

**HEALTH**

**HEALTH SYSTEMS BRANCH**

**DIVISION OF CERTIFICATE OF NEED AND LICENSING**

**OFFICE OF CERTIFICATE OF NEED AND HEALTHCARE FACILITY LICENSURE**

**Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs; Licensing Standards for Dementia Care Homes; Standards for Licensure of Long-Term Care Facilities; and Standards for Licensure of Residential Health Care Facilities Located With, and Operated by Licensed Health Care Facilities**

**Definitions and Social Isolation Prevention**

**Special Adopted Amendments: N.J.A.C. 8:36-1.3, 8:37-1.2, 8:39-1.2, and 8:43-1.3**

**Special Adopted New Rules: N.J.A.C. 8:36-13A, 8:37-10, 8:39-39A, and 8:43-17**

Authorized By: Kaitlan Baston, MD, MSc, DFASAM, Acting Commissioner, Department of Health.

Filed: September 21, 2023, as R.2023 d.124.

Authority: N.J.S.A. 26:2H-12.97 et seq.

Effective Date: November 6, 2023.

Expiration Date: September 21, 2024.

**Take notice** that the Department of Health (Department) has specially adopted amendments and new rules at N.J.A.C. 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs, N.J.A.C. 8:37, Licensing Standards for Dementia Care Homes, N.J.A.C. 8:39, Standards for Licensure of Long-Term Care Facilities, and N.J.A.C. 8:43,

Standards for Licensure of Residential Health Care Facilities Located with, and Operated by Licensed Health Care Facilities to codify new statutory requirements set forth at N.J.S.A. 26:2H-12.97 et seq. (the Act). Pursuant to the Act, the Department is directed to adopt emergency rules to establish standards for the prevention of social isolation of residents of long-term care facilities. The Act defined long-term care facilities as “a nursing home, assisted living facility, comprehensive personal care home, residential health care facility, or dementia care home licensed pursuant to P.L. 1971, c. 136 (C.26:2H-1 et seq.).” Through this special adoption, the Department is adopting temporary rules to codify the requirements of the Act.

These specially adopted new rules will remain in effect through September 21, 2024, or until the rules are proposed for public comment and readopted through standard rulemaking procedures.

**Full text** of the specially adopted amendments and new rules follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

## CHAPTER 36

### STANDARDS FOR LICENSURE OF ASSISTED LIVING RESIDENCES, COMPREHENSIVE PERSONAL CARE HOMES, AND ASSISTED LIVING PROGRAMS

#### SUBCHAPTER 1. GENERAL PROVISIONS

##### 8:36-1.3 Definitions

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

...

**“Cohorting” means the practice of grouping patients who are or are not colonized or infected with the same organism to confine their care to one area and prevent contact with other patients.**

...

**“Religious and recreational activities” includes any religious, social, or recreational activity that is consistent with the resident’s preferences and choosing, regardless of whether the activity is coordinated, offered, provided, or sponsored by facility staff or by an outside activities provider.**

...

**“Social isolation” means a state of isolation, wherein a resident of a long-term care facility is unable to engage in social interactions and religious and recreational activities with other facility residents or with family members, friends, and external support systems.**

...


## **SUBCHAPTER 13A. SOCIAL ISOLATION PREVENTION**

### **8:36-13A.1 Scope and purpose**

**(a) This chapter sets forth rules and standards intended to ensure that assisted living facilities and comprehensive personal care homes take steps to prevent the social isolation of residents at all times.**

**(b) The purpose of this chapter is to codify the requirements at N.J.S.A. 26:2H-12.97 et seq., which direct the Department to adopt emergency rules to address the prevention of social isolation for residents of assisted living facilities and comprehensive personal care homes.**

### **8:36-13A.2 Definitions**

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

**“Facility”** means an assisted living facility or comprehensive personal care home.

**“Resident”** means a person who resides in an assisted living facility or comprehensive personal care home.

### **8:36-13A.3 Policies and procedures**

**(a)** A facility must adopt and implement written policies and procedures intended to prevent the social isolation of residents.

**(b)** These required policies and procedures must, at a minimum, address the following:

- 1.** Providing technology to residents for the purpose of maintaining contact with individuals outside of the facility;
- 2.** Ensuring that appropriately trained staff is available to assist residents in maintaining contact with individuals outside of the facility; and
- 3.** Standards for acquiring the technology to implement the requirements at (b)1 above.

