

University of Kansas  
School of Social Welfare  
Office of Social Policy Analysis  
Twente Hall  
Lawrence, Kansas 66045

**HOME PLUS FACILITY  
SEMI-ANNUAL REPORT  
July – December 2006**

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Prepared For:  
Kansas Department on Aging  
Social and Rehabilitation Services

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**Average Daily Census and Occupancy Rate**

July-December, 2006

STATE_ID	NAME	CITY	BEDS	Inpatient Days	HP Occupancy Percentage	Average Census	Number of Days
B005001	COUNTRY PLACE SENIOR	ELLINWOOD	8	1448	98%	7.87	184
B006004	Franklin House	Ft. Scott	2	184	50%	1.00	184
B007002	LIGHTHOUSE GUESTHOUS	HIAWATHA	8	1347	92%	7.32	184
B007003	The Pines	Hiawatha	8	1398	95%	7.60	184
B008002	J & J Home Plus	El Dorado	2	0	0%	.00	184
B016001	COUNTRY SQUIRE SENIO	WAVERLY	4	482	65%	2.62	184
B021010	FAMILY CARE HOME	ABILENE	6	917	83%	4.98	184
B023005	Cooper's Home Care #	Lawrence	8	1058	72%	5.75	184
B023007	Cooper's Home Care #	Lawrence	8	368	25%	2.00	184
B030006	Christian Care Cotta	Ottawa	5	920	100%	5.00	184
B030007	Christian Care Cotta	Ottawa	8	1424	97%	7.74	184
B030008	HEART TO HEART HOME	POMONA	5	724	79%	3.93	184
B043003	The Pines	Holton	8	40	13%	1.00	40
B044001	DEER PARK SENIOR GRO	MERIDEN	8	1007	68%	5.47	184
B044002	DEER PARK SOUTH	MERIDEN	8	1198	81%	6.51	184
B044003	LINNWOOD HOME PLUS	VALLEY FALLS	8	1195	81%	6.49	184
B046002	Golden Years Home Pl	Olathe	4	184	25%	1.00	184
B046030	COMFORT CARE HOMES O	OVERLAND PARK	5	846	92%	4.60	184
B046031	GALWAY HOMES	LEAWOOD	6	920	83%	5.00	184
B046032	GALWAY HOMES #2	LEAWOOD	6	518	47%	2.82	184
B046033	COMFORT CARE HOMES O	LEAWOOD	6	.	.	.	108
B047001	Pioneer Home LLC	Lakin	8	1104	75%	6.00	184
B059010	LAKESIDE HOME PLUS L	MC PHERSON	8	1448	98%	7.87	184
B071002	PROGRESSIVE CARE HOM	ALTON	8	905	61%	4.92	184
B073001	COUNTRY PLACE SENIOR	LARNED	8	1207	82%	6.56	184
B087095	COMFORT CARE HOMES I	WICHITA	6	1082	98%	5.88	184
B087097	COMFORT CARE HOMES I	WICHITA	6	1076	97%	5.85	184
B087099	SUNFLOWER MEADOWS #1	WICHITA	5	862	94%	4.68	184
B087100	COMFORT CARE HOMES I	WICHITA	6	1065	96%	5.79	184
B087106	COMFORT CARE HOMES I	WICHITA	6	1067	97%	5.80	184
B087109	COMFORT CARE HOMES I	WICHITA	8	1437	98%	7.81	184
B087110	Wellington Home Plus	Wichita	4	450	61%	2.45	184
B087116	SUNFLOWER MEADOWS #2	WICHITA	8	1448	98%	7.87	184
B087119	MOTHERS & OTHERS LLC	WICHITA	8	1446	98%	7.86	184
B087121	MEADOWLARK ADULT CAR	WICHITA	6	1012	92%	5.50	184
B087123	HARBOR HOME A	CLEARWATER	8	794	54%	4.32	184

STATE_ID	NAME	CITY	BEDS	Inpatient Days	HP Occupancy Percentage	Average Census	Number of Days
B087124	HARBOR HOME B	CLEARWATER	8	662	45%	3.60	184
B087125	COMFORT CARE HOMES I	WICHITA	6	1065	96%	5.79	184
B087126	COMFORT CARE HOMES I	WICHITA	6	1065	96%	5.79	184
B087132	Arbor Home / Siefkin	Wichita	7	1276	99%	6.93	184
B087135	MEADOWLARK ADULT CAR	WICHITA	8	1434	97%	7.79	184
B087136	Arbor Home / Farmste	Wichita	6	1088	99%	5.91	184
B087137	Arbor Home / Marjori	Wichita	8	1216	83%	6.61	184
B087141	MEADOWLARK ADULT CAR	WICHITA	6	1030	93%	5.60	184
B087142	CARING HEARTS FOR SE	WICHITA	6	.	.	.	31
B087144	THE CAMELLIA AT PARK	WICHITA	8	1035	70%	5.63	184
B087145	Bethel House	Wichita	8	1269	86%	6.90	184
B087146	Reflection Living LL	Wichita	8	1241	84%	6.74	184
B087147	MEADOWLARK ADULT CAR	WICHITA	8	1383	94%	7.52	184
B087148	MEADOWLARK ADULT CAR	WICHITA	5	298	81%	4.03	74
B089062	Topeka Adult Care Ce	Topeka	8	1472	100%	8.00	184
B089066	Glenn Moore Meadows	Holton	8	1309	89%	7.11	184
B096002	SUG'S HOME CARE	CONWAY SPRINGS	5	641	70%	3.48	184
B096004	Beaver Creek Village	Milan	8	1418	96%	7.71	184
B096007	FRIENDLY ACRES II	WELLINGTON	5	900	98%	4.89	184
B096011	Glenwood House	Wellington	8	1387	94%	7.54	184
B096013	PHOENIX HOUSE	CALDWELL	8	1380	94%	7.50	184
B096014	COUNTRYSIDE HOME	WELLINGTON	5	720	80%	4.00	180
B105114	Johnsonville Home	Kansas City	6	648	59%	3.52	184
B105115	MOUNTAIN VIEW CARE P	KANSAS CITY	3	163	30%	.89	184
N093002B	LEISURE HOMESTEAD AT	STAFFORD	6	889	81%	4.83	184

