EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
	PC.01.01.01	**The organization accepts the resident for care, treatment, and services based on its ability to meet the resident's needs.**
	EP 1	The organization discloses to prospective residents and their families which services they are capable of providing prior to entering into a residence agreement with an individual. This disclosure includes the reasons and procedures for termination of residency. The disclosure is provided in a manner that the resident and family understand and is documented.
	RI.01.01.01	**The organization respects the resident's rights.**
	EP 20	The organization obtains from the resident written acknowledgement that they received information on resident rights and on changes to these rights.
	RI.02.01.01	**The organization informs the resident about the resident's responsibilities related to their care, treatment, and services.**
	EP 2	The organization informs the resident about the resident's responsibilities in accordance with its policy.

Number §8:36-22.7-23.2	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
their existing residents who are Supplemental Security Income-eligible, as required above. (c) Subsections (a) and (b) above shall not apply when a continuing care retirement community (CCRC) contracts to provide assisted living services pursuant to a continuing care agreement. These subsections do apply, however, when a CCRC provides assisted living to a person who is not a party to a continuing care agreement. (d) Subsections (a) and (b) above shall not apply when a new comprehensive personal care home is constructed and dedicated exclusively to the care of residents who require hospice services. §8:36-23.1 Tenant/resident eligibility (a) Participation in the services of an assisted living program shall be voluntary on the part of any tenant of any publicly subsidized housing. (b) A tenant voluntarily receiving the services of an assisted living program shall be assessed according to the provisions of N.J.A.C. 8:36-7.1(a) through (g). (c) Neither the legal rights and responsibilities enjoyed by a tenant under law nor the legal requirements pertaining to publicly subsidized housing shall be abridged, diminished or abrogated by a resident's participation in the assisted living program. §8:36-23.2 Service provider requirements (a) Assisted living programs shall provide their services exclusively in a licensed assisted living residence, comprehensive personal care home, and/or within publicly subsidized housing units. Housing units which are not publicly subsidized are eligible to apply for a certificate of need for an assisted living residence and, if approved, a license. (b) Assisted living program providers which provide staffing, management or other services to licensed assisted living residences or comprehensive personal care homes shall do so in accordance with the licensing standards which are applicable to the particular facility. In such cases, the licensing standards for assisted living residences and comprehensive personal care homes shall take precedence over the standards for assisted living programs. The assisted living residence and/or the comprehensive personal care home shall establish and maintain written contracts detailing all policies, procedures, and services to be provided by the licensed facility and the licensed program. (c) Assisted living program providers shall establish and maintain a written contract with each publicly subsidized housing unit to be served. 1. The contract shall stipulate that a tenant shall not be prohibited from participation in the assisted living program due to the location or physical characteristics of the unit in which the tenant resides. 2. The contract shall stipulate that tenants shall not be involuntarily moved from one unit to another within the building for the purpose of receiving the services of the assisted living program. 3. The contract shall include a written acknowledgement by the publicly subsidized housing building manager and owner that each has reviewed the provisions of this chapter and will permit the assisted living program's operation in accordance with such provisions. 4. The contract shall state that there are policies and procedures for the publicly subsidized housing staff to notify the assisted living program of any substantial change in a resident's condition noticed by housing staff. 5. The contract shall state that there are policies and procedures which ensure the on-premises presence of at least one publicly subsidized housing staff or assisted living program provider staff 24 hours per day. This staff shall be responsible for contacting appropriate authorities, including the assisted living program, in the event of an emergency situation involving a resident or the building as a whole. 6. The assisted living program provider shall submit written documentation to the Department that each building for which it is contracting to provide services is a publicly subsidized housing building. (d) The assisted living program provider shall submit to the Department a copy of the resident agreement/contract it shall utilize at each site at which it shall provide services. The agreement/contract shall include at least the following: 1. The services that will be provided; 2. The charges for services;			Note: Information about resident responsibilities is provided in writing and signed by both parties.

Number §8:36-23.3-23.4	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance

3. The circumstances under which services and charges will be revised, with at least 30 days prior written notice;
4. The circumstances and processes under which a resident will be discharged from the program in accordance with the provisions of N.J.A.C. 8:36-5.1(d) and (e); and
5. Resident rights and responsibilities.

