

Roles – Support Coordinators; DHS Office of Prevention FFSU (Stephen Komninos’ Law); Licensing Regs and Inspections

- Support Coordinator Onboarding & Training Requirements - <https://www.nj.gov/humanservices/ddd/assets/documents/providers/sca-staff-requirements-guide.pdf>
- Support Coordination Forms & Documents - <https://www.nj.gov/humanservices/ddd/providers/support/>

Support Coordinators – Policies and Procedures Manual	Stephen Komninos’ Law https://www.nj.gov/humanservices/opia/providers/prevention/	Licensing [Annually] 10:44A
6.3 Responsibilities of the Support Coordinator	OPIA Office of Prevention – Field Safety and Services Unit	10:44A 2.1 General Requirements
<p>Using and coordinating community resources and other programs/agencies in order to ensure that waiver services funded by the Division will be considered only when the following conditions are met:</p> <ul style="list-style-type: none"> • Other resources and supports are insufficient or unavailable; • Other services do not meet the needs of the individual; • Services are attributable to the person’s disability. 	<p>Office of Prevention, Field Safety and Services Unit (FSSU) annually conduct not less than 2 site visits of every community-based residential program in order to evaluate whether the individuals who are receiving services from each such program are at risk of, or are being subjected to, abuse, neglect, or exploitation by a caregiver, and report the results of each site visit.</p> <ul style="list-style-type: none"> - Identify risks or vulnerabilities - Observe service delivery and interactions - Provide feedback to agencies before issues escalate 	<p>The purposes of the licensee's organization and a description of the services that it provides shall be made available to individuals, parents, guardians, advocates, and the general public. This information shall describe, in general terms, who is served, the services provided, and the goals of the licensee's organization.</p>
<p>Accessing these community resources and other programs/agencies by:</p> <ul style="list-style-type: none"> • Utilizing resources and supports available through natural supports within the individual’s neighborhood or other State agencies; • Developing a thorough understanding of programs and services operated by other local, State, and federal agencies; • Ensuring these resources are used, and making referrals as appropriate; and • Coordinating services between and among the varied agencies so the services provided by the Division complement, but do not duplicate, services provided by the other agencies. 	<p>Within 48 hours after receipt of a report of an incident involving moderate physical injury, major physical injury, or abuse, neglect, or exploitation – state must go to the location of the incident to verify the severity.</p> <p>FSSU – Pre-Visit Assessment</p> <ol style="list-style-type: none"> 1. Program-Level Review <ul style="list-style-type: none"> - All critical incidents involving site residents in the past year. - Licensing inspection reports - Past FSSU visit findings 2. Individual Level Review <ul style="list-style-type: none"> - ISPs, PCPTs, SC notes, medical/behavioral records <p>Risk indicators across multiple domains: health, supervision, behavior, communication, sensory/motor needs, finances, and adaptive equipment</p>	<p>The licensee shall keep the following on file:</p> <ol style="list-style-type: none"> 1. A record of all admissions and discharges, including names and dates, for the previous 24 month period; 2. A current copy of this chapter. <ol style="list-style-type: none"> i. A current copy of this chapter shall also be kept on file in each residence; 3. Copies of all current licenses. <ol style="list-style-type: none"> i. A copy of the current license shall also be kept on file in each residence; 4. Written descriptions of any religious practices or restrictions that are observed if a licensee has a particular religious orientation; 5. Reports of unusual incidents; 6. A copy of the policy and procedure manual; and 7. Personnel files.

FSSU- Onsite Observations

1. Program wide assessments (e.g. cleanliness, food supply, staff training, equipment)
 - Physical Plant
 - Staff
2. Individual Assessments across 9 domains (e.g. healthcare, supervision, emotional presentation).
 - **Access** to approved or restricted items
 - **Behavior** and staff response in alignment with behavior plans
 - **Dietary/nutrition:** alignment of meals with dietary needs
 - **Documentation:** accuracy and consistency with plans
 - **Equipment/Devices:** availability and condition of prescribed assistive and adaptive equipment
 - **Financial:** access to funds, shopping, personal items
 - **Health/Medical Monitoring:** timely follow-up and adherence to regimens
 - **Individual Presentation:** physical/emotional wellness and sensory supports
 - **Supervision:** match of staffing with support needs and schedule

3 Level Rating System

- Level 1 – No Concern: No issues identified
- Level 2 – Moderate Concern: Requires monitoring, no formal response required, but provider is notified.
- Level 3 – Serious Concern: Immediate follow-up required, may involve incident reporting or escalation to Licensing

<p>Developing a thorough understanding of the services funded by the Division and ensuring these services are utilized in accordance with the parameters defined in Section 17 of this manual.</p>	<p>Post-visit process</p> <ul style="list-style-type: none"> • All visit summaries are emailed to providers. • Providers must respond to follow-up requests within one week. • Serious concerns are addressed immediately by phone or email. • Lack of response may result in escalation to the Office of Licensing. • Repeat concerns are monitored during future visits. 	<p>A licensee having nonprofit status in accordance with 26 U.S.C. § 501(c)(3) shall have a Board of Trustees which meets the following criteria:</p> <ol style="list-style-type: none"> 1. A minimum of five persons shall comprise the board; 2. Provisions shall exist for the orientation of new board members; and 3. Meetings shall be held with a frequency sufficient to discharge their responsibilities effectively; in no event shall the full governing body meet less than three times a year. <p>A licensee having for-profit status shall have a board of directors that meets the following criteria:</p> <ol style="list-style-type: none"> 1. Procedures for the orientation of new members to the operations of the organization; 2. Policies to guard against the development of a conflict of interest between a member of the board and the organization, which shall include nepotism by relatives and family members; 3. An explanation of the board's committee structure, if any, including such subordinate groups as may be employed to carry out the board's responsibilities; 4. Documentation that board meetings are held at least three times a year. <ul style="list-style-type: none"> ○ Minutes shall be kept of each meeting and shall be available for review; and 5. Provisions to assure the inclusion of individuals served on the board. <p>A licensee having for-profit status without a board of directors shall institute and maintain such a board in accordance with (d)1 through 5 above by February 6, 2024.</p>
<p>Interviewing the individual and ensuring they are at the center of the planning process and in determining the outcomes, services, supports, etc. that they desire. Also interviewing, if appropriate, the family or other involved individuals/agency staff; reviewing/compiling various assessments or evaluations to make sure this information is understandable and useful for the planning team to assist in identifying needed supports; and facilitating completion of discovery tools, if applicable.</p>		
<p>Scheduling and facilitating planning team meetings in collaboration with the individual; informing the individual and parent/guardian that the service provider(s) can be part of the planning team, asking the individual and parent/guardian if they would like to include the service provider(s) at the ISP meeting, and inviting the service provider(s) to the ISP meeting; writing the PCPT and ISP; and distributing the ISP (and PCPT when the individual consents) to the individual, all team members, and the identified service providers; and reviewing the ISP through monitoring conducted at specified intervals.</p>		
<p>Ensuring that, for individuals assigned an acuity, that the Addressing Enhanced Needs Form is updated at least annually and revised more frequently during the plan year as necessary. The individual/guardian shall have the opportunity to be involved in the process.</p>		

<p>Ensuring that there has been a discussion regarding a behavior plan for individuals with behavioral concerns and that a behavior plan is in place as needed, particularly when the individual is assigned acuity due to behavior. This shall be documented in the individual's ISP.</p>		<p>Members of a board of directors shall be informed as to whether liability insurance is provided to directors and officers for errors and omissions.</p> <p>An independent examination of the organization's financial status shall be obtained from a certified public accountant each year, reviewed, and approved by the governing board, and be available for review.</p> <p>A list of the current members of the board of trustees or board of directors, to include names, addresses, and occupations, shall be available for review. Any change to the members of the board of trustees, board of directors, or agency head shall be immediately reported to the Office of Licensing.</p>
<p>Ensuring that there has been a discussion regarding the medical needs of the individual and that these needs are documented in the ISP. This is to include the need for data collection of bowel movements, urine output, seizure activity, etc. Should the planning team agree that such data collection is medically necessary, and the individual's primary care physician provides a prescription for it, this shall also be documented in the ISP along with the responsible party who will record and store the information.</p>		
<p>Writing the PCPT and ISP; and distributing the ISP (and PCPT when the individual consents) to the individual, all team members, and the identified service providers; and reviewing the ISP through monitoring conducted at specified intervals.</p>		<p>10:44A – 2.2 Development and maintenance of procedure manual</p>
<p>Annual review of the Participants Rights and Responsibilities embedded in the ISP with the individual/guardian.</p>		<p>(a) The licensee shall develop and implement a manual of written procedures to ensure that the service delivery system complies with State law and rules governing community residences for individuals with developmental disabilities.</p> <ol style="list-style-type: none"> 1. The procedures shall be reviewed annually and revised as necessary. 2. Each procedure shall be designed in accordance with the principles of normalization,

Monitoring and following up to ensure delivery of quality services and ensuring that services are provided in a safe manner, in full consideration of the individual's rights. This includes ensuring that for individuals residing in provider-owned or controlled residential settings (i.e., Group Homes, Supervised Apartments, etc.) and/or attending day habilitation programs, pre-vocational programs and group supported employment programs that any restriction (Examples include, but are not limited to: Inability to access food at any time due to a medical disorder; Inability to have access to items due to PICA) is supported by a specific assessed need and justified in the person-centered service plan (i.e. ISP). Please see section 11.7 Home and Community Based Services (HCBS) Settings Compliance for more information.