**Admissions and Discharges**

STATE_ID	NAME	CITY	Admissions	DC to Hospital	DC to Death	DC to Swing	DC to ALF	DC to Community	Other DCs	Total DCs
B005001	COUNTRY PLACE SENIOR	ELLINWOOD	3	0	0	0	0	0	0	0
B006004	Franklin House	Ft. Scott	1	0	1	0	0	0	0	1
B007002	LIGHTHOUSE GUESTHOU	HIAWATHA	1	0	0	1	0	0	0	1
B007003	The Pines	Hiawatha	8	1	2	0	0	0	0	3
B008002	J & J Home Plus	El Dorado	0	0	0	0	0	0	0	0
B016001	COUNTRY SQUIRE SENIO	WAVERLY	0	0	0	0	0	0	1	1
B021010	FAMILY CARE HOME	ABILENE	4	1	0	0	0	0	0	1
B023005	Cooper's Home Care #	Lawrence	0	0	1	0	0	0	0	1
B023007	Cooper's Home Care #	Lawrence	2	0	0	0	0	0	0	0
B030006	Christian Care Cotta	Ottawa	0	0	0	0	0	0	0	0
B030007	Christian Care Cotta	Ottawa	1	0	1	0	0	0	0	1
B030008	HEART TO HEART HOME	POMONA	0	0	0	0	0	0	0	0
B043003	The Pines	Holton	1	0	0	0	0	0	0	0
B044001	DEER PARK SENIOR GRO	MERIDEN	3	0	1	0	0	2	1	4
B044002	DEER PARK SOUTH	MERIDEN	3	0	3	0	0	0	0	3
B044003	LINNWOOD HOME PLUS	VALLEY FALLS	2	1	2	1	0	0	0	4
B046002	Golden Years Home Pl	Olathe	1	0	0	0	0	0	0	0
B046030	COMFORT CARE HOMES O	OVERLAND PARK	3	2	2	0	0	0	0	4
B046031	GALWAY HOMES	LEAWOOD	0	0	0	0	0	0	0	0
B046032	GALWAY HOMES #2	LEAWOOD	2	0	0	0	0	0	0	0
B046033	COMFORT CARE HOMES O	LEAWOOD	.	.	.	.	.	.	.	.
B047001	Pioneer Home LLC	Lakin	6	0	0	0	0	0	0	0
B059010	LAKESIDE HOME PLUS L	MC PHERSON	0	0	1	0	0	0	0	1
B071002	PROGRESSIVE CARE HOM	ALTON	1	1	0	1	0	0	0	2
B073001	COUNTRY PLACE SENIOR	LARNED	1	1	0	0	0	0	0	1
B087095	COMFORT CARE HOMES I	WICHITA	2	0	2	0	0	0	0	2
B087097	COMFORT CARE HOMES I	WICHITA	2	1	0	0	1	0	0	2
B087099	SUNFLOWER MEADOWS #1	WICHITA	1	0	0	0	0	0	0	0
B087100	COMFORT CARE HOMES I	WICHITA	3	1	2	0	0	0	0	3
B087106	COMFORT CARE HOMES I	WICHITA	4	1	1	0	2	0	0	4
B087109	COMFORT CARE HOMES I	WICHITA	4	2	2	0	0	0	0	4
B087110	Wellington Home Plus	Wichita	1	0	0	0	0	0	0	0
B087116	SUNFLOWER MEADOWS #2	WICHITA	1	0	1	0	0	0	0	1
B087119	MOTHERS & OTHERS LLC	WICHITA	9	1	0	0	1	0	0	2
B087121	MEADOWLARK ADULT CAR	WICHITA	3	1	0	0	3	0	0	4
B087123	HARBOR HOME A	CLEARWATER	4	4	0	1	0	3	0	8
B087124	HARBOR HOME B	CLEARWATER	2	1	0	1	0	0	0	2
B087125	COMFORT CARE HOMES I	WICHITA	0	0	0	0	0	0	0	0
B087126	COMFORT CARE HOMES I	WICHITA	1	0	0	0	1	0	0	1
B087132	Arbor Home / Siefkin	Wichita	2	0	2	0	0	0	0	2
B087135	MEADOWLARK ADULT CAR	WICHITA	5	1	4	0	0	0	0	5
B087136	Arbor Home / Farmste	Wichita	1	0	0	0	0	0	0	0
B087137	Arbor Home / Marjori	Wichita	3	0	0	0	0	0	0	0
B087141	MEADOWLARK ADULT CAR	WICHITA	5	2	1	1	1	0	0	5
B087142	CARING HEARTS FOR SE	WICHITA	.	.	.	.	.	.	.	.
B087144	THE CAMELLIA AT PARK	WICHITA	6	4	0	1	0	0	0	5
B087145	Bethel House	Wichita	4	2	1	1	0	0	0	4
B087146	Reflection Living LL	Wichita	2	0	1	0	0	0	0	1

Admissions and Discharges

STATE_ID	NAME	CITY	Admissions	DC to Hospital	DC to Death	DC to Swing	DC to ALF	DC to Community	Other DCs	Total DCs
B087147	MEADOWLARK ADULT CAR	WICHITA	5	1	0	0	0	0	0	1
B087148	MEADOWLARK ADULT CAR	WICHITA	8	1	1	0	0	1	0	3
B089062	Topeka Adult Care Ce	Topeka	2	2	2	0	0	0	0	4
B089066	Glenn Moore Meadows	Holton	0	1	0	2	0	0	0	3
B096002	SUG'S HOME CARE	CONWAY SPRINGS	5	1	2	0	0	0	0	3
B096004	Beaver Creek Village	Milan	3	2	2	0	0	0	0	4
B096007	FRIENDLY ACRES II	WELLINGTON	3	0	0	0	0	0	0	0
B096011	Glenwood House	Wellington	2	0	0	1	0	0	0	1
B096013	PHOENIX HOUSE	CALDWELL	1	0	0	1	0	0	0	1
B096014	COUNTRYSIDE HOME	WELLINGTON	0	0	0	0	0	0	0	0
B105114	Johnsonville Home	Kansas City	5	0	1	0	0	1	1	3
B105115	MOUNTAIN VIEW CARE P	KANSAS CITY	3	0	0	2	0	0	0	2
N093002B	LEISURE HOMESTEAD AT	STAFFORD	1	1	0	0	0	0	0	1
<b>Grand Total</b>										
<b>Sum</b>			<b>146</b>	<b>37</b>	<b>39</b>	<b>14</b>	<b>9</b>	<b>7</b>	<b>3</b>	<b>109</b>

**Direct Care Staff by Category\***

NAME	CITY	FTRN	PTRN	FTLPN	PTLPN	FTMA	PTMA	FTNA	PTNA	FTNAT	PTNAT	FTNA	PTNA	FTA	PTA	FTSS	PTSS
COUNTRY PLAC	ELLINWOOD	0	2	1	0	1	4	0	4	0	0	0	0	0	0	0	0
Franklin Hou	Ft. Scott	1	0	0	0	2	0	0	0	0	0	0	0	2	0	0	0
LIGHTHOUSE G	HIAWATHA	0	1	0	0	6	1	1	3	0	0	0	0	0	0	0	0
The Pines	Hiawatha	1	0	2	1	3	0	1	1	0	0	6	2	6	2	6	2
J & J Home P	El Dorado	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
COUNTRY SQUI	WAVERLY	0	0	0	0	1	0	2	1	0	0	0	0	0	0	0	0
FAMILY CARE	ABILENE	1	0	0	1	0	2	0	2	0	0	0	0	0	0	0	0
Cooper's Hom	Lawrence	1	0	0	0	2	0	3	0	0	0	0	0	0	0	0	1
Cooper's Hom	Lawrence	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Christian Ca	Ottawa	0	1	1	0	4	0	2	0	0	0	0	0	0	0	0	0
Christian Ca	Ottawa	0	1	1	0	5	0	4	0	0	0	1	0	0	0	0	0
HEART TO HEA	POMONA	0	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0
The Pines	Holton	1	0	1	0	3	0	0	0	0	0	0	0	0	0	0	0
DEER PARK SE	MERIDEN	1	0	0	0	12	0	3	0	0	0	0	0	1	0	0	0
DEER PARK SO	MERIDEN	1	0	0	0	9	0	5	0	0	0	0	0	1	0	0	0
LINNWOOD HOM	VALLEY FAL	0	1	1	3	1	1	1	3	0	0	0	0	0	0	0	0
Golden Years	Olathe	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0	0
COMFORT CARE	OVERLAND P	0	0	1	1	4	0	2	0	0	0	0	0	0	0	0	0
GALWAY HOMES	LEAWOOD	0	1	0	0	1	0	2	0	0	0	0	0	0	0	0	0
GALWAY HOMES	LEAWOOD	0	1	0	0	1	0	8	0	0	0	0	0	0	0	0	0
COMFORT CARE	LEAWOOD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pioneer Home	Lakin	0	1	0	0	0	0	0	4	0	0	0	0	0	0	0	0
LAKESIDE HOM	MC PHERSON	2	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0
PROGRESSIVE	ALTON	0	1	0	0	0	3	2	2	0	0	3	0	0	0	0	0
COUNTRY PLAC	LARNED	0	2	0	0	3	1	1	0	0	0	0	0	0	0	0	0
COMFORT CARE	WICHITA	0	0	1	0	2	0	0	0	0	0	0	0	1	0	0	0
COMFORT CARE	WICHITA	0	0	1	0	2	0	0	0	0	0	0	0	1	0	0	0
SUNFLOWER ME	WICHITA	0	0	0	1	3	2	0	0	0	0	0	0	0	0	0	0
COMFORT CARE	WICHITA	0	0	1	0	2	0	0	0	0	0	0	0	1	0	0	0
COMFORT CARE	WICHITA	0	0	1	0	2	0	0	0	0	0	0	0	1	0	0	0
COMFORT CARE	WICHITA	0	0	1	0	4	0	0	0	0	0	0	0	1	0	0	0
Wellington H	Wichita	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0
SUNFLOWER ME	WICHITA	0	0	0	1	3	5	4	0	0	0	0	0	0	0	0	0
MOTHERS & OT	WICHITA	0	1	0	0	6	0	3	1	0	0	0	0	0	1	0	0
MEADOWLARK A	WICHITA	1	0	1	0	3	0	0	0	0	0	0	0	1	0	0	0
HARBOR HOME	CLEARWATER	0	0	1	2	2	1	3	1	0	0	0	0	1	0	0	0
HARBOR HOME	CLEARWATER	0	0	1	2	12	1	3	1	0	0	0	0	1	0	0	0
COMFORT CARE	WICHITA	0	0	1	0	2	0	0	0	0	0	0	0	1	0	0	0
COMFORT CARE	WICHITA	0	0	1	0	2	0	0	0	0	0	0	0	1	0	0	0
Arbor Home /	Wichita	0	0	1	0	3	2	1	4	0	0	0	0	0	0	0	0
MEADOWLARK A	WICHITA	1	0	1	0	21	0	14	0	0	0	0	0	1	0	0	0
Arbor Home /	Wichita	0	0	1	0	3	2	0	0	0	0	0	0	0	0	0	0
Arbor Home /	Wichita	1	2	0	0	2	3	3	3	0	0	0	0	0	0	0	0
MEADOWLARK A	WICHITA	1	0	1	0	2	0	1	0	0	0	0	0	1	0	0	0
CARING HEART	WICHITA	0	1	0	0	2	1	3	2	0	0	0	0	0	0	0	0
THE CAMELLIA	WICHITA	0	0	0	1	3	2	0	0	0	0	0	0	0	1	0	0
Bethel House	Wichita	0	0	2	0	4	2	0	0	0	0	0	0	0	0	0	0
Reflection L	Wichita	0	0	0	0	4	5	1	1	0	0	0	0	0	0	0	0
MEADOWLARK A	WICHITA	1	0	1	0	2	0	3	0	0	0	0	0	1	0	0	0
MEADOWLARK A	WICHITA	1	0	1	0	5	0	2	0	0	0	0	0	1	0	0	0
Topeka Adult	Topeka	1	1	0	1	4	4	0	1	0	0	0	0	0	0	0	0
Glenn Moore	Holton	0	1	0	0	4	0	0	0	0	0	0	0	0	0	0	0
SUG'S HOME C	CONWAY SPR	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0