§8:36-23.3-23.4

§8:36-23.3 Services provided to residents
(a) Each assisted living program shall comply with the applicable provisions in N.J.A.C. 8:36 -1 through 11, 13, 15 and 23.
(b) Each assisted living program provider shall be capable of providing or arranging for the provision of assistance with personal care, and of nursing, pharmaceutical, dietary and social work services to meet the individual needs of each resident.
(c) The assisted living program provider shall be capable of providing or arranging for the provision of nursing services to maintain residents, including residents who require long-term care. However, a resident may be, but is not required to be, removed from program participation if it is documented in the resident record that a higher level of care is required as demonstrated by one or more of the characteristics identified in N.J.A.C. 8:36-5.1(d).
(d) The assisted living program's service agreement with each resident shall clearly specify if the program will or will not continue to provide, or arrange for the provision of, services to residents with the characteristics described in N.J.A.C. 8:36-5.1(d)1 through 8, to what extent and, if applicable, at what additional cost.
(e) In the event that the assisted living program removes a resident from program participation as permitted by (c) above, it shall provide the resident with information to assist in obtaining the level of care required.
§8:36-23.4 Policy and procedure manual
A policy and procedure manual(s) for the organization and operation of the assisted living program shall be developed, implemented and reviewed in accordance with the provisions of N.J.A.C. 8:36-5.7. The manual(s) shall be available in all assisted living program sites, the assisted living program provider main office, and to representatives of the Department.

LD.04.01.01		**The organization complies with law and regulation.**
EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.	
PC.01.03.01		**The organization plans the resident's care.**
EP 1	The organization plans the resident's individualized care, treatment, and services based on needs identified by the resident's assessment (including strengths and goals) and reassessments.	
PC.02.01.01		**The organization provides care, treatment, or services for each resident.**
EP 1	The organization provides the resident with care, treatment, or services according to the resident's needs and preferences.	
PC.02.02.01		**The organization coordinates the resident's care, treatment, and services based on the resident's needs.**
EP 1	The organization follows a process to receive or share resident information when the resident is referred to other internal or external providers for care, treatment, or services. (See also PC.04.02.01, EPs 1, 8)	
EP 10	When the organization uses external resources to meet the resident's needs, it coordinates the resident's care, treatment, and services.	
PC.04.01.03		**The organization terminates residency or transfers the resident based on the resident's assessed needs and the organization's ability to meet those needs.**
EP 12	The organization terminates residency or transfers a resident when the needs of the resident exceed the scope of the services provided.	

§8:36-23.5

§8:36-23.5 Resident transportation

§8:36-23.5(a)

(a) The assisted living program provider shall have written policies and procedures for arranging resident transportation to and from health care services provided outside of the program site, and shall provide reasonable plans for security and accountability for the resident and his or her personal possessions.

PC.02.01.17		**Residents receive restorative services, including assistance with activities of daily living.**
EP 6	Residents are helped with instrumental activities of daily living, based on their needs, including the following: - Housekeeping, including laundry - Meal preparation - Shopping for groceries and other necessities - Managing medications - Electronic communications like the telephone or computer - Transportation - Moving into or out of the assisted living community	
RI.01.07.13		**If transportation services are provided by the organization, the resident has the right to these services, as appropriate to the resident's care or service plan.**
EP 1	The organization arranges transportation for the resident to and from physician or dentist appointments and other activities identified in the resident's care or service plan.	
EP 2	As necessary, the organization arranges for an attendant when transporting the resident.	

