

APPLICATION TO THE KEYPORT UNIFIED PLANNING BOARD

1. SUBJECT PROPERTY

Location: 46-48 HWY 36, LLC
Tax Map: Block 106 Lot(s) 1
Dimensions: Frontage _____ Depth _____ Total Area 15,227 SF.
Zone District: HC Highway Commercial

Location of the property is approximately _____ feet from the intersection of
Highway 36 and Van Dorn Street

The property is located within 200 feet of another municipality: _____ NO ☒ YES
If yes, name of municipality Hazlet

The property fronts on a County Road or State Hwy: _____ NO ☒ YES
COUNTY ROUTE NO. _____ STATE HWY NO. Hwy 36

2. APPLICANT INFORMATION

Full Legal Name: WILLOW RECOVERY CENTER, LLC
Address: 72 BROAD ST., MATAWAN, NJ 07747
(Street) (City) (State) (Zip)

Telephone Numbers: DAY 732-705-3253 EVENING _____

Applicant is a: _____ Corporation ☒ Partnership _____ Sole Proprietor _____ Resident

3. OWNER IF DIFFERENT FROM APPLICANT

If the owner of the property is someone different from the Applicant, then please complete the following:

Owner's Name: 46-48 HWY 36, LLC
Address: 46 HIGHWAY 36, KEYPORT, NJ
(Street) (City) (State) (Zip)

Telephone Numbers: DAY _____ EVENING _____

4. ADDITIONAL PROPERTY INFORMATION

Restrictions, covenants, easements, homeowners/condo association by-laws, existing or proposed on the property:

☐ YES (attach copies and/or copy of deed) ☐ PROPOSED (attach description) ☒ NONE

NOTE: All Deeds Restrictions, covenants, easements, association by-laws, either existing or proposed, must be submitted for review, and must be written in easily understandable English in order to be approved.

Present use of the premises and proposed use (describe in detail): Office Use; See attached
as to the proposed use.

5. APPLICANT'S EXPERTS / REPRESENTATIVES

Applicant Attorney: David B. Himelman, Attorney at Law LLC
(Name and Firm if Applicable)

Address: 620 Cranbury Rd, Ste 216, East Brunswick, NJ 08816
(Street) (City) (State) (Zip)

Telephone: 732-659-6130 Fax 732-354-0263

Applicant Engineer: EAST POINT ENGINEERING, LLC
(Name and Firm if Applicable)

Address: 11 SOUTH MAIN ST., MARLBORO, NJ 07746
(Street) (City) (State) (Zip)

Telephone: 732-577-0180 Fax -

Applicant Planning Consultant: Christine A. Nazzaro-Cofone-Cofone Consulting Group, LLC
(Name and Firm if Applicable)

Address: 52 Reckless Place, Red Bank, NJ 07701
(Street) (City) (State) (Zip)

Telephone: 732.933.2715 Fax -

Applicant Traffic Engineer: _____
(Name and Firm if Applicable)

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____ Fax _____

6. OTHER EXPERTS

List any other expert(s) who will submit a report and/or testify on behalf of the Applicant.

Name: Frank S Aiello A.I.A. Field of Expertise: Architect

Address: P.O.BOX 3588, Princeton NJ, 08543
(Street) (City) (State) (Zip)

Telephone: 732.943.5606 Fax _____

7. RELIEF BEING REQUESTED

SUBDIVISION APPROVAL

____ Minor Subdivision

____ Major Subdivision

____ Major Subdivision – Final

____ Number of Lots to be Created

____ Number of Proposed Dwelling Units

Note: A "Plan of Subdivision" must be submitted in accordance with the submission requirements set forth in the Submission Checklist and the Borough of Keyport Ordinance.

SITE PLAN APPROVAL

☒ Major Site Plan Approval _____ Minor Site Plan Approval

☒ Preliminary Site Plan Approval (phases – if applicable) _____

☒ Final Site Plan Approval (phases – if applicable) _____

____ Amendment or Revision to an Approval Site Plan (Area to be disturbed – square feet)

____ Request for a Waiver from Site Plan Review and Approval. Reason for Request: _____

OTHER

_____ Informal Review of _____

_____ Appeal Decision of the Zoning Officer (N.J.S.A. 40:55D-70.a.) Describe nature of appeal: _____

_____ Interpretation of Map or Ordinance, or Decisions upon Special Questions (N.J.S.A. 40:55D 70.b.) Explain: _____

^x _____ Variance Relief-Hardship (N.J.S.A. 40:55D-70c (1)) Provide Reasons: _____
See attached