\*Excludes Social Work staff. There were none reported.

Direct Care Staff by Category\*

NAME	CITY	FTRN	PTRN	FTLPN	PTLPN	FTMA	PTMA	FTNA	PTNA	FTNAT	PTNAT	FTNA	PTNA	FTA	PTA	FTSS	PTSS
Beaver Creek	Milan	0	1	0	0	1	1	1	3	0	0	0	0	0	0	0	0
FRIENDLY ACR	WELLINGTON	0	1	0	0	1	1	2	1	0	0	0	0	0	0	0	0
Glenwood Hou	Wellington	0	1	1	0	1	1	0	3	0	0	0	0	0	0	0	0
PHOENIX HOUS	CALDWELL	0	0	0	0	3	0	3	0	0	0	0	0	0	0	0	0
COUNTRYSIDE	WELLINGTON	1	0	0	0	0	0	1	2	0	0	0	0	0	0	0	0
Johnsonville	Kansas Cit	0	1	0	0	0	0	0	4	0	0	0	0	0	0	0	0
MOUNTAIN VIE	KANSAS CIT	0	1	0	0	0	0	2	2	0	0	0	0	0	0	0	0
LEISURE HOME	STAFFORD	0	1	0	2	1	2	0	2	0	0	0	0	0	1	0	1

<b>Grand Total</b>																	
<b>Sum</b>		<b>18</b>	<b>26</b>	<b>30</b>	<b>16</b>	<b>174</b>	<b>48</b>	<b>89</b>	<b>53</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>2</b>	<b>24</b>	<b>5</b>	<b>6</b>	<b>4</b>

\*Excludes Social Work staff. There were none reported.

### Number of Residents by Source of Payment

December 31, 2006

STATE_ID	NAME	CITY	Medicare	Medicaid	Private Pay	Comm Insurance	VA Benefits	All Other
B005001	Golden Years Senior Care	Hutchinson	0	5	2	0	0	0
B006004	COUNTRY PLACE SENIOR LIVI	ELLINWOOD	0	0	8	0	0	0
B007002	Franklin House	Ft. Scott	0	0	1	0	0	0
B007003	LIGHTHOUSE GUESTHOUSE INC	HIAWATHA	0	1	3	0	0	3
B008002	The Pines	Hiawatha	0	0	6	0	0	0
B016001	J and J Home Plus	El Dorado	0	0	0	0	0	0
B021010	COUNTRY SQUIRE SENIOR GAS	WAVERLY	0	0	1	1	0	0
B023005	FAMILY CARE HOME	ABILENE	0	2	4	0	0	0
B023007	Coopers Home #2	Lawrence	0	2	3	0	0	0
B030006	Coopers Home #3	Lawrence	0	0	2	0	0	0
B030007	Christian Care Cottage #1	Ottawa	0	3	2	0	0	0
B030008	Christian Care Cottage #2	Ottawa	0	3	5	0	0	0
B043003	HEART TO HEART HOME PLUS	POMONA	0	2	2	0	0	0
B044001	The Pines	Holton	0	0	1	0	0	0
B044002	DEER PARK SENIOR GROUP HO	MERIDEN	0	2	5	0	0	0
B044003	DEER PARK SOUTH	MERIDEN	0	0	7	0	0	0
B046002	LINNWOOD HOME PLUS	VALLEY FALLS	0	0	7	0	0	0
B046030	Golden Years Home Plus	Olathe	0	0	1	0	0	0
B046031	COMFORT CARE HOMES OF KC	OVERLAND PARK	0	0	2	2	0	0
B046032	GALWAY HOMES	LEAWOOD	0	0	4	1	0	0
B047001	GALWAY HOMES #2	LEAWOOD	0	0	2	0	1	0
B059010	Pioneer Home LLC	Lakin	0	6	0	0	0	0
B071002	LAKESIDE HOME PLUS LLC	MC PHERSON	0	0	5	0	0	2
B073001	PROGRESSIVE CARE HOME PLU	ALTON	0	2	1	2	0	0
B087095	COUNTRY PLACE SENIOR LIVI	LARNED	0	0	8	0	0	0
B087097	COMFORT CARE HOMES INC #4	WICHITA	0	0	6	0	0	0
B087099	COMFORT CARE HOMES INC #6	WICHITA	0	0	5	0	0	0
B087100	SUNFLOWER MEADOWS #1	WICHITA	0	0	2	0	0	3
B087106	COMFORT CARE HOMES INC #1	WICHITA	0	0	6	0	0	0
B087109	COMFORT CARE HOMES INC #6	WICHITA	0	0	5	0	0	0
B087110	COMFORT CARE HOMES INC #1	WICHITA	0	0	8	0	0	0
B087116	Wellington Home Plus	Wichita	0	2	1	0	0	0
B087119	Sunflower Meadows #2	Wichita	0	0	8	0	0	0
B087121	MOTHERS & OTHERS LLC	WICHITA	0	1	5	2	0	0
B087124	MEADOWLARK ADULT CARE HOM	WICHITA	0	1	5	0	0	0
B087125	HARBOR HOME B	CLEARWATER	0	0	5	0	0	0
B087126	COMFORT CARE HOMES INC #6	WICHITA	0	0	6	0	0	0
B087132	COMFORT CARE HOMES INC #5	WICHITA	0	0	5	0	0	0
B087133	Arbor Home / Siefkin	Wichita	0	0	6	0	0	0
B087135	MEADOWLARK ADULT CARE HOM	WICHITA	0	1	7	0	0	0
B087136	Arbor Home / Farmstead	Wichita	0	0	6	0	0	0
B087137	Arbor Home / Marjorie	Wichita	0	2	6	0	0	0
B087141	MEADOWLARK ADULT CARE HOM	WICHITA	0	0	6	0	0	0
B087142	CARING HEARTS FOR SENIOR	WICHITA	0	0	2	3	0	0
B087144	THE CAMELLIA AT PARK WEST	WICHITA	0	0	4	2	0	0