Number §8:36-23.5(b)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-23.5(b)		**IM.02.02.03**	**The organization retrieves, disseminates, and transmits health information in useful formats.**
(b) The assisted living program provider shall develop a mechanism for the transfer of appropriate resident information to and from the providers of service, as required by individual residents and as specified in their service plans.		**EP 2**	The organization's storage and retrieval systems make health information accessible when needed for resident care, treatment, and services.
		PC.02.02.01	**The organization coordinates the resident's care, treatment, and services based on the resident's needs.**
		EP 1	The organization follows a process to receive or share resident information when the resident is referred to other internal or external providers for care, treatment, or services. (See also PC.04.02.01, EPs 1, 8)
		EP 2	The organization's process for hand-off communication provides for the opportunity for discussion between the giver and receiver of resident information. Note: Such information may include the resident's condition, care, treatment, medications, services, and any recent or anticipated changes to any of these. (See also PC.04.02.01, EP 8)
		PC.04.02.01	**When a resident is transferred to a higher level of care, the organization gives information about the care, treatment, and services provided to the resident to other service providers who will provide the resident with care, treatment, and services.**
		EP 1	At the time of the resident's transfer, the organization informs other service providers who will provide care, treatment, and services to the resident about the following: - The reason for the resident's transfer - The resident's physical and psychosocial status - A summary of care, treatment, and services it provided to the resident - The resident's progress toward goals - A list of community resources or referrals made or provided to the resident (See also PC.02.02.01, EP 1)
§8:36-23.6(a)		**LD.04.01.01**	**The organization complies with law and regulation.**
§8:36-23.6 Notices (a) The assisted living program provider and each program site shall conspicuously post a notice that the following information is available to residents and the public at the program site and at the assisted living program provider's main office during normal business hours: 1. All waivers from the provisions of this chapter granted by the Department; 2. A copy of the last annual licensure inspection survey report and the list of deficiencies from any valid complaint investigation during the past 12 months; 3. Policies and procedures regarding resident rights and responsibilities; 4. Business hours and telephone number of the assisted living program provider main office; 5. The toll-free hot line number of the Department; telephone numbers of county agencies dealing with senior service issues; and the telephone number of the State Long-Term Care Ombudsman; and 6. The names of, and a means to formally contact, the administration of the assisted living program provider.		**EP 3**	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		RI.01.07.01	**Residents and their families have the right to have complaints reviewed by the organization.**
		EP 3	The organization posts a description of the complaint process in a prominent location in the facility along with resources to assist the resident, such as an ombudsman, legal services, or adult protective services programs.
		EP 8	Upon admission, the organization provides the resident with a list of other sources of assistance for complaint resolution, including ombudsman, legal services, and adult protective services programs.
§8:36-23.7		**LD.04.01.01**	**The organization complies with law and regulation.**
§8:36-23.7 Maintenance of records (a) The assisted living program shall maintain an annual listing of residents admitted and discharged, including the destination of residents who are discharged to a health care facility. (b) Statistical data, such as resident census and program characteristics shall be forwarded on request, in a format provided by the Department.		**EP 3**	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.

Number §8:36-23.8	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-23.8	§8:36-23.8 Notification requirements (a) When known, and with the resident's consent, the resident's family, guardian, and/or designated responsible person or designated agency shall be notified promptly in the event of the following: 1. The resident acquires an acute illness requiring medical care; 2. Any serious accident, criminal act, or incident occurs which involves the resident and results in serious harm or injury or results in the resident's arrest or detention. The Certificate of Need and Licensing Program shall also be notified in writing of these events; 3. The resident is discharged from the program; or 4. The resident expires. The assisted living program shall have a written procedure established with the program site to ensure that dual notifications of death do not occur. (b) Notification of any occurrence noted in (a) above shall be documented in the resident's record. The documentation with regard to an occurrence noted in (a)4 above shall include confirmation and written documentation of that notification.	**PC.02.01.05**	**The organization provides interdisciplinary, collaborative care, treatment, and services.**
		EP 13	Changes in the resident's condition are communicated to the resident's provider or other authorized health care professional(s), the resident, and the resident's family.
		PC.04.01.03	**The organization terminates residency or transfers the resident based on the resident's assessed needs and the organization's ability to meet those needs.**
		EP 3	The resident, the resident's family, licensed independent practitioners, and staff involved in the resident's care, treatment, and services participate in planning the resident's transfer or termination of residency. (See also RI.01.01.01, EP 19)
		RC.02.01.01	**The resident's record contains information that reflects the resident's care, treatment, and services.**
		EP 1	The resident's record contains the following demographic information: - The resident's name and date of birth - Up-to-date contact information of family and any legally authorized representative - The resident's sex - The resident's language and communication needs
		RI.01.02.01	**The organization respects the resident's right to participate in decisions about their care, treatment, and services.**
		EP 2	When a resident is unable to make decisions about their care, treatment, and services, or chooses to delegate decision making to another, the organization involves the surrogate decision-maker in making these decisions. Note: A surrogate decision-maker is someone appointed to make decisions on behalf of the resident. This individual may be a family member or may be someone unrelated to the resident. A surrogate decision-maker makes decisions when the resident is without decision-making capacity, or when the resident has given permission to the surrogate to make decisions. In exercising this responsibility on the resident's behalf, the surrogate decision-maker may need to receive information, provide information, or participate in processes such as informed consent, education, and complaint resolution. In situations in which the resident has decision-making capacity but has chosen to use a surrogate decision-maker, the resident may reserve the right to involve the surrogate in some activities (such as coordinating information with the licensed independent practitioner) but not others (such as receiving education in self-care). (See also RI.01.01.01, EP 18; RI.01.06.13, EP 4)
		EP 20	The organization provides the resident or surrogate decision-maker with the information about the following: - Outcomes of care, treatment, or services that the resident needs in order to participate in current and future health care decisions - Unanticipated events related to the resident's care, treatment, or services that are sentinel events as defined by The Joint Commission (Refer to the Glossary for a definition of sentinel event.)
§8:36-23.9	§8:36-23.9 Administration and staffing		