**(c)** These policies and procedures must include standards to encourage and enable residents of the facility to engage in in-person contact, communications, and religious and recreational activities with:

**1. Other facility residents; and**

**2. External support systems, such as family and friends.**

**(d) The required policies and procedures adopted and implemented must address the requirements at (c) above when such in-person contact, communication, or activities are limited for any resident of the facility.**

**1. This can be done through the use of electronic or virtual means and methods, including, but not limited to:**

**i. Computer technology;**

**ii. Internet;**

**iii. Social media;**

**iv. Videoconferencing; and**

**v. Other innovative technological means or methods.**

**(e) Facilities are required, at a minimum, to take the following steps to prevent the social isolation of residents when in-person contact, communication, or activities are prohibited, restricted, or limited, as permitted by Federal and State statute, rule, or regulation:**

**1. Prominently display on their website and/or social media platforms and include in communications to families, guardians, and the public, a phone number or method of communication for urgent calls or complaints, along with a link to the facility's social isolation policy.**

**2. Follow Centers for Medicare and Medicaid Services (CMS) recommendations at <https://www.cms.gov/files/document/qso-20-28-nh->**

**revised.pdf, for communication when facilities cannot permit in-person visits, as follows:**

**i. Offer alternative means of communication for people who would otherwise visit, such as virtual communications;**

**ii. Create or increase email listserv communications to update resident's family members;**

**iii. Assign facility staff as the primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date (for example, a "virtual visitation coordinator"); Assign facility staff as the primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date (for example, a "virtual visitation coordinator");**

**iv. Offer a phone line with a voice recording updated at set times, at least daily, with the facility's general operating status, such as when it is safe to resume visits;**

**v. Host conference calls, webinars, or virtual "office hours" at set times, at a minimum, on a weekly basis, when families can call in, or log on to a conference line, in order to have facility staff share the status of activities or happenings in the facility and family members can ask questions or make suggestions; and**

**vi. Update the facility's website, at minimum on a weekly basis, to share the status of the facility and include information that helps families know what is happening in their loved one's environment, such as food menus and any scheduled activities.**

**8:36-13A.4 Requirements for residents with disabilities that impede communication**

**(a) The social isolation prevention policies and procedures adopted and implemented by each facility are to include protocols and procedures that provide for residents of the facility who have disabilities that impede their ability to communicate, to be given access to assistive and supportive technology, as may be necessary, to facilitate the residents' engagement in face-to-face or verbal/auditory-based contact, communications, and religious and recreational activities with other residents, family members, friends, and other external support systems, through electronic means, including, but not limited to, residents who are:**

- 1. Blind;**
- 2. Deaf;**
- 3. Deaf-blind;**
- 4. Diagnosed with Alzheimer's disease or other related dementias; or**
- 5. Diagnosed with developmental disabilities.**

**8:36-13A.5 Acquisition of technology**

**(a) Facilities must develop and implement specific administrative policies and procedures, as may be necessary, to ensure that residents are able to engage in face-to-face or verbal/auditory-based contact, communications, and religious and recreational activities with other facility residents and with family**

members, friends, and external support systems, through electronic means. These policies and procedures must address the acquisition, maintenance, and replacement of:

1. Computers;
2. Videoconferencing equipment;
3. Distance-based communications technology;
4. Assistive and supportive technology and devices; and
5. Other technological equipment, accessories, and electronic licenses.

#### **8:36-13A.6 Maintenance of technology**

(a) Facilities must develop policies and procedures addressing the maintenance of the technology acquired pursuant to the requirements of this subchapter. These policies and procedures must address:

1. The use of environmental barriers and other controls when the equipment and devices are in use, especially in cases where the equipment or devices are likely to become contaminated with bodily substances, are touched frequently with gloved or ungloved hands, or are difficult to clean; and

2. The disinfecting of the equipment and devices and any environmental barriers or other physical controls used in association therewith after each use.

#### **8:36-13A.7 Use of and training of residents in acquired technology**



**(a) Facilities must develop policies and procedures addressing a resident's:**

- 1. Requisition of devices and equipment;**
- 2. Timely provision of devices and equipment; and**
- 3. Return of devices and equipment.**

**(b) Facilities must designate and require appropriate staff to communicate the policies and procedures at (a) above to residents.**

**8:36-13A.8 Facility responsibility for training residents in use of equipment**

**(a) Each facility shall designate at least one member of the therapeutic recreation or activities department, or, if the facility does not have such a department, designate at least one senior staff member, as determined by the facility administrator, to train other appropriate facility employees to provide direct assistance to residents, upon request, and on an as-needed basis, as necessary, to ensure that each resident is able to successfully access and use the technology, devices, and equipment acquired. These facility employees who are appropriate to be trained to assist residents include, but are not limited to:**