Number of Residents by Source of Payment  
December 31, 2006

STATE_ID	NAME	CITY	Medicare	Medicaid	Private Pay	Comm Insurance	VA Benefits	All Other
B087145	Bethel House	Wichita	0	5	3	0	0	0
B087146	Reflection Living LLC	Wichita	0	0	8	0	0	0
B087147	MEADOWLARK ADULT CARE HOM	WICHITA	0	1	7	0	0	0
B087148	MEADOWLARK ADULT CARE HOM	WICHITA	0	0	5	0	0	0
B089062	Topeka Adult Care Home	Topeka	0	0	6	0	0	0
B089066	Glenn Moore Meadows LLC	Holton	0	1	6	0	0	0
B096002	SUG'S HOME CARE	CONWAY SPRINGS	0	0	3	0	0	0
B096004	Beaver Creek Village	Milan	0	4	1	0	0	0
B096007	FRIENDLY ACRES II	WELLINGTON	0	0	5	0	0	0
B096011	Glenwood House	Wellington	0	4	3	1	0	0
B096013	PHOENIX HOUSE	CALDWELL	0	3	5	0	0	0
B096014	COUNTRYSIDE HOME	WELLINGTON	0	0	1	0	0	3
B105114	Johnsonville Home	Kansas City	0	5	1	0	0	0
B105115	MOUNTAIN VIEW CARE POINT	KANSAS CITY	0	0	1	0	0	0
N093002B	LEISURE HOMESTEAD AT STAF	STAFFORD	0	2	3	0	0	0
<b>Grand Total Sum</b>			<b>0</b>	<b>60</b>	<b>244</b>	<b>14</b>	<b>1</b>	<b>11</b>

**Number of Residents by Source of Admission**

December 31, 2006

STATE_ID	NAME	CITY	Private	Boarding Home	Retirement Apts	Assisted Living	NF, LTCU, SBed	RCF	Gen Hospital	Psy Hospital	VA Hospital	All Other
B008002	J and J Home Pl	El Dorado	0	0	0	0	0	0	0	0	0	0
B006004	Franklin House	Ft. Scott	0	0	0	0	0	0	0	0	0	1
B087110	Wellington Home	Wichita	0	0	0	0	0	1	0	1	1	0
B087109	COMFORT CARE HO	WICHITA	0	0	0	0	1	0	0	0	0	7
B096014	COUNTRYSIDE HOM	WELLINGTON	0	0	0	0	4	0	0	0	0	0
N093002B	LEISURE HOMESTE	STAFFORD	0	0	0	1	3	1	0	0	0	0
B087141	MEADOWLARK ADUL	WICHITA	0	0	0	2	4	0	0	0	0	0
B087145	Bethel House	Wichita	0	0	0	2	4	0	2	0	0	0
B087132	Arbor Home / Si	Wichita	0	0	0	3	2	0	1	0	0	0
B046031	GALWAY HOMES	LEAWOOD	0	0	0	5	0	0	0	0	0	0
B047001	Pioneer Home LL	Lakin	0	6	0	0	0	0	0	0	0	0
B043003	The Pines	Holton	1	0	0	0	0	0	0	0	0	0
B046002	Golden Years Ho	Olathe	1	0	0	0	0	0	0	0	0	0
B105115	MOUNTAIN VIEW C	KANSAS CIT	1	0	0	0	0	0	0	0	0	0
B016001	COUNTRY SQUIRE	WAVERLY	1	0	0	0	1	0	0	0	0	0
B046032	GALWAY HOMES #2	LEAWOOD	1	0	0	0	2	0	0	0	0	0
B007003	The Pines	Hiawatha	1	0	0	0	3	0	2	0	0	0
B087142	CARING HEARTS F	WICHITA	1	0	0	0	4	0	0	0	0	0
B044003	LINNWOOD HOME P	VALLEY FAL	1	0	0	0	5	0	1	0	0	0
B087135	MEADOWLARK ADUL	WICHITA	1	0	0	0	6	0	1	0	0	0
B087147	MEADOWLARK ADUL	WICHITA	1	0	0	0	7	0	0	0	0	0
B087121	MEADOWLARK ADUL	WICHITA	1	0	0	1	2	0	2	0	0	0
B087146	Reflection Livi	Wichita	1	0	0	2	4	1	0	0	0	0
B087137	Arbor Home / Ma	Wichita	1	0	0	5	2	0	0	0	0	0
B087136	Arbor Home / Fa	Wichita	1	0	2	3	0	0	0	0	0	0
B087144	THE CAMELLIA AT	WICHITA	1	1	0	2	1	0	1	0	0	0
B023007	Coopers Home #3	Lawrence	2	0	0	0	0	0	0	0	0	0
B021010	FAMILY CARE HOM	ABILENE	2	0	0	0	0	0	4	0	0	0
B046030	COMFORT CARE HO	OVERLAND P	2	0	0	1	0	0	0	1	0	0
B096007	FRIENDLY ACRES	WELLINGTON	2	0	0	1	0	0	2	0	0	0
B007002	LIGHTHOUSE GUES	HIAWATHA	2	0	0	1	1	0	3	0	0	0
B096011	Glenwood House	Wellington	2	0	0	1	3	0	1	0	0	1
B087106	COMFORT CARE HO	WICHITA	2	0	0	2	0	0	1	0	0	0
B087099	SUNFLOWER MEADO	WICHITA	2	0	0	2	1	0	0	0	0	0
B071002	PROGRESSIVE CAR	ALTON	2	0	1	0	1	0	1	0	0	0
B089062	Topeka Adult Ca	Topeka	2	0	3	0	0	0	0	1	0	0
B096004	Beaver Creek Vi	Milan	2	1	0	0	1	0	1	0	0	0
B096002	SUG'S HOME CARE	CONWAY SPR	3	0	0	0	0	0	0	0	0	0
B023005	Coopers Home #2	Lawrence	3	0	0	0	0	0	0	0	0	2
B087148	MEADOWLARK ADUL	WICHITA	3	0	0	0	0	0	2	0	0	0
B087125	COMFORT CARE HO	WICHITA	3	0	0	2	1	0	0	0	0	0
B030008	HEART TO HEART	POMONA	4	0	0	0	0	0	0	0	0	0
B030006	Christian Care	Ottawa	4	0	0	0	1	0	0	0	0	0
B087124	HARBOR HOME B	CLEARWATER	4	0	0	1	0	0	0	0	0	0
B087100	COMFORT CARE HO	WICHITA	4	0	0	1	1	0	0	0	0	0
B105114	Johnsonville Ho	Kansas Cit	4	0	0	2	0	0	0	0	0	0
B087116	Sunflower Meado	Wichita	4	0	1	0	2	0	0	0	0	1
B087119	MOTHERS & OTHER	WICHITA	4	0	1	3	0	0	0	0	0	0

Number of Residents by Source of Admission  
December 31, 2006

STATE_ID	NAME	CITY	Private	Boarding Home	Retirement Apts	Assisted Living	NF, LTCU, SBed	RCF	Gen Hospital	Psy Hospital	VA Hospital	All Other
B087097	COMFORT CARE HO	WICHITA	5	0	0	0	0	0	0	0	0	0
B087126	COMFORT CARE HO	WICHITA	5	0	0	0	0	0	0	0	0	0
B005001	COUNTRY PLACE S	ELLINWOOD	5	0	0	0	0	0	3	0	0	0
B030007	Christian Care	Ottawa	5	0	0	0	3	0	0	0	0	0
B087095	COMFORT CARE HO	WICHITA	6	0	0	0	0	0	0	0	0	0
B059010	LAKESIDE HOME P	MC PHERSON	6	0	0	0	0	1	0	0	0	0
B073001	COUNTRY PLACE S	LARNED	6	0	0	0	2	0	0	0	0	0
	Golden Years Se	Hutchinson	7	0	0	0	0	0	0	0	0	0
B044001	DEER PARK SENIO	MERIDEN	7	0	0	0	0	0	0	0	0	0
B044002	DEER PARK SOUTH	MERIDEN	7	0	0	0	0	0	0	0	0	0
B089066	Glenn Moore Mea	Holton	7	0	0	0	0	0	0	0	0	0
B096013	PHOENIX HOUSE	CALDWELL	8	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>												
<b>Sum</b>			<b>151</b>	<b>8</b>	<b>8</b>	<b>43</b>	<b>72</b>	<b>4</b>	<b>28</b>	<b>3</b>	<b>1</b>	<b>12</b>

