

**INSTRUCTIONS SEMI-ANNUAL REPORT
ASSISTED LIVING (ALF) AND RESIDENTIAL HEALTH CARE (RHCF) 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 Apartments/Living Units and Number of Occupied Apartments/Living Units** (June 30 or Dec 31)
- Apartments are limited to ALFs and must include a kitchen. Individual Living Units are limited to RHCfs and are not required to have a kitchen. Apartments and individual living units are defined in K.S.A. 39-923(a) (19) and (20).
 - Please indicate both the authorized number of apartments /living units and the number of occupied apartments/living units as of the last day of the reporting period.
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.

16. **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 provide through outside staffing agencies.
- **Count** employees and staff on orientation.

17. **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** Director of Nursing of facility with greater than 60 beds unless the DON is working greater than required fulltime hours as DON and in position other than that of DON, e.g. charge nurse or staff nurse on weekend, etc.
- **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, date, and provide contact telephone number and e-mail address for administrator/operator.