

## DOH QUESTIONS

On behalf of the Survey and Licensing team of the Department of Health, they wish to thank the Surgery Center Coalition members for their questions.

There have been 170 applications received by the DOH for license application, they have visited **less than 25% of** Centers of Center's with applications submitted. Be patient! They are a small department of surveyors, and besides Ambulatory, the department is working with Dialysis, Hospitals, Home Health, and Hospice with the same team of surveyors.

- 1) There will **NOT be a report sent after the survey!** Pay attention during your exit survey, take notes. Anything they are requesting will be sent to the surveyor via email. Maybe you are missing a CDS certificate or an IFU.
- 2) John Calabria has retired, there is an "Acting Director", her name Ms. Jean DiVitto, any correspondence for change in leadership or responsive should be sent to DOH Program and specific Licensing or Survey.
- 3) The state reporting is handled by the DOH QUALITY REPORTING, you would need to approach them with any questions; they send period emails so be sure you have your contact person on file.
- 4)

### Health Facility Survey & Field Operations

NJ Department of Health  
120 S. Stockton Street  
Lower Level  
Trenton, NJ 08611  
Office: 609-292-9900  
Fax: 609- 943- 3013

### Certificate of Need- Licensing

NJ Department of Health  
Certificate of Need and Licensing  
P.O. Box 358  
Trenton, NJ 08625-0358  
Phone: (609) 292-5960  
Fax: (609) 826-3745

### LIFE SAFETY- LICENSING

#### 5) **What are the surveyors told regarding physical plant deficiencies?**

So, the bottom line is the Center is required to follow **NJAC 8:43A** and **NFPA 2012-NATIONAL FIRE PROTECTION AGENCY ( previous to 2016, it was the NFPA **2002**)**

There is no DOH tool or specific checklist to review to go through any survey.

- a. The Center is required to send in full floor plans, the footprint for the Center, and space that is connected to the Center.
- b. If a LIFE Safety deficiency is found by the Analyst *before* the survey, the Center will be contacted to provide additional information about the space.

- c. If a life safety deficiency is found the Center will have to either correct immediately and send proof of correction- example “ If a smoke detector is missing from a required area, the Center will provide proof of installation of such to the DOH”.
- d. If a major Life Safety issues are found- (hopefully prior to the survey); the Center will have TWO Years to correct the deficiency **OR** they will have TWO years to relocate the Center- in the INTERIM, THE CENTER WILL BE IMMEDIATELY CLOSED if it’s a major life safety condition. An example of this is; if the Center has only one door for a method of egress, they will have the 2 years to find a solution. This should be noted during the Analyst review PRE-survey.
- e. WAIVERS WILL **NOT BE GRANTED** for life safety issues.
- f. If the deficiency is NOT LIFE SAFETY related, the Center will be required to submit documents to the surveyor either same day, or an email to the surveyor when the information is available. The Center may continue to operate.
- g. No Centers have been denied licensure based on the footprint of the building as of today.
- h. When a Center has done a transfer of ownership, the DOH does not need to come out before cases are performed; HOWEVER, the APPLICATION MUST BE APPROVED.
- i. **BIGGIE:** IF the Center is sharing space with the private practice, THE ENTIRE SPACE is required to be licensed under the Center.... what does that mean: if you walk through a physician practice to get to the Center that entire space is subject to licensing and following the NFPA 2012 with egress, emergency lights, fire extinguishers and staffing!

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6) **If a Center has a sink in the OR, they should never have registered and will not be licensed!** A sink in the room, is a PROCEDURE room, not an OR.  
**PERIOD...NEXT**

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7) **If an existing Licensed Center has “purchased a Registration” (filled out an application) what standards do, they need to follow?** A Center that has purchased a registration to add an additional OR, must be ready for a full review. **It’s in the subchapter licensing:**

- A. Which includes: a functional review, B. DCA review, C. license application D. Survey

The Center should be aware that the rest of the building is subject to full review and upgrades such as “electrical, HVAC, Venting and Air Exchange”.

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- 8) **Can a Center apply for a procedure room, in addition to the one OR they have?** Yes, it is to be applied for AFTER the Center receives their approval to operate as a licensed Center.
- a. The same procedure is necessary to add another specialty. Get licensed, then apply for the additional specialties, the Analyst will decide if a survey is necessary- if there are going to be revised plans it's the same as adding a new room. It will require DCA approval. (example adding sterilizers or bringing in medical gasses) .
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**FROM THE SURVEY TEAM**

- 9) **If the Center does NOT have a website, are they required to get one?**
- a. Out-of-network statute requires ASC's to have a website immediately, HOWEVER the statute says “ **Every Center** shall post on their website all plans that they participate with.... SINCE no Center is in network with EVERY provider network, **ALL Centers are required to have a website immediately, the DOH would not only expect the language of the statute, but that the website would have all patient information posted.**

**13. Is a blood bank license required for all ASCs except eye centers?**

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**YES**, and this is being investigated by Gene, a memo should be issued in the upcoming months.

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**14. Will DOH honor the AORN guidelines on surgical attire, coming out in July?**

If the Center has selected AORN as their guideline, then that is what they will follow, then surveyor would look at those guidelines.

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**15. The Clean and dirty are in the same room, and not separated.**

The Team will be observing the traffic flow “functionality” from a dirty area to a clean area.

**16. Can the same person be the Administrator and the Director of Nursing- if they have their alternate on premises? No, each title requires a distinct individual on site when the Center is open.**

- Rules require both the Administrator and the DON to be in the Center when open.
- Some Administrators have their office off site, is this allowed? No.

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**17. Is Maternal Child Consortium membership required ?** As of NOW the answer is, Yes, the Center needs to be a member if they are doing pediatric cases.

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**18. Many surgeons and staff are credentialed at multiple hospitals and Surgery Centers, unfortunately there is NO universal education and training possible due to logistics in each Center.**

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**19. Would the Department provide us with a list of records retention requirements?** As per 8:43A-13.6(a) All medical records shall be preserved in accordance with N.J.S.A. 26:8-5 et seq.

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**20. Discharge Summary- what are the mandatory requirements to be on the form and who must sign the “instructions”.** As per 8:43A-13.3(a)21, The discharge plan, where applicable, and a discharge summary sheet containing the patient’s name, address, dates of admission and discharge, and a summary of the treatment and medication rendered during the patient’s stay.” The signing of the discharge instructions is per Center policy.