- 1. Activities professionals;**
- 2. Activities volunteers;**
- 3. Social workers;**
- 4. Occupational therapists; and**
- 5. Therapy assistants.**

#### **8:36-13A.9 Resident assessments**

**(a) The facility shall develop and implement policies and procedures to ensure that appropriate staff assess and regularly reassess the individual needs and preferences of facility residents with respect to the residents' participation in social interactions and religious and recreational activities.**

**1. The assessments and reassessments are to be documented in the resident's medical record.**

**(b) The facility must ensure that the quantity of devices and equipment maintained on-site at the facility at all times are sufficient to meet the assessed social and activities needs and preferences of each facility resident.**

#### **8:36-13A.10 Individualized visitation plan**

**(a) A facility shall develop and implement policies and procedures to ensure that upon the request of a resident or a resident's family member or guardian, appropriate facility staff must develop an individualized visitation plan for the resident. The individualized visitation plan shall:**

- 1. Identify the assessed needs and visitation preferences of the resident;**
- 2. Identify the visitation preferences specified by the resident's family members, if any;**
- 3. Address the need for a visitation schedule and establish a visitation schedule, if deemed to be appropriate;**
- 4. Describe the location and modalities to be used in visitation; and**

**5. Describe the respective responsibilities of staff, visitors, and the resident when engaging in visitation pursuant to the individualized visitation plan.**

#### **8:36-13A.11 Funding**

**Information on the process for facilities seeking to request funding for communicative technologies and accessories necessary to comply with this subchapter from civil monetary penalty (CMP) funds, as approved by the Federal Centers for Medicare and Medicaid Services, is available on the Department’s website at: <https://www.nj.gov/health/healthfacilities/cmp/>.**

## CHAPTER 37

### LICENSING STANDARDS FOR DEMENTIA CARE HOMES

#### SUBCHAPTER 1. GENERAL PROVISIONS

##### 8:37-1.2 Definitions

(a) The following words and terms are defined in the Dementia Care Home Act at P.L. 2015, c. 125, § 17 (N.J.S.A. 26:25-148) and are used in this chapter as defined in the Act:

...

**“Cohorting” means the practice of grouping patients who are or are not colonized or infected with the same organism to confine their care to one area and prevent contact with other patients.**

...

**“Religious and recreational activities” includes any religious, social, or recreational activity that is consistent with the resident’s preferences and choosing, regardless of whether the activity is coordinated, offered, provided, or sponsored by facility staff or by an outside activities provider.**

...

**“Social isolation” means a state of isolation wherein a resident of a long-term care facility is unable to engage in social interactions and religious and recreational activities with other facility residents or with family members, friends, and external support systems.**

...

## **SUBCHAPTER 10. SOCIAL ISOLATION PREVENTION**

### **8:37-10.1 Scope and purpose**

**(a) This chapter sets forthsets forth rules and standards intended to ensureensure that dementia care homes take steps to prevent the social isolation of residents when in-person contact, communication, or activities are prohibited, restricted, or limited, as permitted by Federal and State statute, rule, or regulation.**

**(b) The purpose of this chapter is to codify the requirements at N.J.S.A. 26:2H-12.97 et seq., which direct the Department to adopt emergency rules to address the prevention of social isolation for residents of dementia care homes.**

### **8:37-10.2 Policies and procedures**

**(a) A facility must adopt and implement written policies and procedures intended to prevent the social isolation of residents.**

**(b) These required policies and procedures must, at a minimum, address the following:**

**1. Providing technology to residents for the purpose of maintaining contact with individuals outside of the facility;**

**2. Ensuring that appropriately trained staff is available to assist residents in maintaining contact with individuals outside of the facility; and**

**3. Standards for acquiring the technology to implement the requirements at (b)1 above.**

**(c) These policies and procedures must include standards to encourage and enable residents of the facility to engage in in-person contact, communications, and religious and recreational activities with:**

**1. Other facility residents; and**

**2. External support systems, such as family and friends.**

**(d) The required policies and procedures adopted and implemented must address the requirements at (c) above when such in-person contact, communication, or activities are prohibited, restricted, or limited, as permitted by Federal and State statute, rule, or regulation.**

**1. This can be done through the use of electronic or virtual means and methods, including, but not limited to:**

**i. Computer technology;**

**ii. Internet;**

- iii. Social media;
- iv. Videoconferencing; and
- v. Other innovative technological means or methods.