Number §8:36-23.9(a)-(b)	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-23.9(a)-(b)		**HR.01.01.01**	**The organization defines and verifies staff qualifications.**
(a) The administrator of an assisted living program shall: 1. Hold a current New Jersey license as a nursing home administrator; or i. Have successfully completed an assisted living training course which covers the concepts and rules of assisted living as outlined in this chapter, given by a person(s) qualified to train assisted living administrators, in accordance with N.J.A.C. 8:36-3.2(a)4; and ii. Have successfully completed a Department competency examination, which covers the concepts and rules delineated in this chapter; and 2. Comply with the requirements at N.J.A.C. 8:36-3.2(a)1 and 2. (b) The assisted living program provider shall ensure that all personnel providing health care services are assigned duties based on their education, training, competencies, and pursuant to all laws, rules, and regulations applicable to State professional licensing and certification boards and agencies.		**EP 1**	The organization defines staff qualifications specific to their job responsibilities. Note: Qualifications for infection control may be met through education, training, experience, and/or certification (such as certification from the Certification Board for Infection Control and Epidemiology).
		EP 2	The organization verifies and documents the credentials of care providers using the primary source when licensure, certification, or registration is required by law and regulation to practice their profession. This is done at the time of hire and at the time credentials are renewed. Note: The credentials of contracted providers are verified by their employer or the organization. The organization needs to have verification of this information whether it or the provider's employer verifies.
		EP 3	The organization verifies and documents that the applicant has the education and experience required by the job responsibilities, unless this information has already been verified by the entity that issued the applicant's licensure, certification, or registration authority. Note: Verification of education does not have to be obtained from the primary source.
		LD.01.04.01	**An administrator manages the organization.**
		EP 6	The administrator identifies a nurse, qualified by education and experience, to direct nursing services if it is provided by the organization, in accordance with law and regulation.
		EP 9	The individual with the authority to address administrative issues is accessible to the organization on a full-time basis.
		LD.04.01.05	**The organization effectively manages its programs, services, sites, or departments.**
		EP 2	Programs, services, sites, or departments providing resident care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical privileges.
		EP 3	The organization defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments.
§8:36-23.9(c)		**HR.01.02.05**	**The organization has the necessary staff to support the care, treatment, and services it provides.**
(c) Adequate staffing shall be provided based on all assessed needs of residents.		**EP 21**	The organization provides licensed nurses and other nursing personnel, in accordance with its scope of services and law and regulation. (See also LD.03.06.01, EP 2)
		EP 22	The organization provides the services of a registered nurse at a frequency that meets the resident's needs, and is in accordance with the scope of its services and law and regulation.
		EP 25	The organization plans for staffing based on the following: - Resident acuity - Complexity of clinical tasks - Staff experience and expertise - Physical layout of the facility - Staff shortage contingencies

