The facility shall notify the Department of Health immediately by telephone at (609) 633-8991, or (800) 792-9770 after business hours or Hippocrates URL: https://hippocrates.nj.gov/access, followed by written confirmation within 72 hours for the following:	LTC	AL ALP CPCH	RHC	Adult MDC	Pediatric MDC	Dementia Homes	ICF/ IID	Comments
Examples of reportable events in the nature of physical plant and operational interruptions include, but are not limited to, the following:								
1. Loss of heat or air conditioning;	8:43E- 10.11 (c) 1- 5(i, ii, iii)	8:43E- 10.11 (c) 1- 5(i, ii, iii)	8:43E- 10.11 (c) 1-5(i, ii, iii)	8:43E- 10.11 (c) 1-5(i, ii, iii)	8:43E- 10.11 (c) 1-5(i, ii, iii)	8:43E- 10.11 (c) 1-5(i, ii, iii)		
2. Loss or significant reduction of water, electrical power, or any other essential utilities necessary to the operation of the facility;	8:43E- 10.11 (c) 1- 5(i, ii, iii)	8:43E- 10.11 (c) 1- 5(i, ii, iii)	8:43E- 10.11 (c) 1-5(i, ii, iii)	8:43E- 10.11 (c) 1-5(i, ii, iii)	8:43E- 10.11 (c) 1-5(i, ii, iii)	8:43E- 10.11 (c) 1-5(i, ii, iii)		
3. Fires, disasters, or accidents that result in injury or death of patients, residents or employees, or in evacuation of patients or residents from all or part of the facility; (See Comments Section)	8:43E- 10.11 (c) 1- 5(i, ii, iii)	8:36- 5.10(a)2	8:43E- 10.11 (c) 1-5(i, ii, iii)	8:43F- 3.4(a)5	8:43E- 10.11 (c) 1-5(i, ii, iii)	8:43E- 10.11 (c) 1-5(i, ii, iii)		AMDC: See 8:43F - 3.4(a)5 for additional mandatory notification requirement s
4. A labor stoppage or staffing shortage sufficient to require the temporary closure of a service; and	8:43E- 10.11 (c) 1- 5(i, ii, iii)	8:43E- 10.11 (c) 1- 5(i, ii, iii)	8:43E- 10.11 (c) 1-5(i, ii, iii)	8:43E- 10.11 (c) 1-5(i, ii, iii)	8:43E- 10.11 (c) 1-5(i, ii, iii)	8:43E- 10.11 (c) 1-5(i, ii, iii)		
5. Notices of a potential strike that a facility receives from an employee bargaining unit. (See full text of regulation)	8:43E- 10.11 (c) 1- 5(i, ii, iii)	8:43E- 10.11 (c) 1- 5(i, ii, iii)	8:43E- 10.11 (c) 1-5(i, ii, iii)	8:43E- 10.11 (c) 1-5(i, ii, iii)	8:43E- 10.11 (c) 1-5(i, ii, iii)	8:43E- 10.11 (c) -5 (i, ii, iii)		
Unanticipated interruption or cessation of program services for 3 hours or more (excluding closure for inclement weather).		8:36- 5:10(a)1		8:43F- 3.4 (a)1				
Interruption for three or more hours of basic physical plant services, such as heat, light, power, water, food or staff		ALP: 8:36- 23.17 (a)(b)1						
Any actual or expected interruption or cessation in assisted living program operations and services		8:36- 23.17 (b)(2)						

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A health care facility shall immediately report to the appropriate police authorities all criminal acts or potentially criminal acts that occur within a facility and pose a danger to the life or safety of patients or residents, employees, medical staff or members of the public present in the facility.	8:43E- 10.11 (a)	8:43E- 10.11 (a)	8:43E - 10.11 (a)	8:43E- 10.11 (a)	8:43E- 10.11 (a)	8:43E- 10.11 (a)	W106 483.4 10 (b)	Refer to the Elder Justice Act
Examples of reportable events in the nature of potentially criminal acts include, but are not limited to, the following:	F608 483.12 (b)(5)(i)- (iii)							
1. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider;	8:43E- 10.11 (d) 1-4	8:43E- 10.11 (d) 1-4	8:43E - 10.11 (d) 1- 4	8:43E- 10.11 (d) 1-4	8:43E- 10.11 (d) 1-4	8:43E- 10.11 (d) 1- 4		
2. Abduction of a patient or resident of any age;	8:43E- 10.11 (d) 1-4	8:43E- 10.11 (d) 1-4	8:43E - 10.11 (d) 1- 4	8:43E- 10.11 (d) 1-4	8:43E- 10.11 (d) 1-4	8:43E- 10.11 (d) 1- 4		
3. Sexual assault on a patient or resident, staff member, or visitor within or on the grounds of a facility; and	8:43E- 10.11 (d) 1-4	8:43E- 10.11 (d) 1-4	8:43E - 10.11 (d) 1- 4	8:43E- 10.11 (d) 1-4	8:43E- 10.11 (d) 1-4	8:43E- 10.11 (d) 1- 4		
4. Death or significant injury of a patient or resident, staff member, or visitor resulting from a physical assault that occurs within or on the grounds of the facility.	8:43E- 10.11 (d) 1-4	8:43E- 10.11 (d) 1-4	8:43E - 10.11 (d) 1- 4	8:43E- 10.11 (d) 1-4	8:43E- 10.11 (d) 1-4	8:43E- 10.11 (d) 1- 4		
All alleged or suspected crimes committed by or against participants or residents, which shall also be reported at the time of occurrence to the local police department.		8:36- 5.10(a) 4		8:43F- 3.4 (a)6				
All suspected cases of resident abuse or exploitation that have been reported to the State of NJ LTCO and/or to the county welfare agencies.		8:36- 5.10(a) 3	8:43- 4.9(a) 3					