_____ Variance Relief-Substantial Benefit (N.J.S.A. 40:55D-70c (2)) Provide Reasons: _____

^x _____ Variance Relief-Use (N.J.S.A. 40:55D-70cd) Provide Reasons: _____
See attached

	<u>EXISTING</u>	<u>PROPOSED</u>	<u>REQUIRED</u>
Minimum lot area:*	15,227 SF		10,000 SF
Building coverage limit:*	19.6% (2,978 SF)		35%
Front yard setback:*	19.6 FT RT 36/ 42.8 FT VAN DORN		50 FT/ RT 36; 50 FT/ VAN DORN
Side yard setback:*	25.9 FT		6/16 FT
Rear yard setback:*	25.7 FT		20 FT
Roadway setback:			
Impervious coverage limit:	71.5% (10,880 SF)		90%
Parking spaces:*	11 SPACES		11 SPACES
Building height:*	28 FT +/-		40 FT

*DENOTES ITEMS REQUIRED ON THE SITE PLAN.

7. **SUBMISSION REQUIREMENTS**

The Applicant is required to submit each of the following, unless otherwise noted:

- A. Application: An Original and nineteen (19) copies to the Board Secretary (Total 20) must be submitted (with attached site plan, plot plan, survey and/or other pertinent documents).
- B. Escrow Agreement (Form #1): Sign and submit with original copy of application
- C. Notice of Public Hearing (Form #2): DO NOT MAIL TO PROPERTY OWNERS UNTIL AUTHORIZED TO DO SO BY THE BOARD'S SECRETARY. Submit a draft copy (leaving date of hearing blank) and submit with original application. *(Not required for minor subdivision where no variances are requested)*
- C. Affidavit of Publication – Asbury Park Press: Evidencing that the Notice of Public Hearing (Form #3) was published at least ten (10) days prior to the hearing date: (DO NOT PUBLISH NOTICE IN NEWSPAPER UNTIL AUTHORIZED TO DO SO BY THE BOARD'S SECRETARY) Submit to the Board's Secretary as soon as received by the newspaper. *(Not required for minor subdivision where no variances are requested)*
- D. Affidavit of Service – with attachments (Form #4). Submit to the Board's Secretary along with Original copies of Certified Mail Receipts stamped by the US Post Office as to the date of mailing, and a copy of the Notice of Public Hearing (Form #2) with hearing date.
- E. Tax Payment Certification (Form #5). Submit with Original copy of Application.

8. **OTHER APPROVALS, WHICH MAY BE REQUIRED, AND THE DATES THAT PLANS/APPLICATIONS WERE SUBMITTED:**

AGENCY OR PERMIT	YES	NO	DATE PLANS SUBMITTED
Borough of Keyport Health Dept	_____	_____	_____
Borough of Keyport Planning Board	_____	_____	_____
Freehold Soil Conservation District	_____	_____	_____
NJ Dept. of Transportation	_____	_____	_____
JCP&L	_____	_____	_____
Other: _____	_____	_____	_____

*NJ Dept of Environmental Protection

*Check nature of approval(s) needed on next page:

____ Sewer Extension Permit; ____ Sanitary Sewer Connection Permit; ____ Potable Water Construction Permit;
 ____ Stream Encroachment Permit; ____ Wetlands Permit; ____ Tidal Wetlands Permit; ____ Other _____

List of Maps, Reports and other materials accompanying this application (attach additional pages as required for complete listing): _____

9. OTHER INFORMATION ATTACHED IN SUPPORT OF YOUR APPLICATION.
(List specific information attached and its importance/significance to your application): _____

10. CERTIFICATIONS

APPLICANT

I certify that the foregoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant that I am authorized to sign the application for the Corporation, or that I am a general partner of the partnership applicant. (If the Applicant is a corporation, this application must be signed by an authorized corporate officer as indicated in a resolution of the corporation which must be attached hereto. If the applicant is a partnership, this must be signed by a general partner).

Sworn to and subscribed before me this

15th day of April, 2025

S. Zalewski
NOTARY PUBLIC



X

SIGNATURE OF APPLICANT

Mariya Rudinskaya
Applicant's Name (Print)

OWNER (IF DIFFERENT FROM APPLICANT)

I certify that I am the Owner of the property which is the subject of this application, that I have authorized the applicant to make this application and that I agree to be bound by the application, the representations made by the applicant, and the decision of the Board in this matter.