**(e) Facilities are required, at a minimum, to take the following steps to prevent the social isolation of residents:**

**1. Prominently display on their website and/or social media platforms and include in communications to families, guardians, and the public, a phone number or method of communication for urgent calls or complaints, along with a link to the facility’s social isolation policy.**

**2. Follow Centers for Medicare and Medicaid Services (CMS) recommendations at <https://www.cms.gov/files/document/qso-20-28-nh-revised.pdf>, for communication when facilities cannot permit in-person visits, as follows:**

- i. Offer alternative means of communication for people who would otherwise visit, such as virtual communications;**
- ii. Create or increase email listserv communications to update resident’s family members;**
- iii. Assign facility staff as the primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date (for example, a “virtual visitation coordinator”); Assign facility staff as the primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date (for example, a “virtual visitation coordinator”);**

**iv. Offer a phone line with a voice recording updated at set times, at least daily, with the facility's general operating status, such as when it is safe to resume visits;**

**v. Host conference calls, webinars, or virtual "office hours" at set times, at a minimum, on a weekly basis, when families can call in, or log on to a conference line, in order to have facility staff share the status of activities or happenings in the facility and family members can ask questions or make suggestions; and**

**vi. Update the facility's website, at a minimum, on a weekly basis, to share the status of the facility and include information that helps families know what is happening in their loved one's environment, such as food menus and any scheduled activities.**

### **8:37-10.3 Requirements for residents with disabilities that impede communication**

**(a) The social isolation prevention policies and procedures adopted and implemented by each facility are to include protocols and procedures that provide for residents of the facility who have disabilities that impede their ability to communicate, to be given access to assistive and supportive technology, as may be necessary, to facilitate the residents' engagement in face-to-face or verbal/auditory-based contact, communications, and religious and recreational activities with other residents, family members, friends, and other external support systems, through electronic means, including, but not limited to, residents who are:**

- 1. Blind;**
- 2. Deaf;**
- 3. Deaf-blind;**
- 4. Diagnosed with Alzheimer's disease or other related dementias; or**
- 5. Diagnosed with developmental disabilities.**

#### **8:37-10.4 Acquisition of technology**

**(a) Facilities must develop and implement specific administrative policies and procedures, as may be necessary, to ensure that residents are able to engage in face-to-face or verbal/auditory-based contact, communications, and religious and recreational activities with other facility residents and with family members, friends, and external support systems, through electronic means. These policies and procedures must address the acquisition, maintenance, and replacement of:**

- 1. Computers;**
- 2. Videoconferencing equipment;**
- 3. Distance-based communications technology;**
- 4. Assistive and supportive technology and devices; and**
- 5. Other technological equipment, accessories, and electronic licenses.**

#### **8:37-10.5 Maintenance of technology**



**(a) Facilities must develop policies and procedures addressing the maintenance of the technology acquired pursuant to the requirements of this subchapter. These policies and procedures must address:**

**1. The use of environmental barriers and other controls when the equipment and devices are in use, especially in cases where the equipment or devices are likely to become contaminated with bodily substances, are touched frequently with gloved or ungloved hands, or are difficult to clean; and**

**2. The disinfecting of the equipment and devices and any environmental barriers or other physical controls used in association therewith after each use.**

#### **8:37-10.6 Use of and training of residents in acquired technology**

**(a) Facilities must develop policies and procedures addressing a resident's:**

- 1. Requisition of devices and equipment;**
- 2. Timely provision of devices and equipment; and**
- 3. Return of devices and equipment.**

**(b) Facilities must designate and require appropriate staff to communicate the policies and procedures at (a) above to residents.**

#### **8:37-10.7 Facility responsibility for training residents in use of equipment**

**(a) Each facility shall designate at least one member of the therapeutic recreation or activities department, or, if the facility does not have such a**

**department, designate at least one senior staff member, as determined by the facility administrator, to train other appropriate facility employees to provide direct assistance to residents, upon request, and on an as-needed basis, as necessary, to ensure that each resident is able to successfully access and use of the technology, devices, and equipment acquired. These facility employees who are appropriate to be trained to assist residents include, but are not limited to:**

- 1. Activities professionals;**
- 2. Activities volunteers;**
- 3. Social workers;**
- 4. Occupational therapists; and**
- 5. Therapy assistants.**

#### **8:37-10.8 Resident assessments**

**(a) The facility shall develop and implement policies and procedures to ensure that appropriate staff assess and regularly reassess the individual needs and preferences of facility residents with respect to the residents' participation in social interactions and religious and recreational activities.**