### Number of Residents by Age Group and Gender

December 31, 2006

STATE_ID	NAME	CITY	Age Under 60 Total	Age Under 60 Male	Age Under 60 Female	Age 60-64 Total	Age 60-64 Male	Age 60-64 Female	Age 65-74 Total	Age 65-74 Male	Age 65-74 Female	Age 75-84 Total	Age 75-84 Male	Age 75-84 Female	Age Over 85 Total	Age Over 85 Male	Age Over 85 Female	Age Total	Age Total Male	Age Total Female
B008002	J and J Home Pl	El Dorado	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B006004	Franklin House	Ft. Scott	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1
B087110	Wellington Home	Wichita	0	0	0	0	0	1	0	1	1	1	0	1	1	1	0	3	1	2
B087109	COMFORT CARE HO	WICHITA	0	0	0	0	0	0	0	0	2	0	2	6	1	5	8	1	7	
B096014	COUNTRYSIDE HOM	WELLINGTON	0	0	0	0	0	0	0	0	0	0	0	4	0	4	4	0	4	
N093002B	LEISURE HOMESTE	STAFFORD	0	0	0	0	0	0	0	0	1	0	1	4	0	4	5	0	5	
B087141	MEADOWLARK ADUL	WICHITA	1	1	0	0	0	0	0	0	1	1	0	4	0	4	6	2	4	
B087145	Bethel House	Wichita	1	0	1	4	2	2	2	2	1	1	0	0	0	0	8	3	5	
B087132	Arbor Home / Si	Wichita	0	0	0	0	0	0	0	0	4	2	2	2	2	0	6	4	2	
B046031	GALWAY HOMES	LEAWOOD	0	0	0	0	0	0	0	0	3	0	3	2	0	2	5	0	5	
B047001	Pioneer Home LL	Lakin	3	3	0	0	0	2	1	1	1	1	0	0	0	0	6	5	1	
B043003	The Pines	Holton	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1	
B046002	Golden Years Ho	Olathe	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1	
B105115	MOUNTAIN VIEW C	KANSAS CIT	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
B016001	COUNTRY SQUIRE	WAVERLY	0	0	0	0	0	0	0	0	0	0	0	2	1	1	2	1	1	
B046032	GALWAY HOMES #2	LEAWOOD	0	0	0	0	0	0	1	1	0	1	0	1	0	1	3	1	2	
B007003	The Pines	Hiawatha	0	0	0	0	0	0	0	0	0	0	0	6	1	5	6	1	5	
B087142	CARING HEARTS F	WICHITA	0	0	0	0	0	1	1	0	1	1	0	3	1	2	5	3	2	
B044003	LINWOOD HOME P	VALLEY FAL	0	0	0	0	0	0	0	0	0	0	0	7	0	7	7	0	7	
B087135	MEADOWLARK ADUL	WICHITA	0	0	0	0	0	0	0	0	5	0	5	3	1	2	8	1	7	
B087147	MEADOWLARK ADUL	WICHITA	0	0	0	0	0	0	0	0	3	2	1	5	0	5	8	2	6	
B087121	MEADOWLARK ADUL	WICHITA	0	0	0	0	0	0	0	0	4	1	3	2	1	1	6	2	4	
B087146	Reflection Livi	Wichita	0	0	0	0	0	0	0	0	4	0	4	4	0	4	8	0	8	
B087137	Arbor Home / Ma	Wichita	0	0	0	1	0	1	0	0	0	3	0	3	4	0	4	8	0	8
B087136	Arbor Home / Fa	Wichita	0	0	0	0	0	0	0	0	3	0	3	3	1	2	6	1	5	
B087144	THE CAMELLIA AT	WICHITA	0	0	0	0	0	0	0	0	2	2	0	4	0	4	6	2	4	
B023007	Coopers Home #3	Lawrence	0	0	0	0	0	0	0	0	0	0	0	2	0	2	2	0	2	
B021010	FAMILY CARE HOM	ABILENE	0	0	0	0	0	0	0	0	1	0	1	5	1	4	6	1	5	
B046030	COMFORT CARE HO	OVERLAND P	0	0	0	0	0	0	0	0	3	2	1	1	0	4	3	1	1	
B096007	FRIENDLY ACRES	WELLINGTON	0	0	0	0	0	0	0	0	1	0	1	4	1	3	5	1	4	
B007002	LIGHTHOUSE GUES	HIAWATHA	0	0	0	0	0	0	0	0	1	0	1	6	2	4	7	2	5	
B096011	Glenwood House	Wellington	0	0	0	0	0	1	0	1	3	0	3	4	0	4	8	0	8	
B087106	COMFORT CARE HO	WICHITA	0	0	0	0	0	0	0	2	2	0	3	3	0	5	5	0	0	
B087099	SUNFLOWER MEADO	WICHITA	0	0	0	0	0	1	0	1	4	1	3	0	0	5	1	4	4	
B071002	PROGRESSIVE CAR	ALTON	3	2	1	0	0	0	1	0	1	0	1	0	0	0	5	2	3	
B089062	Topeka Adult Ca	Topeka	0	0	0	0	0	0	0	0	4	2	2	2	0	2	6	2	4	
B096004	Beaver Creek Vi	Milan	0	0	0	0	0	0	0	0	3	1	2	2	0	2	5	1	4	
B096002	SUG'S HOME CARE	CONWAY SPR	0	0	0	0	0	1	0	1	0	1	0	1	0	1	3	0	3	
B023005	Coopers Home #2	Lawrence	0	0	0	0	0	0	0	0	0	0	0	5	1	4	5	1	4	
B087148	MEADOWLARK ADUL	WICHITA	0	0	0	0	0	0	0	0	2	2	0	3	3	0	5	5	0	
B087125	COMFORT CARE HO	WICHITA	0	0	0	0	0	0	0	0	4	1	3	2	0	2	6	1	5	
B030008	HEART TO HEART	POMONA	2	2	0	0	0	0	0	0	0	0	0	2	1	1	4	1	3	
B030006	Christian Care	Ottawa	0	0	0	0	0	0	0	0	3	3	0	2	2	0	5	5	0	
B087124	HARBOR HOME B	CLEARWATER	0	0	0	0	0	1	0	1	0	0	0	4	1	3	5	1	4	
B087100	COMFORT CARE HO	WICHITA	0	0	0	0	0	0	0	0	6	2	4	0	0	6	2	4	4	
B105114	Johnsonville Ho	Kansas Cit	0	0	0	1	1	0	3	3	0	2	2	0	0	6	6	0	0	
B087116	Sunflower Meado	Wichita	0	0	0	0	0	0	1	0	1	3	1	2	4	1	3	8	2	6
B087119	MOTHERS & OTHER	WICHITA	0	0	0	0	0	2	0	2	2	0	2	4	0	4	8	0	8	
B087097	COMFORT CARE HO	WICHITA	0	0	0	0	0	0	0	0	5	2	3	0	0	5	2	3	3	
B087126	COMFORT CARE HO	WICHITA	0	0	0	0	0	1	0	1	2	1	1	2	1	1	5	2	3	
B005001	COUNTRY PLACE S	ELLINWOOD	0	0	0	0	0	1	1	0	3	0	3	4	0	4	8	1	7	
B030007	Christian Care	Ottawa	0	0	0	0	0	1	0	1	3	1	2	4	1	3	8	2	6	
B087095	COMFORT CARE HO	WICHITA	0	0	0	0	0	3	1	2	2	1	1	0	1	6	2	4	4	
B059010	LAKESIDE HOME P	MC PHERSON	0	0	0	1	1	0	1	0	1	4	3	1	0	7	4	3	3	
B073001	COUNTRY PLACE S	LARNED	0	0	0	0	0	0	0	0	0	0	0	8	1	7	8	1	7	
	Golden Years Se	Hutchinson	0	0	0	1	0	1	0	0	2	1	1	4	1	3	7	2	5	
B044001	DEER PARK SENIO	MERIDEN	0	0	0	0	0	0	0	0	1	0	1	6	3	3	7	3	4	
B044002	DEER PARK SOUTH	MERIDEN	0	0	0	0	0	0	0	0	2	0	2	5	1	4	7	1	6	
B089066	Glenn Moore Mea	Holton	0	0	0	0	0	0	0	0	0	1	0	1	6	1	5	7	1	6
B096013	PHOENIX HOUSE	CALDWELL	0	0	0	0	0	0	0	0	0	2	0	2	6	2	4	8	2	6