Sworn to and subscribed before me this

____ Day of _____, 20____

NOTARY PUBLIC

X

SIGNATURE OF OWNER

Owner's Name (Print)

10. CERTIFICATIONS

APPLICANT

I certify that the foregoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant that I am authorized to sign the application for the Corporation, or that I am a general partner of the partnership applicant. (If the Applicant is a corporation, this application must be signed by an authorized corporate officer as indicated in a resolution of the corporation which must be attached hereto. If the applicant is a partnership, this must be signed by a general partner).

Sworn to and subscribed before me this

_____ day of _____, 20__

NOTARY PUBLIC

X _____
SIGNATURE OF APPLICANT

Applicant's Name (Print)

OWNER (IF DIFFERENT FROM APPLICANT)

I certify that I am the Owner of the property which is the subject of this application, that I have authorized the applicant to make this application and that I agree to be bound by the application, the representations made by the applicant, and the decision of the Board in this matter.

Sworn to and subscribed before me this

4 Day of April, 2025

Rose M Montelli

NOTARY PUBLIC

46-48 HWY 36, LLC

X _____
SIGNATURE OF OWNER

C. Todd Meyer Manager

Owner's Name (Print)



JUSTIFICATION FOR D 1 USE VARIANCE

Willow Recovery Center, LLC, (the "Applicant") has applied to the Borough of Keyport Unified Planning Board (the "Board") for Preliminary and Final Site Plan and Use Variance approval, for Property identified as Block 106, Lot 1.081 on the current tax map of the Borough of Keyport and otherwise known as 46 Highway 36, Borough of Keyport, County of Monmouth, State of New Jersey ("Property"). The Applicant has filed an application with the Board seeking to approval to renovate the existing building at the Property to operate a Detoxification substance use disorder treatment facility/residential health care treatment facility. It will provide short-term inpatient services. The Applicant proposes certain site improvements at the Property including new landscaping/buffer, lighting and re-striping of the parking lot among other improvements. The Property is located in the HC- Highway Commercial Zone ("HC Zone"). The proposed use is not permitted in the HC Zone therefore, a "D" 1 Use Variance pursuant to the Municipal Land Use Law, NJSA 40:55 D-70 D (1), is required.

Pursuant to the Municipal Land Use Law, NJSA 40:55 D-70 D (1), the law conferred upon zoning boards the following powers: "in particular cases and for **special reasons**, grant a variance to allow departure from regulations to permit: (1) a use or principal structure in a district restricted against such use or principal structure".

The Applicant as part of the D-1 Use Variance relief sought must provide sufficient proofs as what is generally referred to as both the positive and negative criteria. The special reasons requirement of the MLUL is also referred to as the positive criteria. The special reasons which the courts have generally recognized to support a D-1 use variance include the following; that the use is inherently beneficial; that the site is particularly suited for the use; and the use advances one or more of the purposes of planning as stated in the MLUL.

In Sica v. Board of Adjustment of Tp. Of Wall, 127 N.J. 152 (1992) the Court set forth a four-part balancing test to use in determining whether to grant a use variance for an inherently beneficial use:

1. Identify the public interest at stake.
2. Identify the detrimental effect that will ensue from the grant of the variance.
3. In some situations, the board may reduce the detrimental effect by imposing reasonable conditions on the use.
4. Weigh the public interest against the detrimental effects to determine whether the variance would cause substantial detriment.

As you will hear from the applicant's planners, we believe special reasons can be satisfied in this instance as the use is 'inherently beneficial' as defined in the MLUL. Generally, an inherently beneficial use is a use which fundamentally serves the public good and promotes the general welfare. The proposed facility provides much needed education, medical, rehabilitation services and recovery support for substance abuse and mental health disorders in an effort to address the

drug epidemic problem in this State and elsewhere. The Applicant believes the intended use will serve the public good and promote the general welfare.

NJSA 40:55d-4 in the MLUL specific lists the following uses as inherently beneficial;

- a. Hospital school child care center, group home, or a wind, solar or energy facility.

Therefore, hospitals have been confirmed as inherently beneficial by the legislature. Moreover, it has been held by the Courts in NJ that a drug rehabilitation and treatment center under the supervision of the Commissioner of Health was deemed to be a hospital. *Scerbo v. Orange Board of Adjustment*, 121 N.J. Super 378 (Law. Div. 1972). Thus, the Applicant believes and will support through testimony that its intended use is an inherently beneficial use as well since it would qualify as a hospital as recognized by the MLUL and the Courts given the medical, rehabilitative and related treatment services it will provide to its patients. The Applicant anticipates after hearing all of the testimony, the Board will concur that the positive criteria is satisfied as the proposed treatment facility is an inherently beneficial use.