Notifying the Division's SC helpdesk at DDD.SCHelpdesk@dhs.nj.gov if the individual is homeless, living in conditions that put the individual at risk, facing the possibility of eviction, arrest or other concerns that could impact safety.

Notifying the Division's HCBS Helpdesk at DDD.HCBShelpdesk@dhs.nj.gov if they are notified that a provider owned or controlled setting is not in compliance with section 11.7 Home and Community Based Services (HCBS) Settings Compliance.

Maintaining a confidential case record that includes but is not limited to the NJ Comprehensive Assessment Tool (NJ CAT), completed Support Coordinator Monitoring Tools, PCPTs, ISPs, notes/reports, annual satisfaction surveys, annual physical and dental examinations (for those who reside in a licensed residential program), and other

age appropriateness, least restriction, person centered planning and shall be consistent with the organizational structure and management philosophy of the licensee.

3. While specific content for inclusion in a procedure shall be identified on an as-needed basis in these rules, to ensure consistency, each procedure shall include:

- i. A descriptive title which is unique so as to permit easy reference and retrieval of each document;
- ii. An explanation regarding the purpose of the document;
- iii. A description of sequential steps required to successfully complete a task or action;
- iv. Assignment of staff responsibilities at each step in the implementation; and
- v. Reporting and recording requirements for each person involved.

(b) The licensee shall maintain a procedure manual containing the following documents and/or procedures:

- 1. A statement of philosophy, values and goals so as to govern the organization's direction and character;
- 2. A table of organization that illustrates lines of authority, responsibility and communication;
- 3. A procedure for assuring compliance with the Central Registry;
- 4. A New Employee Orientation Checklist, which shall include, at a minimum, all requirements at N.J.A.C. 10:44A-2.6(a)1 through 8;
- 5. A procedure for implementing a plan to deal with major emergencies requiring evacuation from the residence, such as a fire or a gas leak.

<p>supporting documents uploaded to the iRecord for each individual served.</p>		
<p>Ensuring individuals served are free from abuse, neglect, and exploitation; reporting suspected abuse or neglect in accordance with specified procedures; and providing follow-up as necessary.</p>		<p>i. The procedure shall also address emergencies where evacuation may not be required, such as when the indoor air temperature is below 68 degrees Fahrenheit or above 82 degrees Fahrenheit for four consecutive hours;</p>
<p>Ensuring that incidents are reported in a timely manner in accordance with policy and follow-up Responsibilities are identified and completed.</p>		<p>6. A procedure for handling medical emergencies that includes the requirement to call 9-1-1 in the event of a life-threatening emergency, in accordance with N.J.S.A 30:6D-5.1 et seq. (Danielle's Law), and N.J.A.C. 10:42A;</p>
<p>When a Support Coordinator is alerted that an individual assigned them has had an interaction with law enforcement/court system that results in a criminal charge, summons, or complaint they will discuss the availability of resources with the individual/guardian. This may include, but is not limited to: The Arc of New Jersey Criminal Justice Advocacy Program; Resources listed in the Legal and Advocacy Services section of the most recent publication of NJ Resources; etc. The Support Coordinator shall assist with the submission of a referral based on the expressed preference of the individual/guardian and document in an iRecord case note.</p>		<p>7. Emergency coverage and on-call procedures; 8. A procedure for reporting all unusual incidents, including, but not limited to: i. ii. A written statement expressly prohibiting abuse, neglect, or exploitation; and A written statement regarding the obligation to report each allegation as required at N.J.S.A. 9:6-8.10 and 52:27G-1 et seq., and Department policy. 9. A procedure for investigations; 10. A procedure to ensure sound fiscal management of individual's personal funds; 11. A procedure for the safekeeping of valuable personal possessions; 12. A list and schedule of all charges and fees for which an individual shall be held responsible; 13. A procedure for resolving complaints and grievances of individuals that has a minimum of two levels at which the grievance shall be heard, the last of which involves the licensee or the executive director; 14. A procedure, separate from individuals' records, for internal communication, to include the use of a separate log to document critical information and the action taken by the licensee to follow-up:</p>
<p>Notifying the individual, planning team, and service provider and revising the ISP whenever services are changed, reduced, or services are terminated.</p>		
<p>Reporting any suspected violations of contract, certification or monitoring/licensing requirements to the Division.</p>		
<p>Entering required information into iRecord in an accurate and timely manner.</p>		
<p>Ensuring that individuals/families are offered informed choice of service provider.</p>		
<p>Linking the individual to service providers by providing information about service providers; assisting in narrowing down the list of potential service providers;</p>		

<p>checking the Provider Search Database if the person has an acuity differentiated factor to ensure agencies they are referred to serve that population; reaching out to providers to confirm service capacity, determine intake/eligibility requirements, gather and submit referral information as needed, establish provider capacity to implement strategies to reach identified ISP outcomes, and confirm start date, units of service, etc.</p>		<p>i. Each log entry shall be dated and signed with the full name of the staff person making the entry;</p> <p>15. A procedure for admissions that complies with the requirements at N.J.A.C. 10:44A-4;</p> <p>16. A statement regarding maintaining confidentiality of individuals receiving services and records, as required at N.J.A.C. 10:41-2;</p> <p>17. Written procedures for medication administration, including procedures for self-medication;</p> <p>18. Written procedures for assuring compliance with the requirements for testing employees for controlled dangerous substances, in accordance with N.J.S.A. 30:6D-9.5;</p> <p>19. Written procedures for the exchange of contact information of parents, family members who are actively involved in ensuring the individual's welfare, or guardians who choose to, as set forth at N.J.S.A. 30:6D-9.5 and 9.6;</p> <p>20. A procedure for assuring that no employee is included on the Department of Children and Families' Child Abuse Registry, as set forth at N.J.S.A. 30:6D-73 et seq., and 9:6-8.10f;</p> <p>21. A procedure to address the use of video/audio monitoring in the common areas of the residences, if applicable; and</p> <p>22. A continuous quality improvement system to identify opportunities to improve services and/or supports and to resolve identified problems. The system shall include, at a minimum:</p> <p>i. A written plan to identify how data is collected, analyzed, and utilized to determine patterns that identify process or</p>
<p>Becoming aware of items/documentation the service provider will need prior to serving the individual and assist/ensure they are provided prior to the start of services.</p>		
<p>Notifying the individual regarding any pertinent expenditure issues.</p>		
<p>Conducting contacts on a monthly basis, face-to-face visits on a quarterly basis, and in-home face-to-face home visit on an annual basis that includes review of the ISP and is documented on the Support Coordinator Monitoring Tool.</p>		
<p>Completing/entering notes/reports as needed.</p>		
<p>Providing support, as needed, in relation to supporting the individual in their decision making as outlined in section 7.1.1 Individual as Decision Maker.</p>		
<p>Reporting data to the Division as required and upon request.</p>		
<p>At the direction of Division staff, completion of surveys that may be required, etc.</p>		
<p>Including the Individual Supports – Daily Rate service provider in the planning process.</p>		
<p>Alerting the planning team that, with a doctor's order, certain charting can occur as medically necessary such as food intake, blood glucose levels, etc.</p>		
<p>Ensuring involved service provider(s) have received notification to begin services.</p>		

Ensuring that the individual is aware of different housing options that can be utilized in the community (including those that are not disability specific) so that they are supported in the least restrictive setting based on their individual needs and preferences. This includes assisting them in application for housing assistance.

Facilitates a Planning Team discussion and completion of an Independent Living Discussion Tool when an individual is interested in moving into an unlicensed setting without a natural care giver present, to ensure that a safe and supportive plan can be put into place prior to a move.

In relation to Electronic Visit Verification (EVV), the Support Coordinator shall be responsible for confirming with the individual/family which staff, if any, are live-in caregivers paid by DDD through the participant's individual budget. Should a live-in caregiver exist, the Support Coordinator shall complete the Live-In Caregiver Attestation form at the time of service-plan development, whenever there is a change in live-in caregiver status and annually thereafter. Once complete, the form shall be uploaded to iRecord.