**1. These assessments and reassessments are to be documented in the resident's medical record.**

**(b) The facility must ensure that the quantity of devices and equipment maintained on-site at the facility at all times are sufficient to meet the assessed social and activity needs and preferences of each facility resident.**

### **8:37-10.9 Individualized visitation plan**

**(a) A facility shall develop and implement policies and procedures to ensure that upon the request of a resident or a resident's family member or guardian, appropriate facility staff must develop an individualized visitation plan for the resident. The individualized visitation plan shall:**

- 1. Identify the assessed needs and visitation preferences of the resident;**
- 2. Identify the visitation preferences specified by the resident's family members, if any;**
- 3. Address the need for a visitation schedule and establish a visitation schedule, if deemed to be appropriate;**
- 4. Describe the location and modalities to be used in visitation; and**
- 5. Describe the respective responsibilities of staff, visitors, and the resident when engaging in visitation pursuant to the individualized visitation plan.**

### **8:37-10.10 Funding**

**Information on the process for facilities seeking to request funding for communicative technologies and accessories necessary to comply with this subchapter from civil monetary penalty (CMP) funds, as approved by the Federal Centers for Medicare and Medicaid Services, is available on the Department's website at: <https://www.nj.gov/health/healthfacilities/cmp/>.**

## CHAPTER 39

### STANDARDS FOR LICENSURE OF LONG-TERM CARE FACILITIES

#### SUBCHAPTER 1. GENERAL PROVISIONS

##### 8:39-1.2 Definitions

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

...

**“Cohorting” means the practice of grouping patients who are or are not colonized or infected with the same organism to confine their care to one area and prevent contact with other patients.**

...

**“Religious and recreational activities” includes any religious, social, or recreational activity that is consistent with the resident’s preferences and choosing, regardless of whether the activity is coordinated, offered, provided, or sponsored by facility staff or by an outside activities provider.**

...

**“Social isolation” means a state of isolation wherein a resident of a long-term care facility is unable to engage in social interactions and religious and recreational activities with other facility residents or with family members, friends, and external support systems.**

...

#### SUBCHAPTER 39A. SOCIAL ISOLATION PREVENTION

### **8:39-39A.1 Scope and purpose**

**(a) This chapter sets forthsets forth rules and standards intended to ensureensure that long-term care facilities take steps to prevent the social isolation of residents when in-person contact, communication, or activities are prohibited, restricted, or limited, as permitted by Federal and State statute, rule, or regulation.**

**(b) The purpose of this chapter is to codify the requirements at N.J.S.A. 26:2H-12.97 et seq., which direct the Department to adopt emergency rules to address the prevention of social isolation for residents of long-term care facilities.**

### **8:39-39A.2 Policies and procedures**

**(a) A facility must adopt and implement written policies and procedures intended to prevent the social isolation of residents.**

**(b) These required policies and procedures must, at a minimum, address the following:**

- 1. Providing technology to residents for the purpose of maintaining contact with individuals outside of the facility;**
- 2. Ensuring that appropriately trained staff is available to assist residents in maintaining contact with individuals outside of the facility; and**
- 3. Standards for acquiring the technology to implement the requirements at (b)1 above.**

**(c) These policies and procedures must include standards to encourage and enable residents of the facility to engage in in-person contact, communications, and religious and recreational activities with:**

- 1. Other facility residents; and**
- 2. External support systems, such as family and friends.**

**(d) The required policies and procedures adopted and implemented must address the requirements at (c) above when such in-person contact, communication, or activities are prohibited, restricted, or limited, as permitted by Federal and State statute, rule, or regulation.**

**1. This can be done through the use of electronic or virtual means and methods, including, but not limited to:**

- i. Computer technology;**
- ii. Internet;**
- iii. Social media;**
- iv. Videoconferencing; and**
- v. Other innovative technological means or methods,**

**(e) Facilities are required, at a minimum, to take the following steps to prevent the social isolation of residents:**

**1. Prominently display on their website and/or social media platforms and include in communications to families, guardians, and the public, a phone number or method of communication for urgent calls or complaints, along with a link to the facility's social isolation policy.**

## **2. Follow Center for Medicare and Medicaid Services (CMS)**

recommendations at <https://www.cms.gov/files/document/qso-20-28-nh-revised.pdf>, for communication when facilities cannot permit in-person visits, as follows:

- i. Offer alternative means of communication for people who would otherwise visit, such as virtual communications;**
- ii. Create or increase email listserv communications to update resident's family members;**
- iii. Assign facility staff as the primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date (for example, a "virtual visitation coordinator"); Assign facility staff as the primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date (for example, a "virtual visitation coordinator");**
- iv. Offer a phone line with a voice recording updated at set times, at least daily, with the facility's general operating status, such as when it is safe to resume visits;**
- v. Host conference calls, webinars, or virtual "office hours" at set times, at a minimum, on a weekly basis, when families can call in, or log on to a conference line, in order to have facility staff share the status of activities or happenings in the facility and family members can ask questions or make suggestions; and**

vi. Update the facility's website, at a minimum, on a weekly basis, to share the status of the facility and include information that helps families know what is happening in their loved one's environment, such as food menus and any scheduled activities.

