

**INSTRUCTIONS FOR COMPLETING INITIAL APPLICATIONS AND CHANGE OF OWNERSHIPS
FOR AN ALF/RHCF- (KOTA)**

PART I

Reason: Place an "x" in the appropriate box to indicate the reason for the application.

Line A -- Identification: Facility Name-Full legal name as reported to the Internal Revenue Service, Type of other name- Please include any previous legal names, current "Doing Business As" names or any other names (specify), physical address, city, zip code, county, telephone number, fax number and Federal tax ID Number.

Line B – Administrator: Name of the individual who is charged with general administration of the nursing facility.

Line C – Licensed Beds: Select the category(ies) along with the number of beds. Indicate total beds.

Line D – Surety Bond/Professional Liability Insurance Company Information: Name of the insurance companies, amount of the surety bond and liability coverage and expiration date of the bonds.

Line E – Owner of Building/Property: Name, address and federal tax id of the person, organization or business entity that owns the building/property as it appears on the warranty deed. *(A copy of the warranty deed and purchase agreement must be submitted)*. Part II of the application must be completed.

Line F – Lessee or Contract Purchaser: Name, address and federal tax id of person or business entity who receives the use and possession of lease property/building in exchange for a payment of funds. Also known as tenant and has a lease agreement with the landlord. *(A copy of the signed lease agreement/asset transfer agreement must be submitted)*. Part II of the application must be completed.

Line G – Sublessee: Name, address and federal tax id of the person or business entity who receives the use and possession of the lease property in exchange for payment of funds. Also known as tenant and has a sublessee agreement with the lessee. *(A copy of a signed sublease agreement must be submitted)*. Part II of the application must be completed.

Line H – Management Firm: Name address and federal tax id of the person or business entity that has a management agreement to operate the facility. *(A copy of a signed management agreement must be submitted)*. Part II of the application must be completed.

Line I – Other Entities: Name address and federal tax id of any other business entity involved in operating or in managing the nursing facility.

Please note that any entity defined at KSA 39-923 (a)(15) should be included.

KSA 39-923 (a)(15) "Operate an adult care home" means to own, lease, sublease, establish, maintain, conduct the affairs of or manage an adult care home, except that for the purposes of this definition the word "own" and the word "lease" shall not include hospital districts, cities and counties that hold title to an adult care home purchased or constructed through the sale of bonds.

PART II *(Each licensee appearing on Part I, Lines E, F, G, H or I, must complete and sign Part II)*

Line Identification: Full legal name, address, city and zip code.

Line B – Business Entity: Name of organization or entity established as a separate existence for the purpose of taxes *(corporations, limited liability companies, sole proprietorships, etc.)*.

Line C – Type of Entity: Place an "x" in the appropriate box to indicate type of entity.

Line D – Resident Agent: -- Name and address of the resident agent. *(Business entities are required to register with the Secretary of State and designate the resident agent)*. Complete the boxes listed below with the business entity listed on Line B.

ADDITIONAL DOCUMENTS THAT MUST BE SUBMITTED WITH APPLICATION:

1. A copy of the warranty deed to the building/property. (*For Change of ownership (CHOW) A signed sale/purchase agreement/Asset Transfer Agreement*).
2. A copy of the signed lease, sublease and/or management agreements.
3. A detailed projected budget for the first 12 months of operation, prepared in accordance with generally accepted accounting principles (G A A P) and certified by the principal officer of the applicant, accompanied by evidence of access to a sufficient amount of working capital required to operate the adult care home in accordance with the budget, in the form of cash on deposit, a line of credit, applicant's equity, or any combination thereof. (KSA 39-927)
4. A list of each current or previously licensed facility in Kansas or any other state, territory or country or the District of Columbia in which the applicant has or previously had any percentage of ownership in the operations or the real property of the facility. The list must contain the name and address of the facility, the facility type, the date acquired, and the date sold (if applicable). For each facility provide the history of compliance, history of disciplinary action, denial or revocation of any license for an adult care home, and current or past law suits related to the operation and/or the health, safety, and welfare of residents and staff. (KSA 39-927)
5. Affirmative evidence of the applicant's ability to comply with such reasonable standards and rules and regulations as are adopted under the provisions of K.S.A. 39-923 *et seq.*
6. Resumes of applicant's executives from each corporation or business entity involved with operation of the adult care home as defined in KSA 39-923 (a)(15)
7. A copy of the Resident Fund Surety Bond and certificate of Professional Liability Insurance.
8. The Office of the State Fire Marshal requires the following items to be submitted for review and acceptance:

* An 11 x 17 Code Footprint sealed, signed, and dated by Kansas Licensed Architect or Engineer. The code footprint shall be in compliance with KAR 22-1-7.

The code footprint must be submitted with C22 and C22A form.

*The C.2.2. and C.2.2.A forms are available by selecting the document name under the PDF located at the bottom of the table where these instructions are found labeled: Office of the State Fire Marshal Requirements

* Fire Alarm plans and battery calculations sealed, signed, and dated by Kansas Licensed Engineer (if required by code). Shall be in compliance with NFPA 72 and the Shop Drawings requirement section.

The Fire Alarm plans must be submitted with C22 form.

* Automatic Sprinkler plans and hydraulic calculations sealed, signed, and dated by Kansas Licensed Engineer (if required by code). Shall be in compliance with NFPA 13 and the Plans and Calculations Chapter.

The Sprinkler plans must be submitted with C22 form.

* The Kansas State Fire Marshal's office requires 30 days' notice prior to the building being occupied in order for a final inspection to be scheduled and performed.

Plan reviews by the Kansas State Fire Marshal, are cursory in nature and compliance to the appropriate standards is expected. Comments provided by other reviewing parties and by other authorities having jurisdiction shall be acknowledged.

All submissions should be in pdf format and emailed to: prevention@ks.gov

Contact information if you have any questions: 785-296-3401. For questions regarding the plans submission requirements please ask to be directed to a Fire Protection Specialist.

9. Manual with policies and procedures.

Policies Required for State Licensure:

Please submit the following policies for all new applications and change of ownership applications where the policies and procedures of the facility will change.

These policies must be approved prior to approval of the license/change of ownership.

Topic	Regulation Reference
Abuse, Neglect and Exploitation (<i>use definitions from KSA 39-1401</i>)	26-41-101(f)
Admission, Transfer and Discharge (<i>policies only</i>)	26-39-102(a)(f), 26-41-200
Adult Day Care (<i>if applicable</i>)	26-41-203(b)
Advanced Medical Directive	26-39-102(b)
Disaster and Emergency Preparedness	26-41-104(b)
Infection Control	26-41-207(b)
Resident Rights	26-41-101(d)
Respite Care (<i>if applicable</i>)	26-41-203(c)
Special Care (<i>if applicable</i>)	26-41-203(d)

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