First Prong under Sica- Public Benefit- as noted above in determining whether to grant a use variance for an inherently beneficial use the Board the public interest at stake.

Why is a drug and alcohol rehabilitation center inherently beneficial?

The use concerns a matter of public interest.

There is also a strong public policy in the state of New Jersey to treat drug addiction which has been codified in various statutory enactments. Two examples of Legislative determinations that define Drug and Alcohol Rehabilitation to be a matter of public interest are:

N.J.S.A. 30:6C-1 which provides that:

It is declared to be the public policy of this State that the human suffering and social and economic loss caused by drug addiction are matters of grave concern to the people of the State and it is imperative that a comprehensive program be established and implemented through the facilities of the State, the several counties, the Federal Government and local and private agencies to prevent drug addiction and to provide diagnosis, treatment, care and rehabilitation for drug addicts to the end that these unfortunate individuals may be restored to good health and again become useful citizens in the community.

N.J.S.A. 26:2BB-1 is a statutory scheme that established the Governor's Council on Alcoholism and Drug Abuse and it provides that:

The Legislature finds and declares that: alcoholism and drug abuse are major health problems facing the residents of this State ... the full resources of this State including counties, municipalities and residents of the State must be mobilized in a persistent and sustained manner in order to achieve a response capable of

meaningfully addressing not only the symptoms but the root causes of this pervasive problem.

Based on the above it is obvious that the state believes rehabilitation is a matter of public policy and beneficial to the public welfare. The testimony to be provided by the Applicant, will show that through statistics and evidence that there is a critical demand and need for these facilities.

Moreover, the Applicant's patients are handicapped and disabled under Federal Law including but not limited to the Federal Fair Housing Act ("FHA") and American with Disabilities Act ("ADA"). Similarly, disabled individuals/patients are also protected under the New Jersey Law Against Discrimination (NJLAD).

The Federal Fair Housing Act defines discrimination to include a refusal to make reasonable accommodations in rules, policies, practices, or services, when such are necessary to provide access to housing for the disabled. The failure to recognize Willow Detox Center's proposed facility as a permitted use is a refusal to make reasonable accommodations in rules, policies, practices and services.

What is a reasonable accommodation?

The Federal Fair Housing Act defines discrimination to include a refusal to make reasonable accommodations in rules, policies, practices, or services, when such accommodations are necessary to provide access to housing for the disabled.

You will hear from the Applicant's planners that in their professional opinion the variance be granted as a reasonable accommodation and moreover that a facility that treats disabled persons Applicant is entitled to a reasonable accommodation through the grant of a use variance to provide access to treatment. There is no financial or administrative burden on the town in granting the variance. The project is privately funded and there are no administrative burdens involved.

Second prong under Sica-The Applicant's planners will discuss the magnitude of any potential negative impacts from the proposed use on the nearby properties. The potential negative impacts on surrounding properties including aesthetics, noise, traffic and safety as will be furthered addressed in testimony. The Applicant believes such testimony will demonstrate there will no negative impact on the surrounding properties from the proposed treatment facility. Also, the Applicant must submit proofs that the use will not substantially impair the intent and purpose of the zone plan and zoning ordinance. The Applicant will provide testimony that proposed treatment facility will include medical, education, day care, rehabilitative and related services for substance abuse and mental health disorders.

Third and Fourth prongs of Sica- (provide measures to mitigate any negative impacts and weigh the public interest against the detrimental effects to determine whether the variance would cause substantial detriment. As you will hear from the Applicant's witnesses, the public interest is urgent and immediate. As the Applicant will provide through testimony, no significant impacts have been identified and the while Applicant has anticipated and or addressed any negative

impacts the board can within its discretion impose as a condition of an approval to be certain such negative impacts are avoided in the future.

To justify the D-1 use variance relief sought, the Applicant must also address the negative criteria. As to the negative criteria, the applicant must prove that the use will not substantially impair the intent and purpose of the zone plan and zoning ordinance and that granting of the variance will not have a significant negative impact on the surrounding properties. The MLUL specifically provides under NJSA 40:55 D- 70 d that no variance may be granted, including relief that involves an inherently beneficial use, without a balance of the negative and positive criteria. This again was reinforced in the Sica decision establishing the 4-prong test to be applied to uses which are inherently beneficial. The Applicant will demonstrate that granting of the variance will not have a **significant** negative impact on the surrounding properties. Finally, the Applicant will be additional testimony that the site is particularly suited since it has already been approved for nursing home which is very similar to the proposed use.