<b>Grand Total Sum</b>			<b>11</b>	<b>6</b>	<b>5</b>	<b>8</b>	<b>4</b>	<b>4</b>	<b>25</b>	<b>8</b>	<b>17</b>	<b>113</b>	<b>39</b>	<b>74</b>	<b>173</b>	<b>38</b>	<b>135</b>	<b>330</b>	<b>95</b>	<b>235</b>
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**ADC Census During the Reference Week**

STATE_ID	NAME	CITY	ADC Census Sun	ADC Census Mon	ADC Census Tue	ADC Census Wed	ADC Census Thu	ADC Census Fri	ADC Census Sat
B005001	COUNTRY PLAC	ELLINWOOD	0	0	0	0	0	0	0
B006004	Franklin Hou	Ft. Scott	0	0	0	0	0	0	0
B007002	LIGHTHOUSE G	HIAWATHA	0	0	0	0	0	0	0
B007003	The Pines	Hiawatha	0	0	0	0	0	0	0
B008002	J & J Home P	El Dorado	0	0	0	0	0	0	0
B016001	COUNTRY SQUI	WAVERLY	0	0	0	0	0	0	0
B021010	FAMILY CARE	ABILENE	0	0	0	0	0	0	0
B023005	Cooper's Hom	Lawrence	0	0	0	0	0	0	0
B023007	Cooper's Hom	Lawrence	0	0	0	0	0	0	0
B030006	Christian Ca	Ottawa	0	0	0	0	0	0	0
B030007	Christian Ca	Ottawa	0	0	0	0	0	0	0
B030008	HEART TO HEA	POMONA	0	0	0	0	0	0	0
B043003	The Pines	Holton	0	0	0	0	0	0	0
B044001	DEER PARK SE	MERIDEN	0	0	0	0	0	0	0
B044002	DEER PARK SO	MERIDEN	0	0	0	0	0	0	0
B044003	LINNWOOD HOM	VALLEY FAL	0	0	0	0	0	0	0
B046002	Golden Years	Olathe	0	0	0	0	0	0	0
B046030	COMFORT CARE	OVERLAND P	0	0	0	0	0	0	0
B046031	GALWAY HOMES	LEAWOOD	0	0	0	0	0	0	0
B046032	GALWAY HOMES	LEAWOOD	0	0	0	0	0	0	0
B046033	COMFORT CARE	LEAWOOD	0	0	0	0	0	0	0
B047001	Pioneer Home	Lakin	0	0	0	0	0	0	0
B059010	LAKESIDE HOM	MC PHERSON	0	0	0	0	0	0	0
B071002	PROGRESSIVE	ALTON	0	0	0	0	0	0	0
B073001	COUNTRY PLAC	LARNED	0	0	0	0	0	0	0
B087095	COMFORT CARE	WICHITA	0	0	0	0	0	0	0
B087097	COMFORT CARE	WICHITA	0	0	0	0	0	0	0
B087099	SUNFLOWER ME	WICHITA	0	0	0	0	0	0	0
B087100	COMFORT CARE	WICHITA	0	0	0	0	0	0	0
B087106	COMFORT CARE	WICHITA	0	0	0	0	0	0	0
B087109	COMFORT CARE	WICHITA	0	0	0	0	0	0	0
B087110	Wellington H	Wichita	0	0	0	0	0	0	0
B087116	SUNFLOWER ME	WICHITA	0	0	0	0	0	0	0
B087119	MOTHERS & OT	WICHITA	0	0	0	0	1	0	0
B087121	MEADOWLARK A	WICHITA	0	0	0	0	0	0	0
B087123	HARBOR HOME	CLEARWATER	0	0	0	0	0	0	0
B087124	HARBOR HOME	CLEARWATER	0	0	0	0	0	0	0
B087125	COMFORT CARE	WICHITA	0	0	0	0	0	0	0
B087126	COMFORT CARE	WICHITA	0	0	0	0	0	0	0
B087132	Arbor Home /	Wichita	0	0	0	0	0	0	0
B087135	MEADOWLARK A	WICHITA	0	2	2	2	2	2	0
B087136	Arbor Home /	Wichita	0	0	0	0	0	0	0
B087137	Arbor Home /	Wichita	0	0	0	0	0	0	0
B087141	MEADOWLARK A	WICHITA	0	1	0	1	0	1	0
B087142	CARING HEART	WICHITA	0	0	0	0	0	0	0
B087144	THE CAMELLIA	WICHITA	0	0	0	0	0	0	0
B087145	Bethel House	Wichita	0	0	0	0	0	0	0
B087146	Reflection L	Wichita	0	0	0	0	0	0	0

ADC Census During the Reference Week

STATE_ID	NAME	CITY	ADC Census Sun	ADC Census Mon	ADC Census Tue	ADC Census Wed	ADC Census Thu	ADC Census Fri	ADC Census Sat
B087147	MEADOWLARK A	WICHITA	0	2	2	2	2	2	1
B087148	MEADOWLARK A	WICHITA	0	0	0	0	0	0	0
B089062	Topeka Adult	Topeka	0	0	0	0	0	0	0
B089066	Glenn Moore	Holton	0	0	0	0	0	0	0
B096002	SUG'S HOME C	CONWAY SPR	0	0	0	0	0	0	0
B096004	Beaver Creek	Milan	0	0	0	0	0	0	0
B096007	FRIENDLY ACR	WELLINGTON	0	0	0	0	0	0	0
B096011	Glenwood Hou	Wellington	0	0	0	0	0	0	0
B096013	PHOENIX HOUS	CALDWELL	0	0	0	0	0	0	0
B096014	COUNTRYSIDE	WELLINGTON	4	4	4	4	4	4	4
B105114	Johnsonville	Kansas Cit	0	3	3	3	3	3	0
B105115	MOUNTAIN VIE	KANSAS CIT	0	2	3	3	3	3	0
N093002B	LEISURE HOME	STAFFORD	0	0	0	0	0	0	0

<b>Grand Total</b>									
<b>Sum</b>			<b>4</b>	<b>14</b>	<b>14</b>	<b>15</b>	<b>15</b>	<b>15</b>	<b>5</b>