Number §8:36-23.10	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-23.10		**LD.04.01.01**	**The organization complies with law and regulation.**
§8:36-23.10 Financial arrangements (a) If the assisted living program offers financial management services, it shall develop written policies and procedures for such services, including any charges for such services. (b) The assisted living program shall: 1. Inform residents, in writing, of any and all fees for services and charges for supplies routinely provided by the program. Residents and/or their family, guardian or responsible person shall be given at least 30 days prior written notice of any change in fees for services or charges for supplies routinely provided. At the resident's request, this information shall be provided to the resident's family, guardian, or responsible person; 2. Maintain a written record of all financial arrangements with the resident and/or his or her family, guardian or responsible person, with copies furnished to the resident; and 3. Provide the resident with information regarding financial assistance available from third party payors and/or other payors and referral systems for resident financial assistance.		**EP 3**	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		RI.01.06.13	**Residents have a right to manage or delegate management of personal financial affairs.**
		EP 1	The organization obtains written authorization when a resident allows the organization to manage the resident's funds.
		EP 2	When the organization manages a resident’s funds, the organization provides the resident access to those funds upon request and consistent with agreements for access established with the organization.
		EP 4	The organization involves the surrogate decision-maker in the management of the resident’s funds when the resident cannot manage personal financial affairs. Note: The surrogate decision-maker may be a family member. (See also RI.01.02.01, EP 2)
		RI.02.01.01	**The organization informs the resident about the resident's responsibilities related to their care, treatment, and services.**
		EP 1	The organization has a written policy that defines resident responsibilities, including but not limited to the following: - Providing information that facilitates their care, treatment, and services - Asking questions or acknowledging when they do not understand the treatment course or care decision - Following instructions, policies, rules, and regulations in place to support quality care for residents and a safe environment for all individuals in the organization - Supporting mutual consideration and respect by maintaining civil language and conduct in interactions with all who work in the organization - Meeting financial commitments
§8:36-23.11		**PC.01.02.01**	**The organization obtains resident assessments.**
§8:36-23.11 Resident assessments, service plans, health care plans and health care services (a) Each resident living in publicly subsidized housing who elects to participate in an assisted living program shall receive an initial assessment pursuant to N.J.A.C. 8:36-7.1(a) and the applicable sections of N.J.A.C. 8:36-7.2 through 7.5.		**EP 13**	The organization defines, in writing, the information to be gathered during the initial assessment(s), including the following: - The resident’s current health condition, including infectious disease screening, diagnosis, pertinent history, medication history (including allergies and sensitivities), current medication, and current treatments - The resident’s physical and neuropsychiatric status - The resident's skin condition - The resident’s decision-making capacity - The resident’s communication status - The resident’s functional status - Whether or not the resident smokes, and if so, the resident's ability to meet the organization's written criteria under which one may smoke - The resident’s rehabilitation status, potential, and needs - The resident's nutritional and hydration status - The resident's oral health status, including the condition of the oral cavity, teeth, and tooth-supporting structures; the presence or absence of natural teeth or dentures; and the ability to function with or without natural teeth or dentures - The resident's pain status, including recent pain history, origin, location, and severity; alleviating and exacerbating factors; current treatment for pain; and response to treatment - The resident's psychosocial and spiritual needs - The resident's cultural and ethnic factors that can influence care, treatment, and services - The resident's personal preferences regarding schedules, activities, and grooming - For the dying resident, the social, spiritual, and cultural variables that influence both the resident's and family's perceptions and experience of the process of dying

Number §8:36-23.12	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance

§8:36-23.12
§8:36-23.12 Dining services and meal preparation assistance (a) The assisted living program shall make available dining services and/or meal preparation assistance to meet the daily nutritional needs of residents. (b) The assisted living program shall have a mechanism to assist residents with shopping and/or preparation of meals in accordance with their needs and plans of care. (c) The assisted living program shall comply with N.J.A.C. 8:36-10.4(a)1 and 2, 10.5(c)10 and 12, and 10.6. (d) The assisted living program shall review documentation that congregate kitchens in buildings in which meals are prepared for assisted living program residents comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverages Vending Machines Chapter XII of the New Jersey Sanitary Code. (e) The assisted living program shall ensure that a current diet manual shall be available in each building in which the assisted living program provides services. (f) The assisted living program shall ensure that meals are planned, prepared and served in accordance with, but not limited to, the following: 1. The nutritional needs of residents; 2. In congregate kitchens in buildings where meals are prepared for assisted living program residents, written dated menus shall be planned in advance. The same menu shall not be used more than once in any continuous seven-day period. Menus shall be posted in a conspicuous place and a copy of the menu shall be provided to each resident. Menus, with changes or substitutes, shall be kept on file for at least 30 days; 3. Diets served shall be consistent with the diet manual, the dietitian's instructions, if applicable, and, if necessary for special diets, shall be served in accordance with physicians' orders. 4. Where indicated in the health care plan nutrients and calories shall be provided for each resident, based upon current recommended dining allowances of the Food and Nutrition Board of the National Academy of Sciences, National Research Council, adjusted for age, sex, weight, physical activity, and therapeutic needs of the resident.

PC.02.02.03	The organization makes food and nutrition products available to its residents.
EP 6	The organization prepares food and nutrition products under proper conditions of sanitation, temperature, light, moisture, and ventilation.
EP 7	If the organization accommodates special diets, food and nutrition products are consistent with each resident’s care, treatment, and services.
EP 8	The organization accommodates a resident's diet schedule, unless contraindicated.
EP 9	When possible, the organization accommodates the resident’s cultural, religious, or ethnic food and nutrition preferences, unless contraindicated. (See also PC.01.02.01, EP 43)
EP 11	The organization stores food and nutrition products under proper conditions of sanitation, temperature, light, moisture, ventilation, and security.
EP 13	Staff assist those residents who require help with dining.
EP 14	Resident dining areas are supervised consistent with residents' needs.
EP 24	The organization promotes a social environment during mealtime by seating residents with dementia according to similar abilities or interests.
EP 26	The organization monitors safe storage of food that is brought into the facility by residents or their visitors.