6.4 Support Coordinator Deliverables

- systemic problems requiring further in-depth review;
- ii. Input from a variety of sources, including persons receiving services, family members, and others;
- iii. A written summary of satisfaction surveys;
- iv. A written summary of outcomes assessments; and
- v. An action plan based upon an analysis at (b)22i through iv above.

The deliverables listed below serve as documentation that services were provided within the month in order for the Support Coordination Agency to claim for services. However, the monthly rate received for providing Support Coordination services includes all of the responsibilities required as the entity providing care management for all individuals served as outlined throughout this manual – particularly within Sections 6, 7, 8, 12, and 17.14.

- Monthly contact documented on the Support Coordinator Monitoring Tool;
- Quarterly face-to-face contact documented on the Support Coordinator Monitoring Tool;
- Annual face-to-face home visit documented on the Support Coordinator Monitoring Tool;
- Completed PCPT & approved ISP by 30 days from date the individual is enrolled onto the CCP or when a new ISP is generated due to annual ISP date, changes to the individual budget, a change in the individual's tier assignment, or a change in waiver enrollment (going from the CCP to the Supports Program, for example). In circumstances where a new plan is generated, the SCA is expected to continue meeting deliverables, such as completing the monthly contacts, but will not be able to claim for payment for completing these deliverables unless/until the newly generated ISP is complete.

If meeting the previously mentioned deliverables is delayed due to the individual (or family) failing to comply with attending meetings, participating in mandated contacts, allowing access to the home for visits, etc., the Support Coordinator should notify the individual that non-compliance regarding Division policy will be reported to the Division. If non-

<p>compliance continues, the SC Supervisor shall upload a Seeking Out Support (SOS) form and email the Support Coordination Help Desk at DDD.SCHelpdesk@dhs.nj.gov to ensure follow-up with the individual to determine the reasons why noncompliance has occurred. Ongoing non-compliance for circumstances beyond those that may be unavoidable (such as hospitalization) may result in disenrollment from Division services and/or the CCP. Information regarding these incidents of non-compliance, attempted or successful contacts with the individual (or family), reasons for non-compliance, etc. shall be documented through case notes entered in iRecord.</p>		
		<p>10.44A – 2.3 Implementation of procedure manual</p> <p>(a) The procedure manual shall be available and accessible for staff use. (b) All staff shall be able to describe procedures that they routinely implement. (c) The licensee shall assure that staff implement all procedures for which they are responsible. (d) The procedure manual shall be available for review by authorized representatives of the Department.</p> <p>10:44A – 2.4 Personnel</p> <p>(a) Personnel practices shall comply with all applicable Federal, State and local laws, ordinances, rules and regulations pertaining to employment, including civil rights, retirement plans or social security, minimum wages, hours and workers compensation. (b) The licensee shall ensure that no applicant or employee comes into direct contact with individuals served until they have been fingerprinted and a determination has been made by the Department of Human Services that the applicant or employee is not</p>

		<p>disqualified, in accordance with N.J.S.A. 30:6D-63 through 69 (criminal history background checks).</p> <ol style="list-style-type: none">1. A licensee shall not employ any person who has been adjudged civilly or criminally liable for abuse of a developmentally disabled person.2. Criminal history record background checks shall be conducted at least once every two years for a community agency's head and its employees.3. Any individual who is required to undergo a criminal history record background check and refuses to consent to, or cooperate in, the securing of a criminal history record background check shall be immediately removed from the person's position and the person's employment shall be terminated. <p>(c) A licensee shall not hire, maintain the employment of, contract for, or utilize as a volunteer who provides services to individuals on a planned basis, any person who is placed on the Central Registry, or who is included on the child abuse registry of the Department of Children and Families.</p> <p>(d) All employees who may come into contact with individuals served shall be subject to and comply with the requirements for drug testing for controlled dangerous substances, in accordance with N.J.S.A. 30:6D9.5.</p> <p>(e) Prior to hiring any staff or utilizing a volunteer who provides services to individuals on a planned basis, the licensee shall secure and maintain:</p> <ol style="list-style-type: none">1. A signed application for employment from each applicant, indicating the applicant's name, address, and telephone number, education and disclosure of the presence or absence of criminal convictions;2. A minimum of two documented references: i. The licensee shall check a minimum of the two
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		<p>most recent work references or, if not available, a minimum of two personal references;</p> <ul style="list-style-type: none">ii. The licensee shall document all reference checks and maintain such reference checks in the applicant's personnel record;iii. Each reference check shall include, at a minimum, the name of the person giving the reference, the name of the person taking the reference, and the date that the reference was obtained; andiv. References from family members of the applicant shall not be accepted. <p>3. A current job description that, at a minimum, shall include the following:</p> <ul style="list-style-type: none">i. A position statement that documents overall job responsibilities, including the requirement that the employee cooperate with the licensee and Department staff in any inspection, inquiry, or investigation;ii. A list of specific duties;iii. The minimum qualifications;iv. The positions supervised, if applicable;v. The reporting supervisor; andvi. The requirements for checks of criminal background, the central registry, the child abuse registry, and drug testing. <p>(f) Upon employment, direct support professionals shall submit a written statement from a licensed physician or advanced practice nurse indicating that he or she is in good health. Such statement shall be based on a medical examination conducted within the 12 months immediately preceding the direct support professional's starting date with the licensee.</p> <p>(g) Within one year prior to or upon beginning work, each direct service staff member shall take a Mantoux</p>
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		<p>tuberculin skin test with five TU (tuberculin units) of PPD tuberculin or an IGRA blood test.</p> <ol style="list-style-type: none">1. The direct support professional shall submit to the licensee written documentation of the results of any testing or certification.2. If the direct support professional has had a previous positive Mantoux tuberculin skin test, if the Mantoux tuberculin skin test is significant (10 or more millimeters (mm) of induration), or if the IGRA blood test is positive, the staff member shall submit to the licensee a statement from his or her physician or advanced practice nurse certifying that he or she poses no threat of tuberculosis contagion before he or she is allowed to come in contact with individuals being served and other staff.3. If the Mantoux tuberculin skin test is insignificant (zero to nine mm of induration), or the IGRA blood test is negative, no further testing shall be required.<ol style="list-style-type: none">i. The Office of Licensing or the licensee may, at any time, require a direct support professional to retake the Mantoux tuberculin skin test, if there is a reason to believe or suspect that the staff member may have contracted tuberculosis or if the Department of Health recommends re-testing.4. The licensee shall prohibit any direct support professional who fails to submit satisfactory results from a medical practitioner from having contact with the individuals receiving services or other staff.5. Upon any known or suspected exposure to a confirmed case of M. Tuberculosis, the licensee shall consult with the local health department and
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		<p>maintain documentation that all requirements for follow up testing were met.</p>
		<p>10:44A – 2.5 Minimum Staff Qualifications</p> <p>(a) The licensee or the executive director shall have:</p> <ol style="list-style-type: none"> 1. A Bachelor's degree; 2. Five years of progressive management experience working with people with developmental disabilities, at least two of which shall have been supervisory in nature, at a senior or administrative level; and 3. Knowledge in the design and supervision of programs serving individuals with developmental disabilities, development of staff, and the application of fiscal and qualitative standards. <p>(b) The supervisor responsible for the operation of a residence shall have a high school diploma or equivalent and one year of experience working with people with developmental disabilities.</p> <p>(c) Direct support professionals shall be at least 18 years of age and shall have a high school diploma or equivalent.</p> <p>(d) Direct support professionals shall have the ability to communicate with the individuals with whom they are working.</p> <p>(e) Direct support professionals shall be capable of providing any direct assistance and/or training required by individuals with whom they are working.</p> <p>(f) The licensee shall verify that all persons providing a professional service, either through direct employment or contract, possess credentials required by Federal or State law.</p>
		<p>10:44A – 2.6 Orientation</p>

		<p>(a) The licensee or the executive director shall have:</p> <ol style="list-style-type: none"> 1. A Bachelor's degree; 2. Five years of progressive management experience working with people with developmental disabilities, at least two of which shall have been supervisory in nature, at a senior or administrative level; and 3. Knowledge in the design and supervision of programs serving individuals with developmental disabilities, development of staff, and the application of fiscal and qualitative standards. <p>(b) The supervisor responsible for the operation of a residence shall have a high school diploma or equivalent and one year of experience working with people with developmental disabilities.</p> <p>(c) Direct support professionals shall be at least 18 years of age and shall have a high school diploma or equivalent.</p> <p>(d) Direct support professionals shall have the ability to communicate with the individuals with whom they are working.</p> <p>(e) Direct support professionals shall be capable of providing any direct assistance and/or training required by individuals with whom they are working.</p> <p>(f) The licensee shall verify that all persons providing a professional service, either through direct employment or contract, possess credentials required by Federal or State law.</p>
		<p>10:44A 2.7 Staff Training*</p> <p>(a) Within 90 days of employment, each direct support professional basic staff training required by the Division that shall address, at a minimum:</p> <ol style="list-style-type: none"> 1. DDD Shifting Expectations; 2. Preventing abuse and neglect; 3. First aid training provided by a training entity that meets the current Emergency Cardiovascular Care (ECC) guidelines (and have a valid certificate on file); and

