

INSTRUCTIONS FOR COMPLETING RESIDENT STATISTIC INFORMATION

All Nursing Facilities, Assisted Living Facilities, Residential Health Care Facilities, Home Plus, Nursing Facilities for Mental Health and Intermediate Care Facilities for The Mentally Retarded are required to complete this report in a web-based application located at www.agingkansas.org/kdoa/lce/LTC_Reports.html. The information is to be submitted by January 10. A separate report is to be completed for each level of care. Refer questions regarding how to complete the information to Sandra Dickison, LCE, KDOA (785) 296-1245 or by e-mail at SandraDickison@aging.state.ks.us. Any technical questions, please contact the KDOA Help Desk at (785) 296-4987 or by e-mail at Helpdesk@aging.state.ks.us.

This form is to be used as an aide for data entry into the Long Term Care Resident Statistics Web Application.

If you do not have internet access, then return this form to the Licensure, Certification and Evaluation Commission, KDOA, 503 S. Kansas Avenue, Topeka, Kansas, 66603-3404.

The instructions are specific only to this report and do not apply to any other required federal and/or state reports.

SECTION I. **Number of residents in the facility from January 1 through December 31.** Count each resident only once.

SECTION II. RESIDENT STATISTICS

- 1-6. Number of residents by age group and gender in facility on December 31.
 - **Total 6c must agree with resident census of Section II. 10 of the ALF/RHCF, Home Plus and NF/NFMH Semi-Annual Report, Section II. 11 of the ICFMR Semi-Annual Report, and with Totals in Section I. 7k, 8g and Section III of this form.**
7. Number of residents in facility on December 31 in specified location prior to initial admission.
 - Where did the resident live the day before they were initially admitted to your facility?
 - Total in 7k. must agree with resident census of Section II. 10 of the ALF/RHCF, Home Plus and NF/NFMH Semi-Annual Report, Section II. 11 of the ICFMR Semi-Annual Report, and with Totals in Section I. 6c, 8g and Section III of this form.
8. Number of residents in facility on December 31 by primary source of payment.
 - Primary payment source is entity that pays the greatest percentage of cost.
 - **Count** resident's payment source on December 31.
 - If a resident is a Medicaid beneficiary and receives services from a hospice, record source of payment as Medicaid. If a resident is a Medicare beneficiary and receives services from a hospice, record source of payment as Medicare.
 - Total in 8g. must agree with resident census of Section II. 10 of the ALF/RHCF, Home Plus, and NF/NFMH Semi-Annual Report, Section II. 11 of the ICFMR Semi-Annual Report, and with Totals in Section I. 6c, 7k, and Section III of this form.

INSTRUCTIONS FOR COMPLETING RESIDENT STATISTIC FORM (continued)

SECTION III. SERVICES AND CARE PROVIDED BY OR IN FACILITY

9. Services facility offers to individuals other than residents. Check appropriate box(s).
10. Special care units in facility.
 - **“Capacity”** is number of beds designated for special care unit.
11. Hospice services by a Certified Provider.
 - **If answer was “YES”**, number of certified Hospice providers caring for residents in facility on December 31.
12. Universal or Multitask Employee (s).
 - Does facility have such an employee position?
 - If answer is “yes”, check appropriate box (es) identifying tasks performed.

SECTION IV. NUMBER OF RESIDENTS IN FACILITY ON DECEMBER 31 BY COUNTY OF RESIDENCE AT TIME OF INITIAL ADMISSION TO FACILITY

Total in Section III must agree with resident census of Section II. 10 of the ALF/RHCF, Home Plus and NF/NFMH Semi-Annual Report, Section II. 11 of the ICFMR Semi-Annual Report, and with Totals in Section I. 6c, 7k, 8g and Section III of this form.

Administrator/operator must provide his/her electronic signature at bottom of Section III. Please provide contact telephone number and e-mail address for administrator/operator.