§8:36-23.13

LD.04.01.01	The organization complies with law and regulation.
EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
MM.03.01.01	**The organization safely stores medications.** **Note: This standard is applicable only to organizations that store medications at their sites.**
EP 2	For organizations that store medications: The organization stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions.
EP 3	For organizations that store medications: The organization stores controlled (scheduled) medications to prevent diversion, in accordance with law and regulation.
EP 4	For organizations that store medications: The organization follows a written policy addressing the control of medication between receipt by an individual health care provider and administration of the medication, including safe storage, handling, wasting, security, disposition, and return to storage.
EP 6	For organizations that store medications: The organization prevents unauthorized individuals from obtaining medications in accordance with its policy and law and regulation.
EP 7	For organizations that store medications: All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings.
EP 8	For organizations that store medications: The organization removes all expired, damaged, and/or contaminated medications and stores them separately from medications available for administration.
EP 18	For organizations that store medications: The organization inspects all medication storage areas

Number §8:36-23.13	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-23.13 Pharmaceutical services (a) The assisted living program shall assist residents to obtain pharmaceutical services in accordance with physician's orders and with each resident's health service or general service plan. (b) The assisted living program shall comply with N.J.A.C. 8:36-11.3(a)1 and 2, 11.4(a) and (b), 11.5(a) and (b)2 through 4, (e) and (f). (c) Assisted living program staff shall report drug errors and adverse drug reactions immediately to the assisted living program registered professional nurse who shall comply with the reporting and documenting requirements of N.J.A.C. 8:36-11.5(e). (d) For those residents who do not self-administer medications, the assisted living program shall provide an appropriate and safe medication storage area, either in a common area or in the resident's housing unit, for the storage of medication. 1. The common storage area shall be kept locked when not in use. 2. The common storage area shall be used only for the storage of medications and medical supplies. 3. The key to the common storage area shall be kept on the person of the assisted living program employee on duty. 4. Each resident's medications shall be kept separated within the common storage area, with the exception of large volume medications which shall be labeled but may be stored together in the common storage area. 5. Medications shall be stored in accordance with manufacturer's instructions, and/or extemporaneously applied pharmacy labels and/or directions, and/or USP DI Volume I: Drug Information for the Health Care Professional, 2005, incorporated herein by reference, as amended and supplemented and USP DI Volume II: Advice for the Patient, incorporated herein by reference, as amended and supplemented. USP DI Volume I: Drug Information for the Health Care Professional and USP DI Volume II: Advice for the Patient can be obtained by contacting Thomson-Micromedex, 6200 S. Syracuse Way, Suite 300, Greenwood Village, CO 80111, (303) 486-6400. 6. All medications shall be kept in their original containers and shall be properly labeled and identified.			periodically, as defined by the organization, to verify that medications are stored properly.
		MM.05.01.15	**For organizations that do not operate a pharmacy but administer medications: The organization safely obtains prescribed medications.**
		EP 1	For organizations that do not operate a pharmacy but administer medications: The organization follows a process for obtaining medications to meet the needs of the resident.
		EP 2	For organizations that do not operate a pharmacy but administer medications: If the organization obtains medications from a pharmacy that is not open 24 hours a day, 7 days a week, the organization follows a process for obtaining medications from another source for urgent or emergent conditions when the pharmacy is closed.
		EP 4	For organizations that do not operate a pharmacy but administer medications: When an unlabeled medication comes into the organization, the organization takes action to have the medication correctly labeled.
		MM.07.01.03	**The organization responds to actual or potential adverse drug events, significant adverse drug reactions, and medication errors.** **Note 1: This standard is applicable only to organizations that prescribe or administer medications.** **Note 2: See the Glossary for definitions of "adverse drug event" and "significant adverse drug reaction."**
		EP 1	For organizations that prescribe or administer medications: The organization follows a written process to respond to actual or potential adverse drug events, significant adverse drug reactions, and medication errors.
		EP 2	For organizations that prescribe or administer medications: The organization follows a written process for notifying the prescriber in the event of an adverse drug event, significant adverse drug reaction, or medication error.
		EP 3	For organizations that prescribe or administer medications: The organization complies with internal and external reporting requirements for actual or potential adverse drug events, significant adverse drug reactions, and medication errors.
§8:36-23.14		**PC.02.02.09**	**Residents are provided with opportunities to participate in social and recreational activities.**
§8:36-23.14 Resident activities (a) A planned, diversified program of activities shall be posted and offered daily for residents, including individual and/or group activities, on-site or off-site to meet the service needs of residents. (b) The assisted living program shall provide assistance in obtaining transportation services for residents in accordance with N.J.A.C. 8:36-5.8(b).		**EP 1**	The organization offers residents a variety of social and recreational activities according to their abilities and interests.
		EP 3	The organization helps residents to participate in social and recreational activities according to their abilities and interests.
		RC.02.01.09	**Resident record documentation includes the provision of and response to the activities program at least quarterly.**
		EP 1	The activity providers document the following about the activity program in the resident's record: - The provision of activities to the resident based on the care plan, at least quarterly - The resident's response to the activities based on the care plan, at least quarterly - Any report given to the primary nurse of changes in the resident's response to an activity provided
		RI.01.07.13	**If transportation services are provided by the organization, the resident has the right to these services, as appropriate to the resident's care or service plan.**
		EP 1	The organization arranges transportation for the resident to and from physician or dentist appointments and other activities identified in the resident's care or service plan.