		<p>4. Cardio-pulmonary resuscitation (CPR) training provided by a training entity that meets the current Emergency Cardiovascular Care (ECC) guidelines (and have a valid certificate on file).</p> <p>(b) Staff shall complete medication training and demonstrate competency prior to administering any medication to individuals receiving services.</p> <p>1. Staff administering medication shall demonstrate competency on an annual basis.</p> <p>(c) Staff shall receive training in all policies and procedures not covered during orientation that are relevant to the employee's job.</p> <p>(d) Specialized training programs, identified as necessary by the Department, or by the placing agency or by the licensee during the application process, or identified as necessary at any subsequent time, shall be completed by staff within 90 days of employment and shall include, but not be limited to:</p> <p>1. Persons who work with individuals who require specialized feeding techniques shall receive training in the use of those techniques.</p> <p>i. Feeding tube responsibilities shall be delegated to nursing personnel.</p> <p>2. Persons who work with individuals who use mobility devices shall receive training in mobility procedures and the safe use of mobility devices, including those necessary for transport.</p> <p>i. Persons who work with individuals who require assistance to use any other device or technique shall receive specific training in procedures and techniques for the use of such adaptive devices.</p> <p>3. Persons who work with individuals with seizure disorders, physical disabilities, or other identified medical needs shall receive training in the</p>
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		<p>provision of training, assistance, and care to those individuals.</p> <p>4. Persons who work with individuals with identified mental health needs shall receive training in the provision of training, assistance, and care to those individuals.</p> <p>5. Persons who work with individuals who require behavior support plans shall receive training in the implementation of all such plans.</p> <p>(e) Training records pursuant to (b) and (c) above shall be maintained in the administrative offices and shall contain the following:</p> <ol style="list-style-type: none"> 1. A curriculum describing the courses or individual topics offered and a training plan addressing how the content of each course or topic will be delivered; 2. Documentation of attendance through a report that includes the dated signatures of the trainer and the trainee; and 3. Results of those training programs that the Division requires. <p>(f) The licensee may conduct, at its discretion, and without specific prior approval from the Division, training programs, in addition to, the trainings required by this chapter.</p> <p>(g) All training conducted pursuant to (c) above shall be conducted by a qualified trainer.</p>
		<p>10:44A 2.8 – Staff Coverage</p> <p>(a) A written staff schedule, for at least a two-week period, shall be available for review at each residence, with the full names of staff.</p> <ol style="list-style-type: none"> 1. The schedule shall specify the on-site coverage, in accordance with the program description (N.J.A.C. 10:44A-2.2).

		<p>2. The employee in-charge shall be designated on the schedule for each shift.</p> <p>i. No temporary employment agency staff shall at any time be designated or utilized as "in-charge" in the absence of completion of all training required at N.J.A.C. 10:44A-2.7, and a written policy stipulating the licensee's assumption of responsibility and liability of said employees' actions.</p> <p>3. At least one staff member currently trained and certified in first aid and CPR shall be on duty for each shift.</p> <p>(b) The licensee shall assure that, if all staff have not completed necessary specialized training, in accordance with N.J.A.C. 10:44A-2.7(c), each required specialized training for that site has been completed by at least one person on each shift.</p> <p>(c) Staff are not required to be on-site when no individuals are present in the residence, but trained, paid agency staff, familiar with the individual(s), shall be available for emergencies, in accordance with N.J.A.C. 10:44A-2.2(b)7.</p> <p>(d) Staff of a group home or supervised apartment program shall be on site whenever any individual is present, in accordance with their supervision needs.</p> <p>(e) The staff residence/office of the supervised apartment program shall be located so that the response time to each individual served is consistent with their supervision needs.</p>
		<p>10:44A – 2.9 – Records of Individuals Receiving Services</p> <p>(a) An individual file shall be maintained for each individual receiving services in a licensed community residence for individuals with developmental disabilities.</p> <p>1. The file shall be legibly marked with the individual's name.</p>

		<p>2. The client record is the property of the Department.</p> <p>(b) Files for individuals residing in group homes and supervised apartments shall be maintained at the residence.</p> <p>(c) An individual shall have access to his or her records, unless clinically contraindicated and documented.</p> <p>(d) Individual records shall include:</p> <ol style="list-style-type: none">1. Pre-admission information, as follows:<ol style="list-style-type: none">i. The individual's full name, date of birth, and sex;ii. The individual's Social Security, Medicaid numbers or medical insurance numbers;iii. The date(s) of admission, re-admission, transfer or discharge;iv. The names and addresses of persons or agencies responsible for placement;v. The names and addresses of all personal physicians or advanced practice nurses and dentists;vi. The name, address and telephone number of the legal guardian (or guardianship worker), next of kin, and other interested person(s), and a copy of the guardianship determination, if applicable;vii. Religious preference;viii. Pre-admission data including diagnosis, a psychological evaluation, as appropriate and/or available and developmental history, including behavioral characteristics;ix. The SP;x. The results of a physical examination completed within the past year;xi. The results of a Mantoux Skin Test or IGRA blood test;
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		<p>xii. In the absence of the results at subparagraph (d)1x or xi above, written certification from a physician or advanced practice nurse stating the individual is free of communicable disease shall be obtained prior to admission, and the licensee shall obtain the absent documentation as soon as possible, within a time frame approved by the Office of Licensing; and</p> <p>xiii. An immunization record, as available as required for individuals under the age of 22.</p> <ol style="list-style-type: none">2. The results of an annual physical examination;3. Annual reports from the dentist of dental examinations, dental care, and corrective work done;4. Seizure records, where indicated;5. A medically prescribed diet, if required;6. Documentation of known allergies;7. Medication administration records;8. An inventory of valuable personal possessions, including, but not limited to, personal mementos, adaptive devices, eyeglasses, hearing aids, durable medical equipment, electronic equipment and accessories, jewelry, clothing, and personal furniture;9. Authorizations and acknowledgements, as required at N.J.A.C. 10:44A-4.1(e);10. Identification of the person's capabilities and needs, including, but not limited to:<ol style="list-style-type: none">i. The ability to remain unsupervised, specific to location and length of time, including in a vehicle;ii. The ability to self-medicate;iii. The ability to manage their personal funds;
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		<ul style="list-style-type: none"> iv. All prescribed adaptive equipment; and v. Any rights restrictions; and <p>11. The current Behavior Support Plan approved by the PT, as applicable.</p>
		<p>10:44A – 2.10 – Individual Financial Records: Personal Funds</p> <p>(a) Each individual shall have the right to manage his or her own personal funds consistent with his or her abilities.</p> <ul style="list-style-type: none"> 1. If it has been determined that the individual cannot independently manage his or her funds/finances, the PT shall determine how much money, if any, can be managed by the individual at any given time. <p>(b) For all personal funds entrusted to the licensee, the licensee shall maintain records and receipts of all income received and all disbursements of the individual's funds.</p> <ul style="list-style-type: none"> 1. All receipts related to disbursements of an individual's entrusted funds and purchases made on behalf of an individual shall be maintained while the individual resides at the residence. 2. If an individual's personal funds are entrusted to a licensee, moneys received by an individual in excess of \$ 200.00 shall be placed in an interest-bearing account, unless otherwise determined by the PT. 3. The licensee may keep up to \$ 200.00 of an individual's entrusted funds in a non-interest-bearing account or petty cash fund, to be readily available for current expenditures, providing it is kept for safekeeping in an account separate from all other funds for the residence. 4. Any increase in this amount shall be authorized by the individual and his or her guardian, where applicable, and documented in the individual's record.

- (c) The licensee shall, upon written request from the individual and his or her guardian, where applicable, return any or all of the individual's funds entrusted to the licensee, including the interest accrued from deposits.
- (d) There shall be no loans of finances, resources, or property from an individual receiving services to the licensee, staff member, or any other individual receiving services.
- (e) The licensee to whom the individual entrusts his or her funds shall ensure that the management of such funds does not jeopardize the individual's entitlements to any appropriate Federal or private benefit.
- (f) The licensee shall allow each individual and guardian, where applicable, access to a written record of all financial arrangements and transactions involving the individual's entrusted funds, upon request.
1. Copies of this record shall be made available to the individual and his or her guardian, upon request.