On balance the use variance is justified and should be granted because the public interest far outweighs any detriment. The Applicant will explain how important the need is and the Legislature has also determined rehabilitation is the public policy of the state.

Willow Recovery Center Detox and Residential Facility/Keyport NJ

Overall Description:

The Applicant intends to operate a substance use disorder treatment facility/residential health care treatment facility. It will provide short-term inpatient services. Willow Recovery Center is an affiliate entity of the Applicant. The facility will include 22 short-term detoxification and residential beds, as well as 24-7 staff supervision, security measures throughout the building, and consideration of the client's safety and well-being as the most important variable at all times. Inpatient provides a full range of personalized, evidence-based treatment services and ongoing recovery support to individuals, their families, and the community by an expert team of physicians and other professionals. The Facility will have approximately 15-20 employees and typically a max of 8 employees on any given shift. The employees consist of Medical and nursing staff along with administrative support staff. The facility will operate under several licensed personnel including DR/RN/LPN/LSW/Therapists. The staff will have 3 shifts on weekdays plus an administrative shift. Staff levels are lower on weekends.

Willow Detox plans to be a health-care institution providing health services and medical care to persons suffering from illness and disease. Treatment is provided by health-care professionals including but not limited to:

- Medical Doctors
- Board Certified Psychiatrists
- Physicians skilled in substance use disorder treatment
- Nurse Practitioners
- Registered Nurses
- Licensed Practical Nurses
- Masters Level Clinicians
- Recovery Support Specialists

Patients arrive at our facility in one of three ways:

1. Dropped off by a family member or loved one
2. WILLOW RECOVERY CENTER transportation services
3. Outside transportation (i.e. public transportation)
4. Ambulances are not used for client transportation. If an individual is coming from the hospital, they will either be dropped off or transported to the facility by Willow Recovery Center Staff.

As for onsite security of WILLOW RECOVERY CENTER it provides comprehensive monitoring, throughout the entire building and grounds, including: (1) all patient care areas, (2) hallways and (3) general meeting areas. Additionally, WILLOW RECOVERY CENTER issues RFID bracelets to ensure patient compliance with all required therapy sessions, meetings and events. Furthermore, all exits and entrances have remote alarm systems. Patient safety is the highest priority at WILLOW RECOVERY CENTER.

A. We are responsible for the patient's safety on our premise at all times.

B. To facilitate our safety protocols, every hour, patients are routinely visited, even during sleeping hours, to observe vitals and to have knowledge of where each patient is at all times.

WILLOW RECOVERY CENTER has a Patient Safety Management Plan ("PSMP"), which provides an organized approach to safety management, promoting the safety and security of all of its patients, staff,

visitors and facilities. Specifically, the safety and security rounds are made by the designated facility staff, which focus on:

- A. Inspection of building interior and exterior areas
- B. Inspection of all doors
- C. Inspection of parking lot areas and grounds
- D. Routine results reporting to management

4. Additionally, the security camera systems are located throughout the interior and exterior of the buildings and record both static and motion detected movements

5. The security camera monitoring is viewed at each nursing station, which are located in each patient wing and have a direct view of patient activity.

WILLOW RECOVERY CENTER Clients are never left unattended in common areas or outside. There is Security staff overseeing the facility at all times, and Clients are not allowed to leave the building without staff supervision. The only time that would happen is either for smoke breaks, fresh air, or an outside appointment that needs to be completed due to urgency. Clients typically remain in the facility for 5-7 days and are not permitted to leave at any time during their stay with the exception of the aforementioned situations.

The following are details of the proposed physical components of the building where the proposed Detox facility will be located.

Parking

The Facility will have a proposed 11 parking spots. One parking spot for Handicapped individuals, one parking spot for intake assessments, 2 visitor spots, and 8 employee parking spaces. Clients are not allowed visitors during regular business days, only on the weekend at permitted times. Staffing is less on weekends, which will allow for client family parking at different times on Saturday and Sunday. The facility does not allow walk ins, intakes are scheduled at times when appropriate staff are present.

Bedrooms

20 total beds, various individual as well as double.