**8:39-39A.3 Requirements for residents with disabilities that impede communication**

(a) The social isolation prevention policies and procedures adopted and implemented by each facility are to include protocols and procedures that provide for residents of the facility who have disabilities that impede their ability to communicate, to be given access to assistive and supportive technology, as may be necessary, to facilitate the residents' engagement in face-to-face or verbal/auditory-based contact, communications, and religious and recreational activities with other residents, family members, friends, and other external support systems, through electronic means, including, but not limited to, residents who are:

1. Blind;
2. Deaf;
3. Deaf-blind;
4. Diagnosed with Alzheimer's disease or other related dementias; or
5. Diagnosed with developmental disabilities.

**8:39-39A.4 Acquisition of technology**



**(a) Facilities must develop and implement specific administrative policies and procedures, as may be necessary, to ensure that residents are able to engage in face-to-face or verbal/auditory-based contact, communications, and religious and recreational activities with other facility residents and with family members, friends, and external support systems, through electronic means. These policies and procedures must address the acquisition, maintenance, and replacement of:**

- 1. Computers;**
- 2. Videoconferencing equipment;**
- 3. Distance-based communications technology;**
- 4. Assistive and supportive technology and devices; and**
- 5. Other technological equipment, accessories, and electronic licenses.**

#### **8:39-39A.5 Maintenance of technology**

**(a) Facilities must develop policies and procedures addressing the maintenance of the technology acquired pursuant to the requirements of this subchapter. These policies and procedures must address:**

- 1. The use of environmental barriers and other controls when the equipment and devices are in use, especially in cases where the equipment or devices are likely to become contaminated with bodily substances, are touched frequently with gloved or ungloved hands, or are difficult to clean; and**

**2. The disinfecting of the equipment and devices and any environmental barriers or other physical controls used in association therewith after each use.**

**8:39-39A.6 Use of and training of residents in acquired technology**

**(a) Facilities must develop policies and procedures addressing a resident's:**

- 1. Requisition of devices and equipment;**
- 2. Timely provision of devices and equipment; and**
- 3. Return of devices and equipment.**

**(b) Facilities must designate and require appropriate staff to communicate the policies and procedures at (a) above to residents.**

**8:39-39A.7 Facility responsibility for training residents in use of equipment**

**(a) Each facility shall designate at least one member of the therapeutic recreation or activities department, or, if the facility does not have such a department, designate at least one senior staff member, as determined by the facility administrator, to train other appropriate facility employees to provide direct assistance to residents, upon request, and on an as-needed basis, as necessary, to ensure that each resident is able to successfully access and use the technology, devices, and equipment acquired. These facility employees who are appropriate to be trained to assist residents include, but are not limited to:**

- 1. Activities professionals;**
- 2. Activities volunteers;**

- 3. Social workers;**
- 4. Occupational therapists; and**
- 5. Therapy assistants.**

#### **8:39-39A.8 Resident assessments**

**(a) The facility shall develop and implement policies and procedures to ensure that appropriate staff assess and regularly reassess the individual needs and preferences of facility residents with respect to the residents' participation in social interactions and religious and recreational activities.**

**1. These assessments and reassessments are to be documented in the resident's medical record.**

**(b) The facility must ensure that the quantity of devices and equipment maintained on-site at the facility at all times are sufficient to meet the assessed social and activities needs and preferences of each facility resident.**

#### **8:39-39A.9 Individualized visitation plan**

**(a) A facility shall develop and implement policies and procedures to ensure that upon the request of a resident or a resident's family member or guardian, appropriate facility staff must develop an individualized visitation plan for the resident. The individualized visitation plan shall:**

- 1. Identify the assessed needs and visitation preferences of the resident;**
- 2. Identify the visitation preferences specified by the resident's family members, if any;**

**3. Address the need for a visitation schedule and establish a visitation schedule, if deemed to be appropriate;**

**4. Describe the location and modalities to be used in visitation; and**

**5. Describe the respective responsibilities of staff, visitors, and the resident when engaging in visitation pursuant to the individualized visitation plan.**