10:44A – 3.1 General Requirements

- (a) The provision of services and support shall demonstrate recognition that people with disabilities have the same rights as all other citizens.
1. An individual's exercise of his or her rights shall not be prohibited or be used as a cause for retribution against him or her.
- (b) The licensee shall comply with the provisions at N.J.S.A. 30:6D-1 et seq. (Developmentally Disabled Rights Act).
- (c) The licensee shall ensure that staff are familiar with and observe the rights and responsibilities of individuals with developmental disabilities enumerated in the Division's rights document.
- (d) Individuals receiving services shall receive training and support in order to understand options, make choices, and exercise rights and responsibilities.

		<p>1. The individual's exercise of their rights is not limited when an individual has a guardian or interested family.</p> <p>(e) The licensee shall be responsible for utilizing a Human Rights Committee, in accordance with N.J.A.C. 10:41A (Human Rights Committees).</p>
		<p>10:44A – 3.2 Rules Governing a Residence</p> <p>(a) The licensee may establish reasonable rules that govern the conduct of individuals in their residences, including, but not limited to, rules regarding smoking and pets, provided:</p> <ol style="list-style-type: none"> 1. The rules are commensurate with the individuals' abilities and rights, as detailed in the Division's rights document; 2. Individuals and their guardians, where applicable, are informed of the rules governing a residence prior to their admission, as required at N.J.A.C. 10:44A-4.1; 3. The individuals affected by such rules are consulted whenever a revision is considered, and there is evidence the rules are necessary to promote order and to benefit the collective group; 4. The rules include provisions to ensure than an individual exercising his or her rights does so in such a way so as to not infringe upon the rights of, or endanger, others; and 5. Each copy of the rules contains a statement that an individual or a group of individuals has the right to challenge such rules as to their appropriateness through the licensee's grievance procedure, in accordance with N.J.A.C. 10:44A-2.2(b)13. <p>(b) The individuals served at a particular residence may jointly choose to establish mutually agreed upon house rules regarding conduct in the home, in accordance with (a)1 through 5 above.</p>

		<p>10:44A – 3.3 Self-Advocacy</p> <p>(a) The licensee shall identify individuals who want a personal advocate, who wish to participate in house meetings, or who wish to participate in a self-advocacy group.</p> <ol style="list-style-type: none"> 1. Individuals who wish to participate in house meetings shall be included in the process, scheduling, and agenda as much as possible, with the assistance of staff. <p>(b) Individuals with developmental disabilities shall be given the opportunity to participate in a self-advocacy group of their choice.</p> <p>(c) Notices of advocacy or self-advocacy conferences, seminars, or meetings shall be made available to all individuals in each residence unless determined otherwise by the PT.</p>
		<p>10:44A – 4.1 Pre-Admission and admission</p> <p>(a) The licensee shall have written criteria for admission to a particular program, including temporary (respite) placements. These criteria shall include, at a minimum:</p> <ol style="list-style-type: none"> 1. Specific services provided; 2. A non-discrimination statement regarding admissions, assuring no one will be denied admission on the grounds of race, sex, color, national origin, religion, age, physical or mental disability, ancestry, sexual preference or affiliation, AIDS or HIV infection, atypical cellular hereditary blood traits, or any other legally protected status; 3. A statement regarding any limitations an agency may have in providing services to an individual with a specific developmental disability; 4. A statement affording all individuals and/or their guardians the opportunity of preplacement visits to the residence;

		<p>5. A statement regarding any minimum and/or maximum age restrictions;</p> <p>6. A statement regarding respite criteria; and</p> <p>7. A statement regarding all techniques that may be employed by the licensee to provide behavior support.</p> <ul style="list-style-type: none">i. The licensee shall comply with N.J.A.C. 10:42 (Mechanical Restraints and Safeguarding Equipment) in the use of mechanical restraints and safeguarding equipment; and <p>8. A statement affording all individuals the right to have a choice in the selection of their roommate.</p> <p>(b) The number of individuals with developmental disabilities admitted to a residence shall not exceed the licensed capacity.</p> <p>(c) Prior to admission, the Division of Developmental Disabilities shall provide the licensee with information that complies with N.J.A.C. 10:46 that addresses eligibility for services.</p> <p>(d) Upon admission, where applicable, a written lease agreement shall be signed by the individual, the guardian, as applicable, and the landlord, which shall provide the consumer with all the rights and responsibilities accorded by New Jersey tenant and landlord law and shall be comparable to leases for all other persons in the State.</p> <ul style="list-style-type: none">1. In the absence of a formal lease agreement, a consumer residency agreement shall be signed by the consumer, and guardian, as applicable, that shall provide the consumer the same protections against unlawful evictions as would otherwise be provided by a signed lease agreement. This consumer residency agreement shall provide protections addressing eviction processes and appeals comparable to existing New Jersey landlord and tenant law and shall afford the same
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		<p>rights to appeal an eviction as for all other persons in the State.</p> <p>(e) Upon admission to the program and upon subsequent request, the licensee shall, without cost to the individual, provide the individual receiving services and his or her guardian, where applicable, with the following:</p> <ol style="list-style-type: none">1. A copy of the written procedures for safekeeping of valuable personal possessions, as required at N.J.A.C. 10:44A-2.2(b)11;2. A copy of the Division's rights document;3. The names, addresses, and telephone numbers of advocates available to assist the individual in understanding and enforcing these rights, to include, at a minimum:<ol style="list-style-type: none">i. Disability Rights New Jersey;ii. Office of Licensing;iii. Bureau of Guardianship, if applicable;iv. His or her case manager/support coordinator;v. Division of Developmental Disabilities' abuse hotline (800-832-9173);vi. Department of Children and Families' Child Abuse Control number (1-800-792-8610), if applicable; andvii. Office of the Ombudsman (1-877-582-6995), if applicable.4. A copy of the licensee's rules and any house rules that apply to the individual's residence;5. A copy of the grievance procedure for appealing licensee decisions, as required at N.J.A.C. 10:44A2.2(b)13;6. A copy of the fee schedule, as required at N.J.A.C. 10:44A-2.2(b)12; and7. A written statement listing the services regarding the safekeeping and management of entrusted funds.
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		<p>(f) The licensee shall make provisions to explain portions that are not understood and answer any questions the individual may have regarding (e)1 through 7 above.</p> <p>1. If an individual is unable to read (e)1 through 7 above, the text shall be read to the individual in a language or manner the individual understands.</p> <p>(g) A copy of a written acknowledgment that (e)1 through 7 above has been explained and understood shall be immediately signed and dated by the individual, the licensee's representative(s), and the individual's guardian, if present.</p> <p>1. If the guardian is not present, the signed acknowledgment shall be sent to the guardian within five days, and documentation shall be maintained in the individual's record.</p> <p>2. The acknowledgment may also be witnessed by a personal advocate, if present.</p> <p>3. The acknowledgment shall be placed in the individual's record.</p> <p>(h) At the time of admission, the licensee shall obtain written authorization for any of the individual's funds to be entrusted.</p> <p>1. The authorization shall specify which funds are to be entrusted to the licensee, including, but not limited to, paychecks, Patient Trust Fund, monetary gifts, payment from family members, transportation reimbursements, public assistance, income tax rebates, and insurance claims, and shall state that the licensee is acting in a fiduciary capacity regarding the funds.</p> <p>2. The individual and his or her guardian, where applicable, shall sign the authorization.</p> <p>3. A copy of the signed entrustment authorization shall be maintained in the individual's record.</p>
		10:44A – 4.2 – Changes in supports/services

		<p>(a) Any major change in an individual's residential service and/or supports shall include the utilization of the PT.</p> <p>(b) Should the licensee determine a residence is no longer suitable or no longer meets the needs of an individual, substantive evidence shall be given to the Division.</p> <ol style="list-style-type: none"> 1. Until an alternate placement is available, the individual shall continue to be served at that residence.
		<p>10:44A – 4.3 Individual Habilitation Plan (IHP)</p> <p>(a) The licensee shall establish and implement a procedure to address the development, implementation, review and evaluation of each individual's habilitation or service plan as required by N.J.S.A. 30:6D-10 et seq.</p> <p>(b) The individual's plan and monthly documentation of progress shall be maintained as part of the individual's record.</p> <p>(c) The comprehensive IHP shall include, at a minimum, the following elements:</p> <ol style="list-style-type: none"> 1. A cover page; 2. Evaluation summaries; 3. A summary of progress toward previous IHP goals and objectives; 4. Identification of person's preferences, capabilities and needs; 5. Goals; 6. Behaviorally stated, measurable, sequential objectives; 7. A clearly stated method of achieving each objective; 8. Identification of IDT members and persons responsible for ensuring the delivery of services/programs described in the plan; 9. A listing of all current and planned services/programs and their dates of initiation, anticipated duration and frequency;