- Rooms for a single occupant shall have a minimum of 70 square feet of clear floor space;
- Rooms for multiple clients shall have a minimum of 50 square feet of clear floor space per occupant, with three feet of clear floor space between and at the foot of beds.

Sleeping room doors shall be lockable only from the corridor side using a key, and exit from the room shall be possible at all times by turn of a knob or a lever.

Duplicate keys shall be carried by designated staff at all times;

- There shall be a bedside light for each bed, in addition to ceiling lights or other fixtures suitable for lighting the entire room; and
- There shall be at least a duplex outlet for each bed.

In each room should be two twin beds, one dresser with the ability to house two client's clothing items, two nightstands and a TV.

Bathrooms

With 20 total clients that would mean that there would be 4 full bathrooms as well as two staff bathrooms.

Facilities shall provide on each floor with client sleeping rooms, toilets and baths accessible from a common corridor (if not otherwise adjacent to each sleeping room), as follows:

- There shall be one water closet for every eight occupants;
- There shall be one hand-washing sink for every eight occupants;
- There shall be one shower or tub for every eight occupants, but not less than one tub for every 50 clients per floor, whichever method provides the greater tub-to-occupant ratio; and
- Facilities serving both male and female clients shall provide separate designated shower and toilet facilities in accordance with ratios designated in (b)1 through 3 above.

Facilities shall provide at least one water closet and hand washing sink accessible from a common corridor on all other floors.

- If individual bathroom facilities are unavailable for male and female clients, then the single bathroom must be clearly marked to indicate usage by both.

Living and Recreation Rooms

The Facility will need a sitting/TV/Living Room that can fit individuals on the top floor, and a sitting/TV/Living Room that can fit individuals on the bottom floor. (15 sq ft per individual)

- Facilities shall have a living room or rooms of sufficient size to seat two-thirds of the licensed capacity of the facility with at least 15 square feet per client.
- The facility shall have a living room or rooms with ample space for socialization and other client activities, including letter writing, card playing, board games, reading, listening to radio or television.

Dining Room

The Facility will need a dining room that can fit 10 clients with 15 sq ft per client.

- Facilities shall have a dining room or rooms equipped to seat at least half of its clients at one time, with 15 square feet allotted for each client.
- Facilities may use the dining room(s) for client recreation activities other than during service times, but the dining room shall not be a part of any other room in the facility.

Kitchen Area

The Facility will need a kitchen, with serving area leading to the Dining Room. A walk-in closet, walk-in freezer and grease trap that sufficiently exits away from the building.

- The facility shall keep all kitchen exhaust fans and metal ducts free of grease and dirt, and metal ducts shall comply with the rules of the Department of Community Affairs at N.J.A.C. 5:23.

Employee Offices and Medical Rooms/Nursing Stations

The Facility will need a front desk, that is controlled by buzzer for individuals entering the Facility. Additionally, the Facility will need an office for Clinical Director, Operations Director and 4 Clinician

Offices. 6 Total Offices, 2 group rooms that can fit 8 clients on the top floor and 8 clients on the bottom floor.

The Facility will need a Medical Exam Room, as well as a small nurses station (locked entrance) on the bottom floor, and a nursing station twice its size on the top floor. The nursing stations should include a medication window that allows patients to receive their meds, but can also be locked and secured to prevent client entry. A safe room (closest) that is locked, and has a safe bolted to the floor within the closest will be required in the top floor nursing station to ensure medications are safely locked away by three points of lock.

- Facilities shall equip employee's room(s) with a four-inch alarm bell that is connected to the fire alarm system.

Laundry Room

Facilities shall provide at least one noncommercial washer and dryer for client use.

- The facilities that use commercial laundry equipment shall install such equipment in a separate laundry room, with the remainder of the facility protected from the laundry room by fire separation assemblies of at least one hour fire resistance and doors that provide protection (to the laundry room) in accordance with the rules of the Department of Community Affairs at N.J.A.C. 5:23.
- Facilities shall vent all dryers to the outside of the buildings in which the dryers are located.

Storage Room

The Facility will need a closest, with lockers totaling 300 square ft. for Client Possessions

- Facilities shall provide a minimum of 10 square feet of individual and separated lighted storage space per client for the storage of clothing, linens and personal items and sundries.

New Jersey Administrative Code – Free Public Access | Main Page

Codes can be found at 8:111 Subchapter 24. Physical Plant and Functional Requirements, and Subchapter 25. Physical Environment

All other requirements are done through the Department of Community Affairs at NJAC 5:23