**ADC Hours During the Reference Week**

STATE_ID	NAME	CITY	ADC Hours Sun	ADC Hours Mon	ADC Hours Tue	ADC Hours Wed	ADC Hours Thu	ADC Hours Fri	ADC Hours Sat
B005001	COUNTRY PLAC	ELLINWOOD	0	0	0	0	0	0	0
B006004	Franklin Hou	Ft. Scott	0	0	0	0	0	0	0
B007002	LIGHTHOUSE G	HIAWATHA	0	0	0	0	0	0	0
B007003	The Pines	Hiawatha	0	0	0	0	0	0	0
B008002	J & J Home P	El Dorado	0	0	0	0	0	0	0
B016001	COUNTRY SQUI	WAVERLY	0	0	0	0	0	0	0
B021010	FAMILY CARE	ABILENE	0	0	0	0	0	0	0
B023005	Cooper's Hom	Lawrence	0	0	0	0	0	0	0
B023007	Cooper's Hom	Lawrence	0	0	0	0	0	0	0
B030006	Christian Ca	Ottawa	0	0	0	0	0	0	0
B030007	Christian Ca	Ottawa	0	0	0	0	0	0	0
B030008	HEART TO HEA	POMONA	0	0	0	0	0	0	0
B043003	The Pines	Holton	0	0	0	0	0	0	0
B044001	DEER PARK SE	MERIDEN	0	0	0	0	0	0	0
B044002	DEER PARK SO	MERIDEN	0	0	0	0	0	0	0
B044003	LINNWOOD HOM	VALLEY FAL	0	0	0	0	0	0	0
B046002	Golden Years	Olathe	0	0	0	0	0	0	0
B046030	COMFORT CARE	OVERLAND P	0	0	0	0	0	0	0
B046031	GALWAY HOMES	LEAWOOD	0	0	0	0	0	0	0
B046032	GALWAY HOMES	LEAWOOD	0	0	0	0	0	0	0
B046033	COMFORT CARE	LEAWOOD	0	0	0	0	0	0	0
B047001	Pioneer Home	Lakin	0	0	0	0	0	0	0
B059010	LAKESIDE HOM	MC PHERSON	0	0	0	0	0	0	0
B071002	PROGRESSIVE	ALTON	0	0	0	0	0	0	0
B073001	COUNTRY PLAC	LARNED	0	0	0	0	0	0	0
B087095	COMFORT CARE	WICHITA	0	0	0	0	0	0	0
B087097	COMFORT CARE	WICHITA	0	0	0	0	0	0	0
B087099	SUNFLOWER ME	WICHITA	0	0	0	0	0	0	0
B087100	COMFORT CARE	WICHITA	0	0	0	0	0	0	0
B087106	COMFORT CARE	WICHITA	0	0	0	0	0	0	0
B087109	COMFORT CARE	WICHITA	0	0	0	0	0	0	0
B087110	Wellington H	Wichita	0	0	0	0	0	0	0
B087116	SUNFLOWER ME	WICHITA	0	0	0	0	0	0	0
B087119	MOTHERS & OT	WICHITA	0	0	0	0	4	0	0
B087121	MEADOWLARK A	WICHITA	0	0	0	0	0	0	0
B087123	HARBOR HOME	CLEARWATER	0	0	0	0	0	0	0
B087124	HARBOR HOME	CLEARWATER	0	0	0	0	0	0	0
B087125	COMFORT CARE	WICHITA	0	0	0	0	0	0	0
B087126	COMFORT CARE	WICHITA	0	0	0	0	0	0	0
B087132	Arbor Home /	Wichita	0	0	0	0	0	0	0
B087135	MEADOWLARK A	WICHITA	0	10	10	10	10	10	0
B087136	Arbor Home /	Wichita	0	0	0	0	0	0	0
B087137	Arbor Home /	Wichita	0	0	0	0	0	0	0
B087141	MEADOWLARK A	WICHITA	0	4	0	4	0	4	0
B087142	CARING HEART	WICHITA	0	0	0	0	0	0	0
B087144	THE CAMELLIA	WICHITA	0	0	0	0	0	0	0
B087145	Bethel House	Wichita	0	0	0	0	0	0	0
B087146	Reflection L	Wichita	0	0	0	0	0	0	0
B087147	MEADOWLARK A	WICHITA	0	12	12	12	12	12	4

ADC Hours During the Reference Week

STATE_ID	NAME	CITY	ADC Hours Sun	ADC Hours Mon	ADC Hours Tue	ADC Hours Wed	ADC Hours Thu	ADC Hours Fri	ADC Hours Sat
B087148	MEADOWLARK A	WICHITA	0	0	0	0	0	0	0
B089062	Topeka Adult	Topeka	0	0	0	0	0	0	0
B089066	Glenn Moore	Holton	0	0	0	0	0	0	0
B096002	SUG'S HOME C	CONWAY SPR	0	0	0	0	0	0	0
B096004	Beaver Creek	Milan	0	0	0	0	0	0	0
B096007	FRIENDLY ACR	WELLINGTON	0	0	0	0	0	0	0
B096011	Glenwood Hou	Wellington	0	0	0	0	0	0	0
B096013	PHOENIX HOUS	CALDWELL	0	0	0	0	0	0	0
B096014	COUNTRYSIDE	WELLINGTON	24	24	24	24	24	24	24
B105114	Johnsonville	Kansas Cit	0	7	7	7	7	7	0
B105115	MOUNTAIN VIE	KANSAS CIT	0	9	9	9	9	9	0
N093002B	LEISURE HOME	STAFFORD	0	0	0	0	0	0	0

<b>Grand Total</b>									
<b>Sum</b>			<b>24</b>	<b>66</b>	<b>62</b>	<b>66</b>	<b>66</b>	<b>66</b>	<b>28</b>

# APPENDIX

I. HOME PLUS SEMI-ANNUAL REPORT FORM – SEE PAGE 19

II. HOME PLUS SEMI-ANNUAL REPORT INSTRUCTIONS – SEE PAGE 21

FACILITY NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 RESIDENT CAPACITY: \_\_\_\_\_

REPORTING PERIOD: JAN 1 to JUN 30 or

JULY 1 to DEC 31

STATE ID NUMBER B- \_\_\_\_\_

**HOME PLUS FACILITIES**

HELP

In accordance with KAR 28-39-163 (d), this report shall be filed with the Licensure, Certification & Evaluation Commission (LCE), Kansas Department on Aging by July 10 or by January 10. Administrators shall indicate resident and employee data for the appropriate period – January 1 through June 30 or July 1 through December 31. Refer questions to Sandra Dickison, LCE, (785) 296-1245.

**I. Days of Operation**

- a) Was facility in operation for full six months of the period? YES  NO
- b) If answer is "No," how many days was facility in operation? \_\_\_\_\_ Days

**II. Resident Information** (Do not include Adult Day Care). Complete all blanks. If nothing to report, enter zero.

HP

- 1. Number of Days of Resident Care in Facility during six month reporting period \_\_\_\_\_
- 2. Initial admissions and re-admissions \_\_\_\_\_
- 3. Discharges to hospitals, including psychiatric hospitals \_\_\_\_\_
- 4. Discharges by death \_\_\_\_\_
- 5. Discharges to a swing bed unit, LTC Unit in a hospital, nursing facility or NFMH \_\_\_\_\_
- 6. Discharges to a ALF, RHCF, Home Plus or Boarding Care Facility \_\_\_\_\_
- 7. Discharges to community \_\_\_\_\_
- 8. Other discharges \_\_\_\_\_
- 9. Total discharges during six-month reporting period (items 3 through 8) \_\_\_\_\_
- 10. Resident census on last day of reporting period (June 30 or Dec 31) \_\_\_\_\_
- 11. On June 30 or Dec 31: a. Number: Private \_\_\_\_\_ / Semi-Private \_\_\_\_\_ b. Number Occupied: Private \_\_\_\_\_ / Semi-Private \_\_\_\_\_
- 12. Resident census Indicate 24 hour resident census for facility on each day during the week of October 22 - 28, 2006  
 Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**Adult Day Care (ADC)** residents who spend part of the day at the facility and return to their home part of the day. Indicate census on each day during week of October 22 - 28, 2006

- 13. ADC Resident Census: Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_
- 14. ADC Hours Provided: Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**Home And Community Based Services (HCBS)** on last day of reporting period (June 30 or Dec 31)

- 15. a. Frail Elderly Waiver Provider: YES  NO  If Yes, number of customers (residents) on last day of reporting period \_\_\_\_\_
- b. Physically Disabled Waiver Provider: YES  NO  If Yes, number of customers (residents) on last day of reporting period \_\_\_\_\_
- c. Traumatic Brain Injury Waiver Provider: YES  NO  If Yes, number of customers (residents) on last day of reporting period \_\_\_\_\_

**III. Staffing Information** during week of October 22 - 28, 2006

- 16. Complete all blanks. If nothing to report, enter zero. If facility not in operation during reference week use staff information from last full week of reporting period. Number of Staff in selected positions. Do not include consultants. Include employees on payroll and staff provided through outside staffing agency.

Staff	Full-Time	Part-Time
Registered Nurses		
Licensed Practical Nurses		
Medication Aides (CMAs, LMHTs)		
Nurse Aides (CNAs) (Exclude CMAs, LMHTs)		
Nurse Aide Trainees		
Paid Nutrition Assistants		
Activities Staff		
Social Services Staff		
Licensed Social Workers (Do not include consultant)		

FACILITY NAME: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

17. **Number of Whole Hours** Worked Each Day (24 hours) by Staff in Selected Positions during the **week of October 22 - 28, 2006**  
This is not the number of staff. Indicate below hours actually worked by shift by all staff (full-time and part-time) for the positions listed below. Report number of hours worked in **whole numbers only**. If facility uses two 12-hour shifts, report hours as though facility uses three 8-hour shifts.