		<p>10. Barriers to meeting the individual's needs; 11. A review of guardianship status; 12. A meeting summary/addendum, which may include disagreement with any part of the plan; 13. A sign-off section, which indicates attendance only; and 14. Authorization for approved individual expenses.</p>
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		<p>10:44A – 5.1 General Health Care</p> <p>(a) A personal, primary physician, medical group/clinic, or advanced practice nurse shall be identified for each individual receiving services.</p> <p>(b) Each individual shall, at a minimum, have an annual medical examination.</p> <ol style="list-style-type: none"> 1. The examining physician or advanced practice nurse shall sign, date, and document the results of the examination. 2. A copy of the results of the annual examination shall be maintained in the individual's file. The confidentiality of this document shall be maintained in accordance with N.J.A.C. 10:41-2. <p>(c) Each individual shall, at a minimum, have an annual dental or oral examination.</p> <ol style="list-style-type: none"> 1. A record documenting the results of the dental examination, signed and dated by the dentist, shall be maintained in the individual's record. <p>(d) Upon any known or suspected exposure to a confirmed case of M. Tuberculosis by an individual served, the licensee shall consult with the local health department and maintain documentation that all requirements for follow up testing were met.</p> <p>(e) The licensee shall follow-up on all individual health needs including medical treatment, pharmaceutical, dental or other needed services.</p>
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		<p>1. Documentation shall be maintained in the individual's record.</p> <p>(f) The licensee shall ensure that the community residence has access to emergency medical services.</p> <p>(g) Each licensed program site shall have a first aid kit, to include:</p> <ol style="list-style-type: none">1. Antiseptic;2. Rolled gauze bandages;3. Sterile gauze bandages;4. Adhesive paper or ribbon tape;5. Scissors;6. Adhesive bandage (for example, band-aids);7. Either a standard type or a digital thermometer;8. CPR mask; and9. Protective gloves. <p>(h) Upon confirmation that an individual has contracted a communicable disease, as specified at N.J.A.C. 8:57, the licensee shall ensure exposed individuals are placed under the care of a physician or advanced practice nurse.</p> <ol style="list-style-type: none">1. The individual's physician shall determine treatment and precautions to be taken.<ol style="list-style-type: none">i. Documentation of treatment and precautions shall be maintained in the individual's file.2. If the individual does not live alone, the licensee shall contact the primary physician or advanced practice nurse for all other individuals in the residence. <p>(i) The agency shall assure that all adaptive and assistive devices are available and in working condition for each individual who requires them.</p> <ol style="list-style-type: none">1. Durable medical equipment shall not be utilized without an order from the physician or advance practice nurse, which shall be maintained in the individual's record.
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10:44A – 5.2 Prescription Medication

(a) Individuals receiving medication shall take their own medication to the extent that it is possible, as assessed and determined by the PT, documented in the individual's record, and in accordance with licensee procedure.

(b) If the individual is not responsible for or capable of taking his or her own medication, the licensee or his or her designee shall assist and supervise the administration of the medication as prescribed.

(c) A record shall be maintained of all medication administered by the licensee or the designee.

1. The record shall include the following:

- i. The individual's name;
- ii. The date;
- iii. The name of medication;
- iv. The type of medication;
- v. The dosage;
- vi. The frequency;
- vii. The initials and corresponding signatures of staff administering the medication or in the case of electronic records, a means by which the identification of the administering staff is verified;
- viii. All known allergies; and
- ix. Medication administration codes. (

d) If an individual is capable of taking medication without assistance, no daily medication administration record is required.

1. A current list identifying the name of the medication(s), type of medication(s), dosage, frequency, date prescribed, and the location of the medication(s) shall be filed in the individual's record and updated as changes occur.

		<p>(e) Written documentation shall be filed in the individual's record indicating that all prescribed medication was re-evaluated at least annually by the prescribing physician or advanced practice nurse.</p> <p>(f) Staff shall have access to medication information, either in a reference book or an online resource approved by the licensee, current within three years and written for lay persons, which shall include information on side effects and drug interaction.</p> <p>(g) Any new medication or change in medication order by the physician or advanced practice nurse, as well as new and discontinued prescriptions, shall be immediately noted on the current medication record by staff consistent with the licensee's procedure.</p> <ol style="list-style-type: none">1. Verbal orders from the physician or advanced practice nurse shall be confirmed, in writing, within 24 hours or by the first business day following receipt of the verbal order.2. The prescription shall be revised at the earliest opportunity. <p>(h) A supply of medication and prescribed nutritional supplements, adequate to ensure no interruption in the medication schedule, shall be available to individuals at all times.</p> <p>(i) The licensee or designee shall supervise the use and storage of prescription medication, ensuring that:</p> <ol style="list-style-type: none">1. A storage area of adequate size for both prescription and over-the-counter medications shall be provided and kept locked for those individuals who are not self-administering their own medication.2. Each individual who administers his or her own medication shall receive training and monitoring by the licensee regarding the safekeeping of medications for the protection of others, as necessary.
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		<p>during a 24-hour period, a stop date, when appropriate, and under what conditions the PRN medication shall be administered; and</p> <p>9. The administration of PRN medication, along with the time of administration, shall be documented on the medication record and shall be communicated to the on-coming shift of residential staff.</p>
		<p>10:44A – 5.3 Over the Counter Medications</p> <p>(a) A statement signed by the physician or advanced practice nurse regarding the usage and contraindications of over-the-counter medications shall be available for staff reference and use and shall be updated annually. This statement shall constitute a physician's order.</p> <p>(b) For medications available over-the-counter, the manufacturer's label shall be sufficient for identification purposes.</p>
		<p>10:44A – 5.4 Emergency telephone numbers</p> <p>(a) The following emergency numbers shall be easily accessed and located by each telephone:</p> <ol style="list-style-type: none"> 1. 9-1-1; and 2. The telephone number to contact the licensee's staff in the event of an emergency. <p>(b) The following telephone numbers for reporting unusual incidents or for filing complaints shall be easily accessed and available to all persons in the residence:</p> <ol style="list-style-type: none"> 1. The Division's hotline number; 2. If a minor is living in the residence, the telephone number for the Department of Children and Families' Child Abuse Control number (1-800-792-8610); 3. If an individual 60 years of age or older is living in the residence, the telephone number for the Office of the Ombudsman (toll free in New Jersey at 1-800-624-4262); and

		4. The Unusual Incident Coordinator in the Department identified for the program location.
		<p>10:44A – 5.5 Food</p> <p>(a) Sanitary practices shall be utilized in the storage, handling, preparation, and serving of all food and drink.</p> <ol style="list-style-type: none"> 1. Food shall be thawed in a refrigerator. <p>(b) All appliances, equipment and utensils used for eating, drinking, preparation and serving of food shall be kept clean and in good condition and thoroughly washed after each use.</p> <p>(c) Food shall be readily accessible to individuals receiving services unless limitations have been approved by the PT through a person-centered planning process documented in the individual's record.</p> <p>(d) The licensee shall ensure that each individual is provided the opportunity for the following:</p> <ol style="list-style-type: none"> 1. Three nutritionally balanced meals, varietal in nature, in the home or in the community; and 2. Reasonable adjustments to individual preferences, habits, customs and appetites. <p>(e) Individuals shall be afforded the choice of dining with other individuals or dining by themselves.</p> <p>(f) Food shall meet the medical and dietary needs of the individuals receiving services.</p> <ol style="list-style-type: none"> 1. When a prescribed diet is required, the licensee shall ensure the following: <ol style="list-style-type: none"> i. That all necessary equipment is readily accessible and utilized by the licensee's staff and/or the individual, as necessary; and ii. That all necessary food and nutritional supplements are available. 2. Documentation of all such diets shall be maintained on the menu. <p>(g) An individual shall be allowed to eat at his or her own pace, unless otherwise determined by the PT.</p>

		<p>(h) Menus, to include all meals and available snacks, shall be dated, prepared at least one week in advance, and retained on file for a period of 30 days, unless an individual's SP documents independence in meal purchase and planning.</p> <p>(i) Consistent with their abilities, the individuals receiving services shall be consulted for preferences in determining the weekly menu and/or changing it as desired.</p> <p>(j) Any substitution of food from the menu shall be of equal nutritional value and shall be documented on the menu.</p> <p>(k) At a minimum, there shall be at least a three-day supply of food at all times.</p>
		<p>10:44A – 5.6 Clothing</p> <p>(a) Each individual shall have an adequate supply of clean and well-fitting clothing appropriate to age, gender identity, individual needs and preferences, community standards, season, and weather conditions.</p> <p>(b) Each individual shall have the opportunity to select and purchase clothing according to individual taste and preference.</p> <p>(c) The licensee shall provide assistance to individuals who require assistance in order to maintain their own clothing.</p> <p>(d) The licensee shall provide laundry facilities without additional charge to individuals, unless there is documentation in an individual's SP that the individual is to pay for the laundering of his or her own clothing.</p>
		<p>10:44A – 5.7 Vehicle Safety</p> <p>(a) All agency vehicles used under agency auspices to transport individuals with developmental disabilities shall have the following:</p> <ol style="list-style-type: none"> 1. Emergency equipment which shall include at least three portable red reflector warning devices and either a spare tire and jack or provisions for