Number §8:36-23.15	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-23.15	§8:36-23.15 Resident records (a) The assisted living program shall comply with N.J.A.C. 8:36-15.1 through 15.6. (b) Whenever a resident dies, the assisted living program administrator or his or her designee shall document the date, cause of death, and location, if obtainable, in the resident's record and shall notify the resident's physician.	**LD.04.01.01**	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		RC.02.01.15	**Resident record documentation includes the provision of and response to medical treatment and care, and changes in the resident's condition.**
		EP 4	If the resident dies in the organization, the course of events leading up to the resident's death is documented.
§8:36-23.16	§8:36-23.16 Resident rights and responsibilities To assure the highest quality of services, each assisted living program shall distribute and implement a statement of resident rights and responsibilities consistent with the provisions of N.J.A.C. 8:36-4.1.	**RI.01.01.01**	**The organization respects the resident's rights.**
		EP 20	The organization obtains from the resident written acknowledgement that they received information on resident rights and on changes to these rights.
		RI.02.01.01	**The organization informs the resident about the resident's responsibilities related to their care, treatment, and services.**
		EP 1	The organization has a written policy that defines resident responsibilities, including but not limited to the following: - Providing information that facilitates their care, treatment, and services - Asking questions or acknowledging when they do not understand the treatment course or care decision - Following instructions, policies, rules, and regulations in place to support quality care for residents and a safe environment for all individuals in the organization - Supporting mutual consideration and respect by maintaining civil language and conduct in interactions with all who work in the organization - Meeting financial commitments
		EP 2	The organization informs the resident about the resident's responsibilities in accordance with its policy. Note: Information about resident responsibilities is provided in writing and signed by both parties.