DAY SHIFT HOURS	Sun	Mon	Tue	Wed	Thur	Fri	Sat
1. Registered Nurses							
2. Licensed Practical Nurses							
3. Medication Aides (CMAs, LMHTs)							
4. Nurse Aides (CNAs)							
5. Nurse Aide Trainees							
6. Paid Nutrition Assistants							
7. Activities Staff							
8. Social Services Staff (Exclude LSW)							
9. Licensed Social Worker							
EVENING SHIFT HOURS	Sun	Mon	Tue	Wed	Thur	Fri	Sat
1. Registered Nurses							
2. Licensed Practical Nurses							
3. Medication Aides (CMAs, LMHTs)							
4. Nurse Aides (CNAs)							
5. Nurse Aide Trainees							
6. Paid Nutrition Assistants							
7. Activities Staff							
8. Social Services Staff (Exclude LSW)							
9. Licensed Social Worker							
NIGHT SHIFT HOURS	Sun	Mon	Tue	Wed	Thur	Fri	Sat
1. Registered Nurses							
2. Licensed Practical Nurses							
3. Medication Aides (CMAs, LMHTs)							
4. Nurse Aides (CNAs)							
5. Nurse Aide Trainees							
6. Paid Nutrition Assistants							
7. Activities Staff							
8. Social Services Staff (Exclude LSW)							
9. Licensed Social Worker							

For KDOA Office Use Only							

I verify this information is correct and payroll records can verify staffing information.

Administrator's/Operators Name      Administrator's/Operators Electronic Signature      License No.      Date      E-mail address      Phone Number

**This form to be used as an aide for data entry into the Long Term Care Resident Statistics Web Application**  
 If you do not have access to the internet, then return this form to:  
 LCE / KDOA, 503 S. KANSAS AVENUE, TOPEKA KS, 66603-3404

**Print Form**      **Clear Form**

## INSTRUCTIONS SEMI-ANNUAL REPORT HOME PLUS FACILITIES

**FACILITY INFORMATION** at top of form will be auto filled when using the web based version of this form. If using the paper version of this form, enter Facility Name, Street Address, City, State, Zip+4, Licensure Type (ALF, RHCF, OR ALF/RHCF), Resident Capacity (enter number of resident beds indicated on facility license), Administrator/Operator Name, and State ID Number as indicated. Refer questions to Sandra Dickison, LCE, (785) 296-1245.

Complete information for Six Month Reporting Period. Note exceptions for Items 10 thru 17. The instructions for completion of this form are specific only to this report and do not apply to any other required federal and/or state reports.

### Section I. DAYS OF OPERATION

- a. Answer “YES” if facility was in operation for all days of six-month period. (Go to Section II)  
Answer “NO” if facility was not in operation one or more days of six-month period.
- b. If answer was “NO”, record number of days facility was in operation during six-month period.

### Section II. RESIDENT INFORMATION Do not include residents in Adult Day Care in this section.

#### 1. Total Number of Days of Resident Care in Facility

- Count day of admission to facility.
- Count day of death if resident died in facility and before midnight.
- Do not count day of admission to hospital, hospitalization day(s), or bed hold day(s).
- Do not count day of discharge.
- Do not count day (s) of temporary leave/visits of 150 days or less.
- Total Days of Resident Care are calculated as follows. Example: During 181 days of six-month reporting period, facility had 60 residents for 85 days and 58 residents for 96 days,  $(60 \times 85) + (58 \times 96) = 10,668$  days of care.

#### 2. Total Admissions

- Count both initial and readmission.
- Include residents admitted for Respite Care (item 2).
- Include residents admitted for Hospice Care provided by a certified Hospice Provider (item 3).

#### 3. Discharges to hospital

- Count resident(s) admitted to hospital. Include resident(s) on bed-hold.
- Include Hospice or Respite care residents admitted to hospital.
- Include resident(s) who died while in hospital.

#### 4. Discharges by death

- Do not count resident(s) who died in hospital.

#### 5. Discharges to a hospital LTC unit, Nursing Facility or Nursing Facility Mental Health

#### 6. Discharges to ALF, RHCF, Home Plus, or Boarding Care

- Count even if facility located in same building or on same campus.

#### 7. Discharges to community, e.g. private home, independent housing, retirement apartments.

- Count even if located in same building or on same campus.

#### 8. Other Discharges.

- Do not include discharges listed in items 3, 4, 5, 6, and 7.
- Include resident(s) who leave facility for **151 or more days** to visit elsewhere.

#### 9. Total Discharges. Add items 3, 4, 5, 6, 7, and 8

#### 10. Resident Census on last day of reporting period

- Count resident(s) admitted on that date.
- Count resident(s) who died in facility before midnight on that date.
- Do not count resident(s) on Temporary Leave/Visits for 150 days or less.
- Do not count resident(s) discharged on that date.
- Do not count resident(s) in hospital, including those on bed hold on that date.

11. **Number of private and semi private rooms and Number of Occupied private and semi private rooms** (June 30 or Dec 31)
  - Count a semi private room as occupied even when only one person is in the room.
12. **Resident Census** for 24 hour period, 12:00 AM to 11:59 PM, on each day of reference week
  - If the facility was not in operation during reference week, use census from last full week of reporting period.
  - These instructions do not change how you are to report reserve days or census information for Medicaid purposes.
  - **Do not count** residents who are hospitalized.
  - **Do not count** resident who are on temporary leave/visit.

**Adult Day Care (ADC) on each day of reference week**

- ADC Residents are persons who spend part of the day at the facility and return to home part of day.  
**Example:** On Sunday facility had 3 residents in ADC. One resident spent 3 hours at facility and 2 residents spent 2 hours at facility, record 3 as ADC resident census for Sunday and record 7 as number of ADC hours provided for Sunday [3+2+2=7].
13. **ADC Resident Census** Number of residents per day.
  14. **ADC Hours Provided** Total number of hours per day.
  15. **Home and Community Based Services (HCBS)** on June 30 or Dec 31
    - Check “Yes” or “No” for each type of HCBS Service
    - Enter the number of customers (residents) who are receiving the service on June 30 or Dec. 31.
    - Enter 0 if the service is provided and no customers (residents) are receiving the service on June 30 or Dec 31.

**Section III. SELECTED STAFFING INFORMATION during reference week**

- If the facility was not in operation during reference week, use staffing information from last full week of reporting period.
  - Complete all blanks. If nothing to report, enter zero.
  - **Number of Selected Staff during reference week**
  - **Fulltime** is defined as at least 35 hours per 40-hour workweek.
  - **Do not count** social worker, activity, or nurse consultants.
  - **Count** Director of Nursing regardless of licensed bed capacity.
  - **Count** full-time and part-time employees on facility payroll.
  - **Count** full-time and part-time staff provided through outside staffing agencies.
  - **Count** employees and staff on orientation.
16. **Number of Actual Whole Hours Worked for Selected Staff on each day of reference week**
    - Report number of hours worked in whole numbers only.
    - If facility uses two 12 hours shifts per day, report hours as though facility uses three 8-hour shifts.
    - **Count** consultant hours if services provided in facility during the week.
    - **Count** hours of work of all employees on payroll and staff provided through outside staffing agencies.
    - **Count** hours of work of employees and staff on orientation.
    - **Do not include** hours of licensed or certified staff employed as administrative or support staff, e.g. receptionist, business manager, or housekeeping.
    - Paid Nutrition Assistants (PNA) – **Include** hours worked as a PNA by staff employed in another position.
    - Activities staff - **Include** all employees who had responsibility for activity program. If employee had duties other than activity program, record only time spent in activity program in this item.
    - Social service staff - **Include** all staff responsible for social services program. If employee had duties other than social service program, record only time spent in social services tasks in this item.
    - **Administrator/Operator** must sign, provide electronic signature code, date, and provide contact telephone number and e-mail address for administrator/operator.