		<p>roadside assistance and emergency alternate transport.</p> <ol style="list-style-type: none">2. A first aid kit to include:<ol style="list-style-type: none">i. Antiseptic;ii. Rolled gauze bandages;iii. Sterile gauze bandages;iv. Adhesive paper or ribbon tape;v. Scissors;vi. Adhesive bandages (for example, band-aids); vii. CPR masks; andviii. Protective gloves.3. Snow tires, all weather tires, or chains when weather conditions dictate their use. <p>(b) The licensee shall verify that all vehicles under the auspices of the licensee used to transport individuals with developmental disabilities shall comply with all applicable safety and licensing regulations established by the New Jersey Motor Vehicle Commission.</p> <ol style="list-style-type: none">1. The licensee shall maintain or document valid liability insurance on all vehicles used to transport individuals with developmental disabilities.2. All drivers shall have a driver's license valid in the State of New Jersey.3. Individuals receiving services whose PT has determined that being left unattended in a vehicle would present a danger to themselves or others shall be supervised, accordingly.4. The interior of each vehicle shall be maintained in a clean, safe condition and shall be free of obstacles obstructing clear passage to operable doors.<ol style="list-style-type: none">i. All items maintained in the vehicle shall be securely fastened at all times.
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		<p>(c) An agency vehicle shall be available at all times to provide transportation for individuals, as needed, and as desired by individuals for community integration.</p> <ol style="list-style-type: none"> 1. Vehicles used to transport individuals in wheelchairs shall be fully accessible and include all required safety mechanisms, which shall be maintained in working order and utilized at all times.
		<p>10:44 A – 5.8 Workplace Safety</p> <p>(a) The licensee shall comply with the Occupational Safety and Health Administration's (OSHA) regulations (29 CFR Part 1910) as they may apply to a particular type of residence the licensee operates, and shall ensure consistent and sound enforcement.</p> <ol style="list-style-type: none"> 1. The licensee shall maintain on file all inspection reports and correspondence documenting noncompliance with OSHA requirements. 2. All such reports and correspondence shall be available for review by authorized representatives of the Department.
		<p>10:44A – 6.1 Fire Safety</p> <p>(a) Each community residence operated by the licensee shall be registered with the Department of Community Affairs (DCA), Bureau of Fire Code Enforcement, Life Hazard Use Registration Unit, as a life hazard use and shall be subject to inspection, as required by the inspection schedule contained in the code, consistent with N.J.S.A. 52:27D-192 et seq., and the rules promulgated thereunder.</p> <ol style="list-style-type: none"> 1. All written reports from such inspections shall be maintained on file. <p>(b) Each community residence for individuals with developmental disabilities shall comply with the provisions at N.J.S.A. 52:27D-192 et seq. (Uniform Fire Safety Act).</p>

		<p>1. The Office of Licensing may identify any additional fire safety precautions required to keep service recipients safe.</p> <p>(c) Variances from regulations may be requested in accordance with N.J.S.A. 52:27D-200.</p>
		<p>10:44A – 6.2 Emergency Evacuation Plans</p> <p>(a) The licensee shall design an emergency evacuation plan for each residence, in accordance with the Uniform Fire Safety Act (N.J.S.A. 52:27D-192 et seq.), and the individual characteristics of the home.</p> <ol style="list-style-type: none"> 1. The plan shall be further developed by evaluating each individual's ability to evacuate the residence in three minutes or less, according to the following risk factors: <ol style="list-style-type: none"> i. The individual's ability to solve problems; ii. The individual's compliance, including any behavioral factors that adversely affect the individual's ability to evacuate; and iii. Any medical factors, including physical disabilities, which adversely affect the individual's ability to evacuate. 2. The plan shall incorporate the following elements: <ol style="list-style-type: none"> i. A general description of the building; ii. Identification of all exits that lead directly to the outside; iii. Identification of the point(s) of safety, a designated meeting spot at which the occupants assemble after evacuating the premises; iv. Any special needs that the service recipients have and the assistance that will be necessary to help them evacuate within three minutes, based upon the individual emergency evacuation assessments; and

		<p>v. A single plan of prioritized and sequential actions required to promptly evacuate everyone from the building within three minutes.</p> <p>(b) The emergency evacuation plan shall be reviewed at least annually and revised, as needed:</p> <ol style="list-style-type: none"> 1. Within 72 hours of a new individual moving into the residence, the return of a resident absent for more than 30 days, or the discharge of a resident; 2. Whenever the level of assistance required by the current occupants to evacuate the residence changes; and 3. Thirty days following an occupant's admission to a hospital or nursing home. <p>(c) All individuals shall be able to evacuate the residence in less than three minutes.</p> <p>(d) The licensee shall ensure that all staff persons assigned to a residence at any time have been trained in the emergency evacuation plan for that residence.</p>
		<p>10:44A – 6.3 Egress Protocols</p> <p>(a) Individuals residing in a community residence are presumed to have a prompt self-evacuation capability when the following conditions are met:</p> <ol style="list-style-type: none"> 1. A site-specific evacuation plan is written and implemented that conforms to the requirements at N.J.A.C. 10:44A-6.2; 2. Fire drills, supervised by staff, are performed a minimum of once per month, during which all occupants shall evacuate from the nearest exit; 3. Each shift performs at least four fire drills a year; 4. Fire drills are performed at random and varying times so that individuals are engaged in a variety of routine activities during the drills; 5. Fire drills ensure that all means of egress are used throughout the year; except those in areas

		<p>that are not routinely utilized by individuals, such as unfinished basements, furnace rooms, and garages without ramps;</p> <p>6. A prompt egress time of three minutes or less is attained and maintained.</p> <p>i. The evacuation drill shall be timed from when the alarm is sounded until the last occupant crosses the threshold of a means of egress;</p> <p>7. Individuals are free from physical restraint and are not locked in at any time; and</p> <p>8. Written records are maintained including the following information:</p> <p>i. The date and time of the fire drill;</p> <p>ii. The location of the simulated fire; iii. The means of egress used;</p> <p>iv. The full names of individuals and staff who participated in the drill; and</p> <p>v. The time required for all persons to evacuate the residence.</p> <p>(b) Within 24 hours of admission, each individual shall participate in a fire drill to ensure knowledge of emergency egress procedures.</p> <p>(c) If the individual is unable to evacuate the residence in three minutes or less after re-training, the licensee shall take steps that result in prompt evacuation in subsequent drills, including, but not limited to, the following:</p> <p>1. Add awake staff to ensure the three-minute time is met;</p> <p>2. Relocate individuals so that the three-minute time is met; or</p> <p>3. Conform to the I-1 Use Group classification (N.J.A.C. 5:23-6.21 and 6.21A).</p>
		<p>10:44A – 6.5 Fire Safety Equipment</p> <p>(a) Fire extinguishers shall be serviced annually and shall be of a type and number as determined by the fire official</p>

		<p>designated to enforce the Uniform Fire Safety Act (N.J.S.A. 52:27D-192 et seq.)</p> <ol style="list-style-type: none"> 1. Documentation of servicing shall be available for review. <p>(b) Fire extinguishers, battery-operated smoke detectors, and stand-alone carbon monoxide detectors shall be checked quarterly by staff to ensure all extinguishers and detectors are fully charged and operable and documentation maintained.</p> <ol style="list-style-type: none"> 1. Documentation shall be available on the fire extinguisher or at the residence as part of the administrative records. <p>(c) Hard-wired smoke and/or carbon monoxide detection systems shall be tested quarterly, and documentation maintained.</p>
		<p>10:44A – 6.6 General Home Requirements</p> <p>(a) For residences housing individuals with physical disabilities, the licensee shall make accommodations to ensure maximum physical accessibility feasible for entrance to and movement within the residence based upon individual characteristics.</p> <ol style="list-style-type: none"> 1. Any necessary modifications shall conform to the requirements contained in the Barrier Free Subcode, N.J.A.C. 5:23-3.14(b)10 (which includes the accessibility rules--see N.J.A.C. 5:23-7.1 (Barrier Free Subcode)). 2. Two means of egress shall be ramped, located in different parts of the building, and lead to the ground level. 3. Such residences located on a floor above the ground floor shall have been designated for occupancy by non-ambulatory individuals by the fire official, including, but not limited to, safe havens, fire-proof stairs, and fire suppression systems.