The facility shall notify the Department of Health immediately by telephone at (609) 633-8991, or (800) 792-9770 after business hours or Hippocrates URL: https://hippocrates.nj.gov/access, followed by written confirmation within 72 hours for the following:	LTC	AL ALP CPCH	RHC	Adult MDC	Pediatric MDC	Dementi a Homes	ICF/ IID	Comments
The facility shall notify the State Office of the Long Term Care Ombudsman [LTCO] at (877) 582-6995 immediately of any suspected or reported resident abuse, neglect, or exploitation of residents aged 60 or older, pursuant to P.L. 1983 c. 43, N.J.S.A. 52:27G-7.1, and shall notify the Department immediately by telephone with respect to residents under the age of 60. LTC: See Federal Regulations F608	8:39- 9.4(f)							Per Federal S&C-11-30-NH letter, dated 6- 17-11, Section 1150B of the Social Security Act, requires specific individuals in applicable long- term care facilities to report ant suspicion of crimes committed against a resident of that facility. Per Federal S&C-11-15- ICF/MR, requires the facility ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or other officials in accordance with State law through established procedures.
Notification of any suspected case of participant abuse or exploitation that occurs during the participant's participation in adult day health services to LTCO, pursuant to N.J.S.A. 52:27G-7.1 et seq., if the participant is 60 years of age or older, and if less than 60 years of age, to the Assessment & Survey Unit in the Division of Health Facilities Evaluation and Licensing of the Department.				8:43F - 3.3(d) 8(i)				

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The facility shall notify the Department of Health immediately by telephone at (609) 633-8991, or (800) 792-9770 after business hours or Hippocrates URL: https://hippocrates.nj.gov/access, followed by written confirmation within 72 hours for the following:	LTC	AL ALP CPCH	RHC	Adult MDC	Pediatric MDC	Dementi a Homes	ICF/ IID	Comments
Notification of any suspected case of participant abuse or exploitation that occurs outside of the participant's participation in adult day health services that is discovered by the facility staff to Adult Protective Services, pursuant to N.J.S.A. 52:27D-46 et seq., if the participant is 60 years of age or older.		8:36- 5.7(a)4		8:43F -3.3 (d) 8(ii)				
Notification of any suspected case of abuse or exploitation of a participant who is 16 or 17 years of age to the NJ Department of Children and Families, Division of Youth and Family Services.				8:43F -3.3 (d) 8(iii)	8:43J-3.4 (e)17(i)			
Termination of employment of the Administrator or the Director of Nursing, and the name and qualifications of the proposed replacement.	8:39- 9.4(e)	8:36- 5.10(a) 6		8:43F -3.4 (a)3	8:43J-3.6 (a)2(i-ii)			
Termination of employment of the administrator, and the name and qualifications of the administrator's replacement. If a new administrator cannot be designated within 72 hours, the facility shall notify the Department in writing and the facility shall make arrangements, which are acceptable to the Department, for administrative supervision. A new administrator shall be appointed within 30 days.				8:43F -3.4 (a)2	8:43J-3.6 (a)1(i-ii)			
Termination of employment of the Administrator, and the name and qualifications of his or her replacement.		8.36- 5.10(a) 1	8:43- 4.9(a) 1			8:37-2.3		
Termination of employment of the Administrator and the Director of Nursing and the name and qualifications of the Administrator's or Director of Nursing's replacement. (See full text of regulations for additional mandatory notification requirements.)				8:43F -3.4 (a)3	8:43J- 3.6(a)1 and 3.6(a) 2(I,ii)			

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The facility shall notify the Department of Health immediately by telephone at (609) 633-8991, or (800) 792-9770 after business hours or Hippocrates URL: https://hippocrates.nj.gov/access, followed by written confirmation within 72 hours for the following:	LTC	AL ALP CPCH	RHC	Adult MDC	Pediatric MDC	Dementi a Homes	ICF/ IID	Comments
A health facility shall report incidents of infectious and communicable diseases to the Department pursuant to N.J.A.C. 8:57.	8:43E- 10.11 (e)	8:43E- 10.11 (e)	8:43E - 10.11 (e)	8:43E- 10.11 (e)	8:43J- 3.4(e)17(i v) 8:43E- 10.11 (e)	8:43E- 10.11 (e)		
The facility shall have a system for investigating, evaluating, and reporting the occurrence of all reportable infections and diseases as specified in Chapter II of the State Sanitary Code (N.J.A.C. 8:57-1).	8:39- 19.4(f)							
In accordance with Chapter II, NJ State Sanitary Code, Communicable Diseases, N.J.A.C. 8:57, a system for investigating, reporting, and evaluating the occurrence of all infections or diseases which are reportable or conditions which may be related to activities and procedures of the facility, and maintaining records for all residents [participants in Adult MDC, children in Pediatric MDC] or personnel having these infections, diseases, or conditions.		8:36- 18.3(a)	8:43- 16.3(a)1	8:43- 16.2(i) 1	8:43J- 15.3(b)1			
Occurrence of epidemic disease in the facility.		8:36- 5.10 (a)(5)		8:43F- 3.4(a)4				
A facility shall notify the Department immediately in writing at such time as it becomes financially insolvent and upon the filing of a voluntary or involuntary petition for bankruptcy under Title 11 of the United States Code.	8:39- 9.4(d)							
Any elopements.		8:36- 5.10(a)2						
The facility shall notify the Department of the admission of any resident under 18 years of age.	8:39- 9.4(g)	5.10(a)2						
All residents who are missing for 24 hours.			8:43- 4.9(a) 2					