#### **8:39-39A.10 Funding**

**Information on the process for facilities seeking to request funding for communicative technologies and accessories necessary to comply with this subchapter from civil monetary penalty (CMP) funds, as approved by the Federal Centers for Medicare and Medicaid Services, is available on the Department's website at: <https://www.nj.gov/health/healthfacilities/cmp/>.**

## **CHAPTER 43**

### **STANDARDS FOR LICENSURE OF RESIDENTIAL HEALTH CARE FACILITIES LOCATED WITH, AND OPERATED BY LICENSED HEALTH CARE FACILITIES**

#### **SUBCHAPTER 1. DEFINITIONS AND QUALIFICATIONS**

##### **8:43-1.3 Definitions**

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

...

**“Cohorting” means the practice of grouping patients who are or are not colonized or infected with the same organism to confine their care to one area and prevent contact with other patients.**

...

**“Facility” means a residential health care facility licensed pursuant to this chapter.**

...

**“Religious and recreational activities” includes any religious, social, or recreational activity that is consistent with the resident’s preferences and choosing, regardless of whether the activity is coordinated, offered, provided, or sponsored by facility staff or by an outside activities provider.**

...

**“Resident” means a person residing in a residential health care facility who is 18 years of age or [over] older, mobile [under] pursuant to his or her power with or without assistive devices and able to effectuate his or her own evacuation from the [building] facility.**

...

**“Social isolation” means a state of isolation wherein a resident of a long-term care facility is unable to engage in social interactions and religious and recreational activities with other facility residents or with family members, friends, and external support systems.**

...

## **SUBCHAPTER 17. SOCIAL ISOLATION PREVENTION**

### **8:43-17.1 Scope and purpose**

**(a) This chapter sets forthsets forth rules and standards intended to ensureensure that residential health care facilities take steps to prevent the social isolation of residents when in-person contact, communication, or activities are prohibited, restricted, or limited, as permitted by Federal and State statute, rule, or regulation.**

**(b) The purpose of this chapter is to codify the requirements at N.J.S.A. 26:2H-12.97 et seq., which direct the Department to adopt emergency rules to address the prevention of social isolation for residents of residential health care facilities.**

### **8:43-17.2 Policies and procedures**

**(a) A facility must adopt and implement written policies and procedures intended to prevent the social isolation of residents.**

**(b) These required policies and procedures must, at a minimum, address the following:**

- 1. Providing technology to residents for the purpose of maintaining contact with individuals outside of the facility;**
- 2. Ensuring that appropriately trained staff is available to assist residents in maintaining contact with individuals outside of the facility; and**
- 3. Standards for acquiring the technology to implement the requirements at (b)1 above.**

**(c) These policies and procedures must include standards to encourage and enable residents of the facility to engage in in-person contact, communications, and religious and recreational activities with:**

- 1. Other facility residents; and**
- 2. External support systems, such as family and friends.**

**(d) The required policies and procedures adopted and implemented must address facilitating face to face contact through electronic means when such in-person contact, communication, or activities are prohibited, restricted, or limited, as permitted by Federal and State statute, rule, or regulation.**

**1. This can be done through the use of electronic or virtual means and methods, including, but not limited to:**

- i. Computer technology;**
- ii. Internet;**
- iii. Social media;**
- iv. Videoconferencing; and**
- v. Other innovative technological means or methods,**

**(e) Facilities are required, at a minimum, to take the following steps to prevent the social isolation of residents:**

**1. Prominently display on their website and/or social media platforms and include in communications to families, guardians, and the public, a phone number or method of communication for urgent calls or complaints, along with a link to the facility's social isolation policy.**

## **2. Follow Center for Medicare and Medicaid Services (CMS)**

recommendations at <https://www.cms.gov/files/document/qso-20-28-nh-revised.pdf>, for communication when facilities cannot permit in-person visits, as follows:

- i. Offer alternative means of communication for people who would otherwise visit, such as virtual communications;**
- ii. Create or increase email listserv communications to update resident's family members;**
- iii. Assign facility staff as the primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date (for example, a "virtual visitation coordinator"); Assign facility staff as the primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date (for example, a "virtual visitation coordinator");**
- iv. Offer a phone line with a voice recording updated at set times, at least daily, with the facility's general operating status, such as when it is safe to resume visits;**
- v. Host conference calls, webinars, or virtual "office hours" at set times, at a minimum, on a weekly basis, when families can call in, or log on to a conference line, in order to have facility staff share the status of activities or happenings in the facility and family members can ask questions or make suggestions; and**



vi. Update the facility's website, at a minimum, on a weekly basis, to share the status of the facility and include information that helps families know what is happening in their loved one's environment, such as food menus and any scheduled activities.