Number §8:36-23.17	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-23.17		**EC.02.04.01**	**The organization manages medical equipment risks.**
§8:36-23.17 Reportable events (a) The assisted living program's contract or agreement with a publicly subsidized housing program site, or with an assisted living residence or comprehensive personal care home for which it provides services, shall include procedures for the site to notify the assisted living program of all building and physical plant emergencies such as, but not limited to, interruption for three or more hours of basic services such as heat, light, power, water, telephone and site staff. (b) The assisted living program shall notify the Department immediately by telephone at (609) 633-9034 or (609) 392-2020 if after business hours, followed within 72 hours by written confirmation, of the following: 1. Any interruption of basic building services, as noted in (a) above; 2. Any actual or expected interruption or cessation in assisted living program operations and services; 3. Termination of employment of the assisted living program administrator and the name and qualifications of his or her replacement; 4. Occurrence of all reportable infections and disease as specified at N.J.A.C. 8:57, among residents and, where known, at the program site; 5. Any deaths or accidents related to the program's services or activities and all residents who are determined to be missing, and all deaths among residents resulting from accidents in the publicly subsidized housing building or in assisted living residences or comprehensive personal care homes for which services are provided, or related to other building services. Written confirmation of this shall contain information about injuries to residents and/or program personnel, disruption of program and/or building services and extent of damages; 6. Where known all alleged or suspected crimes committed by or against residents, which have also been reported at the time of occurrence to the local police department; and 7. All suspected cases of abuse, neglect or exploitation of residents which have been reported to the State Long-Term Care Ombudsman.	**EP 11**	The organization monitors and reports all incidents in which medical equipment is suspected in or attributed to the death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices Act of 1990.
		EM.02.02.01	**As part of its Emergency Operations Plan, the organization prepares for how it will communicate during emergencies.**
		EP 4	The Emergency Operations Plan describes the following: How the organization will communicate with external authorities during an ongoing emergency.
		IC.02.01.01	**The organization implements its infection prevention and control plan.**
		EP 9	The organization promptly reports infection surveillance, prevention, and control information to local, state, and federal public health authorities in accordance with law and regulation. Note: Other Joint Commission expectations for reporting infection surveillance, prevention, and control information can be found in the sentinel event reporting procedures.
		EP 11	When the organization becomes aware that it received a resident from another organization who has an infection requiring action, and the infection was not communicated by the referring organization, it informs the referring organization. Note: Infections requiring action include those that require isolation and/or public health reporting or those that may aid in the referring organization's surveillance.
		LD.03.09.01	**The organization has an organizationwide, integrated resident safety program.**
		EP 11	The leaders encourage external reporting of significant adverse events, including voluntary reporting programs in addition to mandatory programs. Note: Examples of voluntary programs include The Joint Commission Sentinel Event Database and the US Food and Drug Administration (FDA) MedWatch. Mandatory programs are often state initiated.
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		PC.01.02.09	**The organization assesses the resident who may be a victim of possible abuse, neglect, or exploitation.**
		EP 7	The organization reports cases of possible abuse, neglect, and exploitation to external agencies, in accordance with law and regulation. (See also RI.01.06.03, EP 3)
		PI.03.01.01	**The organization compiles and analyzes data.**
		EP 14	At least once a year, the leaders responsible for the organizationwide resident safety program review a written report on the results of any analyses related to the adequacy of staffing and any actions taken to resolve identified problems. (See also LD.03.09.01, EP 10)
		RI.01.06.03	**The resident has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.**
		EP 3	The organization reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events and in accordance with law and regulation. (See also PC.01.02.09, EPs 6, 7)

Number §8:36-23.18	New Jersey Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§8:36-23.18			
§8:36-23.18 Other requirements (a) The assisted living program shall have a mechanism to provide information and referrals to other levels of care, as required by a resident. All necessary resident information shall also be transferred in accordance with the program's confidentiality requirements and with all applicable State and Federal laws and regulations. (b) Records and information regarding the individual resident shall be considered confidential and the resident shall have the opportunity to examine such records, in accordance with facility or program policies. The written consent of the resident shall be obtained for release of his or her records to any individual outside the facility or program, except in the case of the resident's transfer to another health care facility, or as required by law, third-party payor, or authorized government agencies. (c) The assisted living program and each publicly subsidized housing unit in which it provides services shall develop written policies and procedures to assure substantial compliance with N.J.A.C. 8:36-14, 17 and 18.		**IM.02.01.01**	**The organization protects the privacy of health information.**
		EP 3	The organization uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy. (See also RI.01.01.01, EP 7)
		EP 4	The organization discloses health information only as authorized by a resident or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7)
		LD.04.01.01	**The organization complies with law and regulation.**
		EP 3	Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.
		PC.02.02.01	**The organization coordinates the resident's care, treatment, and services based on the resident's needs.**
		EP 1	The organization follows a process to receive or share resident information when the resident is referred to other internal or external providers for care, treatment, or services. (See also PC.04.02.01, EPs 1, 8)
		EP 2	The organization's process for hand-off communication provides for the opportunity for discussion between the giver and receiver of resident information. Note: Such information may include the resident's condition, care, treatment, medications, services, and any recent or anticipated changes to any of these. (See also PC.04.02.01, EP 8)
		PC.04.02.01	**When a resident is transferred to a higher level of care, the organization gives information about the care, treatment, and services provided to the resident to other service providers who will provide the resident with care, treatment, and services.**
		EP 1	At the time of the resident's transfer, the organization informs other service providers who will provide care, treatment, and services to the resident about the following: - The reason for the resident's transfer - The resident's physical and psychosocial status - A summary of care, treatment, and services it provided to the resident - The resident's progress toward goals - A list of community resources or referrals made or provided to the resident (See also PC.02.02.01, EP 1)
		EP 8	For residents with dementia, the organization provides the following resident information to receiving providers at the time of transfer: - A complete list of medications - Successful communication techniques - Successful personalized anxiety-reducing interventions that may promote a feeling of safety - Identification of potential underlying cause(s) of behavioral expressions - Effective personalized approaches to care - The resident's cognitive, sensory, and physical capabilities - Advanced care planning (See also PC.02.02.01, EPs 1, 2)