		<p>(b) The exterior of the residence and the surrounding grounds shall be properly maintained and shall be free from any hazard to health or safety.</p> <ol style="list-style-type: none">1. Sheds, garages, and other outbuildings shall be maintained in a safe condition or be rendered inaccessible to individuals. <p>(c) The interior of the residence shall be properly maintained and shall be free from any hazard to health or safety.</p> <ol style="list-style-type: none">1. All interior doors shall be equipped with standard hardware which can be readily opened in an emergency. Hooks and eyes, bolts, bars, and other similar devices shall not be used on interior doors.<ol style="list-style-type: none">i. Where a doorknob lock requires a key or other device to open from the outside, such key or device shall be readily available to staff.ii. Chain locks are prohibited on apartment doors, unless required by local ordinance. In this case, the lock shall be changed to the type that can be opened from the outside with a key. The key must be available to staff at all times. In all cases, the individual must have the ability to operate the chain lock.2. A carbon monoxide detector(s) shall be installed with the technical requirements and in the location specified by the Uniform Construction Code (N.J.A.C. 5:23).3. Nothing shall be stored within three feet of a boiler, furnace, or water heater.4. Portable halogen lamps shall be prohibited.5. Cellophane wrapping on lamps shades shall be prohibited.6. The use of candles indoors is prohibited.
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		<p>10:44A – 6.9 Heat Sources</p> <p>(a) Space heaters, including, but not limited to, electrical, kerosene, and quartz heaters, shall be prohibited, unless a waiver is granted by the Office of Licensing.</p> <p style="padding-left: 40px;">1. Written documentation shall be maintained indicating that the local enforcing authority has authorized such use.</p> <p>(b) Every home shall have heating facilities that are properly installed, maintained in good and safe working condition, and capable of maintaining all habitable rooms at a temperature of 68 degrees Fahrenheit (20[degrees]C) when the outdoor temperature is zero degrees Fahrenheit (-18[degrees] C).</p> <p>(c) Heat sources exceeding 110 degrees Fahrenheit (43<o>C) which are accessible to individuals requiring personal guidance shall be equipped with protective guards or insulated to prevent individuals from coming into direct contact with the heat source.</p>
		<p>10:44A – 6.10 Water</p> <p>(a) Hot and cold running potable water shall be available at all times.</p> <p style="padding-left: 40px;">1. The potable water supply from a private well shall be tested at least once every five years by a New Jersey certified laboratory.</p>

		(b) Hot water at the tap shall not exceed 120 degrees Fahrenheit (49 degrees Celsius) or be maintained lower than 105 degrees Fahrenheit.
		10:44A – 6.11 Railings, stairs, and hallways
		(a) Every porch, balcony, staircase, or place higher than 30 inches off the ground shall be provided with adequate railings, according to the Uniform Construction Code. (b) All outside stairways consisting of four or more steps shall be provided with a secure handrail. (c) All stairways and hallways shall be kept free and clear of obstructions at all times. (d) All carpeting and stair treads shall be adequately secured.
		10:44A – 6.12 Windows
		(a) Every bedroom shall have at least one operable window opening directly to the outside. 1. If a bedroom has only one operable window, it shall not be blocked by an air conditioner or any permanently installed device. (b) First floor bedroom windows shall have an operable window space of five square feet. (c) Second floor bedroom windows shall have an operable window space of 5.7 square feet. (d) From May through October, all openable windows and doors used for natural ventilation shall be provided with easily removable insect screening in good condition.
		10:44A – 6.13 Bedrooms

		<p>(a) Occupancy shall be limited to floors on or above grade level. Bedrooms may be situated in basements under the following conditions:</p> <ol style="list-style-type: none">1. More than half the height of the room is above grade level;2. The room is provided with two or more independent means of egress, at least one of which leads directly outside.<ol style="list-style-type: none">i. An operable window with a net clear opening of at least five square feet, a minimum net clear opening of 24 inches in height and 20 inches in width, with a sill height of not more than 44 inches above the finished floor is acceptable as one of the means of egress; and3. There are no other conditions that may adversely affect the health, safety, welfare or rights of individuals with developmental disabilities. <p>(b) There shall be no access to common areas or other bedrooms through an individual's bedroom. (c) A maximum of two individuals shall share a bedroom. (d) Bedrooms shall contain the following minimum space per person:</p> <ol style="list-style-type: none">1. 70 square feet for occupancy by one person;2. 130 square feet for occupancy by two persons. <p>(e) At least one half of the floor area of every individual room shall have a ceiling height of 7 1/2 feet.</p> <ol style="list-style-type: none">1. The floor area of that part of any room where the ceiling is less than five feet shall not be considered allowable floor space. <p>(f) Each individual shall be provided with the following bedroom furnishings, in good repair, the style of which is consistent with his or her preference unless otherwise specified by the PT:</p> <ol style="list-style-type: none">1. A standard or platform bed frame;
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		<p>2. A minimum of a four-inch thick mattress of fire resistant material and of sufficient size;</p> <p>3. A box spring of sufficient size, unless a platform bed or spring bed frame is used;</p> <p style="padding-left: 40px;">i. Fold-up convertible type beds, roll-aways, cots, hide-a-beds and double deck beds shall be prohibited unless a situation warrants short-term use.</p> <p>4. Lighting;</p> <p>5. Ample linen supplies consisting of, at a minimum:</p> <p style="padding-left: 40px;">i. A clean pillow, of non-allergenic material if necessary;</p> <p style="padding-left: 40px;">ii. Two sets of bed linens and pillowcases; and</p> <p style="padding-left: 40px;">iii. One mattress cover, one blanket, and one bed covering. Shipping plastic shall be removed from the mattress and box spring.</p> <p>6. Drawers or a closet for the storage of personal possessions and in-season clothing, provided in the individual's room; and</p> <p>7. One mirror, securely fastened to the wall and/or fastened to a dresser at a height appropriate for the use of the person(s) occupying the room.</p> <p>(g) Individuals may choose to decorate their bedrooms according to individual taste and preference.</p> <p>(h) Every bedroom shall have an operable door for privacy, equipped with standard hardware that provides a privacy lock that can be readily opened from the outside in an emergency, and with only appropriate staff having access to the key, as needed. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bedroom doors.</p>
		<p>10:44 A-6.14 Bathrooms</p> <p>(a) Every residence shall be provided with one flush-type toilet and sink for every four persons and one bathtub or</p>

		<p>shower for every six persons living in the home. (b) Every toilet, sink, bathtub, or shower shall be accessible without passing through any other sleeping unit and shall be available within one floor above or below the individual's room, unless it is a master bedroom type suite where the bathroom is used solely by that bedroom's occupants.</p> <p>(c) Toilet paper, soap and toweling shall be available at each toilet and lavatory for access by each individual living in a home.</p> <p>(d) Bathroom doors shall be equipped with standard hardware, which provides a privacy lock, which can be readily opened from the outside in an emergency, and with only appropriate staff having access to the key, as needed. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.</p> <p>(e) Bathrooms shall be clean and ventilated. History</p>
		<p>10:44A – 6.15 Kitchens</p> <p>(a) Kitchens shall be clean and ventilated.</p> <p>(b) Containers of food shall be covered and appropriately stored above the floor on shelves or other clean surfaces and kept separate from cleaning supplies.</p> <p>(c) Disposable dinnerware shall not be used on a regular basis.</p> <p>(d) Refrigeration and storage of food shall be provided at no more than 40 degrees Fahrenheit (four degrees Celsius). Freezer compartments shall operate at no more than zero degrees Fahrenheit (-18 degrees Celsius).</p> <p>(e) Kitchen appliances shall, at a minimum, include a refrigerator, freezer (or refrigerator with a freezer compartment), an oven, and a cooktop, maintained in good condition.</p> <p>10:44 – 6.16 Basement Use</p>

		<p>(a) Basements may be used for storage and laundry, provided they are dry and have adequate lighting.</p> <p>(b) Basements may be used as activity rooms if they are dry, warm, and have adequate lighting.</p> <p>10:44A – 6.17 Maintenance requirements</p> <p>(a) When maintenance is the responsibility of another party, the licensee shall document that the other party has been informed of the need to correct all deficiencies relating to maintenance.</p> <p>(b) Accumulation of garbage or waste shall be prevented.</p> <p>1. All garbage collected for disposal shall be stored in water-tight containers with tight-fitting covers.</p> <p>(c) When there is evidence of infestation, pest control services shall be arranged in a timely manner.</p> <p>1. Agency staff may treat the infestation provided they have been trained by a licensed extermination company and the infestation has been determined to be under control by a licensed extermination company after treatments have been completed. The licensee shall retain documentation of all such training and service.</p> <p>(d) Floors, walls, ceilings, and other interior surfaces shall be kept clean and in good repair.</p> <p>(e) At each residence, doors opening to the outside and outside walkways shall be kept free of ice, snow, leaves and other hazards.</p>
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