INSTRUCTIONS FOR PART I STAFFING
ASSISTED LIVING AND RESIDENTIAL HEALTH CARE FACILITIES

Complete information for the 12 month reporting period except for items 10, 11, 12, 13, 14 and 15 which require data specific to the reference week or the last day of the reporting period.

The instructions for completion of these forms are specific only to these reports 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 the 12 month period.
Answer "no" if facility was not in operation one or more days of the 12 month period.
b.   If answer was "no", record number of days the facility was in operation during the 12 month period.
c.   Select checkbox if there were "no" residents for the 12 month period. After "SAVE", a comment box will display to enter the reason for no residents. Saving the comments will forward you to the last page to submit the form.

SECTION II.   RESIDENT INFORMATION

Do not include residents in adult day care in the section.

1.   Total number of days of resident care in a facility during reporting period.
   * Count day of admission of facility.
   * Count day of death if resident died in facility before midnight.
   * Do not count day of admission to hospital, hospitalization day(s) or bed-hold day(s).
   * Do not count day(s) of temporary leave/visits of 150 days or less.
   * Total days of resident care are calculated as follows: *During 365 days of 12 month reporting period, facility had 60 residents for 85 days and 58 residents for 96. Take 60x85 + 85x96 which will equal 10,668 days of care.*

2.   Total Admissions.
   * Count both initial and readmission.
   * Include residents admitted for respite care.
   * Include residents admitted for hospice care provided by a certified hospice provider.

DISCHARGES:

Count each time a resident leaves the facility permanently or temporarily, e.g. hospital stay. Count each time a resident is discharged not the number of residents who are discharges.

3.   Discharge to hospital.
   * Count resident(s) admitted to the hospital including psychiatric hospitals. Include resident(s) on bed-hold.
   * Include resident(s) who are in the hospital overnight or longer.
   * Include hospice or respite care residents admitted to the hospital.
   * Include resident(s) who died while in the hospital.

4.   Discharges by death.
   * Do not count resident(s) who died while in the hospital

5.   Discharges to a hospital LTC unit, nursing facility or nursing facility for mental health.

6.   Discharge to ALF, RHCF, home plus or boarding care facility.
   * Count even if facility is located in the same building or on the same campus.

7.   Discharge to community, e.g. private home, independent housing, retirement apartments.
   * Count even if facility is located in the same building or on the 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 (Sum of 3, 4, 5, 6, 7 and 8). *This total will be calculated automatically.*

RESIDENT CENSUS:

10. Resident census on the last day of the 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 on the last day of reporting period.
    - Apartments are limited to ALFs and must include a kitchen. Individual living units are limited to RCHFs and are not required to have a kitchen. Apartments and individual living units are defined in KSA 39-923(a)(19)(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 11:50 pm, on each day of the reference week.
    - If the facility was not in operation during the reference week, use census from the last full week of the 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 residents on temporary leave/visit.

ADULT DAY CARE:

Adult day care (ADC) on each day of the reference week. ADC residents are persons who spend part of the day at the facility and return to home part of the day. *Example: On Sunday the facility had 3 residents in ADC. One resident spent 3 hours at the facility and 2 residents spent 2 hours at the facility. Record 3 as ADC resident census for Sunday and record 7 as the 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.

Home and Community-Based Services (HCBS)

15. If facility is an HCBS provider, enter the number of residents receiving services on the last day of reporting period.
    - Check "yes" or "no" for each type of HCBS service.
    - Enter the number of residents who are receiving this service on December 31st.
    - Enter "0" if the service is provided and no residents are receiving the service on December 31st

SECTION III. STAFFING INFORMATION during reference week.

If the facility was not in operation during the reference week, use staffing information from the last full week of the reporting period. Complete all blanks. If there is nothing to report, enter "0"

16. Number of selected staff during reference week.
    - Full time is defined as at least 35 hours per 40-hour work week.
    - Do not count consultants for social services, activity or nursing
    - Count director of nursing regardless of the licensed bed capacity.
    - Count full-time and part-time employees on facility payroll.
    - Count full-time and part-time staff provided through outside agencies.
    - Count employees and staff on orientation.

17- Number of actual whole hours worked by selected staff on each day of reference week.
19. Report number of hours worked in whole numbers only.
    - If facility uses two 12-hour shifts per day, report hours as though facility uses three 8-hour shifts.
    - Count consultant hours if services are provided in facility during the week.
    - Count hours of work of all selected employees on facility payroll and staff provided through outside staffing agencies.

- Count hours of work of employees and staff on orientation.
- Do not include director of nursing with greater than 60 beds unless the DON is working greater than full-time hours as DON and in position other than that of DON, e.g. charge nurse or staff nurse on weekends, 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 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 the time spent in activity program.
- Social service staff includes all staff responsible for social services program. If employee had duties other than the social service program, record only time spent in social services.

COMPLETE AND SUBMIT PART I

Submitting this form is considered the legal signature and title of the individual authorized to represent the governing body, corporation, partnership, joint venture, individual or organization in the operation of the facility.
- Enter the date and click on the "Submit Form" button.
- Successful completion closes the form and returns to the facility home page. To view the form go to the facility statistical reports section at the button of the facility home page and click "view" in the form status column. To return to the home page, click on the print view title or double-click on the back arrow on your browser tool bar.
- If Part I cannot be submitted because of errors that cannot be immediately corrected, the form can be accessed later through the facility home page. Go to facility statistical reports section at the bottom of the page and click edit in the form status column to open the form for correction and submission.

PART II

Continue on with Part II of the facility statistical reports.