#### **8:43-17.3 Requirements for residents with disabilities that impede communication**

(a) The social isolation prevention policies and procedures adopted and implemented by each facility are to include protocols and procedures that provide for residents of the facility who have disabilities that impede their ability to communicate, to be given access to assistive and supportive technology, as may be necessary, to facilitate the residents' engagement in face-to-face or verbal/auditory-based contact, communications, and religious and recreational activities with other residents, family members, friends, and other external support systems, through electronic means, including, but not limited to, residents who are:

1. Blind;
2. Deaf;
3. Deaf-blind;
4. Diagnosed with Alzheimer's disease or other related dementias; or
5. Diagnosed with developmental disabilities.

#### **8:43-17.4 Acquisition of technology**

**(a) Facilities must develop and implement specific administrative policies and procedures, as may be necessary, to ensure that residents are able to engage in face-to-face or verbal/auditory-based contact, communications, and religious and recreational activities with other facility residents and with family members, friends, and external support systems, through electronic means. These policies and procedures must address the acquisition, maintenance, and replacement of:**

- 1. Computers;**
- 2. Videoconferencing equipment;**
- 3. Distance-based communications technology;**
- 4. Assistive and supportive technology and devices; and**
- 5. Other technological equipment, accessories, and electronic licenses.**

#### **8:43-17.5 Maintenance of technology**

**(a) Facilities must develop policies and procedures addressing the maintenance of the technology acquired pursuant to the requirements of this subchapter. These policies and procedures must address:**

- 1. The use of environmental barriers and other controls when the equipment and devices are in use, especially in cases where the equipment or devices are likely to become contaminated with bodily substances, are touched frequently with gloved or ungloved hands, or are difficult to clean; and**

**2. The disinfecting of the equipment and devices and any environmental barriers or other physical controls used in association therewith after each use.**

**8:43-17.6 Use of and training of residents in acquired technology**

**(a) Facilities must develop policies and procedures addressing a resident's:**

- 1. Requisition of devices and equipment;**
- 2. Timely provision of devices and equipment; and**
- 3. Return of devices and equipment.**

**(b) Facilities must designate and require appropriate staff to communicate the policies and procedures at (a) above to residents.**

**8:43-17.7 Facility responsibility for training residents in use of equipment**

**(a) Each facility shall designate at least one member of the therapeutic recreation or activities department, or, if the facility does not have such a department, designate at least one senior staff member, as determined by the facility administrator, to train other appropriate facility employees to provide direct assistance to residents, upon request, and on an as-needed basis, as necessary, to ensure that each resident is able to successfully access and use the technology, devices, and equipment acquired. These facility employees who are appropriate to be trained to assist residents include, but are not limited to:**

- 1. Activities professionals;**
- 2. Activities volunteers;**

- 3. Social workers;**
- 4. Occupational therapists; and**
- 5. Therapy assistants.**

#### **8:43-17.8 Resident assessments**

**(a) The facility shall develop and implement policies and procedures to ensure that appropriate staff assess and regularly reassess the individual needs and preferences of facility residents with respect to the residents' participation in social interactions and religious and recreational activities.**

**1. These assessments and reassessments are to be documented in the resident's medical record.**

**(b) The facility must ensure that the quantity of devices and equipment maintained on-site at the facility at all times are sufficient to meet the assessed social and activities needs and preferences of each facility resident.**

#### **8:43-17.9 Individualized visitation plan**

**(a) A facility shall develop and implement policies and procedures to ensure that upon the request of a resident or a resident's family member or guardian, appropriate facility staff must develop an individualized visitation plan for the resident. The individualized visitation plan shall:**

- 1. Identify the assessed needs and visitation preferences of the resident;**
- 2. Identify the visitation preferences specified by the resident's family members, if any;**

**3. Address the need for a visitation schedule and establish a visitation schedule, if deemed to be appropriate;**

**4. Describe the location and modalities to be used in visitation; and**

**5. Describe the respective responsibilities of staff, visitors, and the resident when engaging in visitation pursuant to the individualized visitation plan.**

#### **8:43-17.10 Funding**

**Information on the process for facilities seeking to request funding for communicative technologies and accessories necessary to comply with this subchapter from civil monetary penalty (CMP) funds, as approved by the Federal Centers for Medicare and Medicaid Services, is available on the Department's website at: <https://www.nj.gov/health/healthfacilities/cmp>.**