

**INSTRUCTIONS FOR COMPLETING INITIAL APPLICATIONS AND CHANGES OF OWNERSHIP  
FOR ASSISTED LIVING AND RESIDENTIAL HEALTH CARE FACILITIES**

**PART I**

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

**Line A** -- Identification: Full legal name, physical address, city, zip code, county, telephone number, fax number and Federal tax ID Number. *(If applicable, use "Other Name" field to indicate Doing Business As (DBA) name and make the appropriate box in the "Type of Other Name" section.)*

**Line B** -- Administration: Name, License/Registration Number, and Email Address of the individual directly responsible for planning, organizing, directing and controlling the operation of an adult care home as the Administrator or Operator. *(Note: All nursing facilities along with assisted living/residential health care facilities with more than 60 residents require a licensed adult care home administrator.)*

**Line C** -- License Category: Select the category(ies) along with the number of beds/slots for each category. Indicate total licensed resident capacity in designated area.

**Lines D/E** -- 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. *(Please note: NFs, ALFs, and RHCfs are required to maintain professional liability insurance.)*

**Line F** -- Owner of Building: Name, address, and FEIN of the person, organization or business entity that owns the building as it appears on the warranty deed. *(A copy of the warranty deed and purchase agreement will need to be submitted and building owner name must match the deed.)* Part II of the application must be completed.

**Line G** -- Lessee or Contract Purchaser: Name, address, and FEIN of person or business entity who receives the use and possession of lease property 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 will need to be submitted).* If this section is filled out, an additional Part II of the application must be completed.

**Line H** -- Sublessee: Name, address, and FEIN 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 the signed sublease agreement will need to be submitted).* If this section is filled out, an additional Part II of the application must be completed.

**Line I** -- Management Firm: Name, address, and FEIN of the person or business entity that has a management agreement to operate the facility. *(A copy of a signed management agreement will need to be submitted).* If this section is filled out, an additional Part II of the application must be completed.

**Line J** -- Other Entities: Name, address, and FEIN of any other business entity involved in operating or in managing the nursing facility. *(If the name of the facility is a corporation or LLC and has not already been listed in any of the other entity sections, place the entity information in this section.)* If this section is filled out, an additional Part II of the application must be completed.

**Line K** -- Revenue Bond: Check "Yes" box if building was financed by an industrial revenue bond and provide the name and address of the government agency along with the expiration date of the bond. In addition to completing this section of the application, provide the outstanding industrial revenue bond information and supporting documentation.

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

**Line A** -- Facility's 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. What is listed in this section must match what is on file with the Secretary of State's Office.)*

Complete the boxes at the bottom of the part II within the instructions provided for all individual names:

- If the entity is owned, in whole or in part, by another business entity(ies), continue to breakdown the entities with ownership interest until the individuals behind the entity are identified.

## CHANGE OF OWNERSHIP (CHOW)

For change of ownership information, refer to KSA 39-936a thru KSA 39-936 and KAR 26-39-101(c) *Change of Ownership or licensee*. This information can be found at:

<https://kdads.ks.gov/provider-home/statutes-and-regulations>

KSA 39-926. **License required to operate home; compliance with regulations.** It shall be unlawful for any person or persons acting jointly or severally to operate an adult care home within this state except upon license first had and obtained for that purpose from the secretary of aging as the licensing agency upon application made therefor as provided in this act and compliance with the requirements, standards, rules and regulations, promulgated under its provisions.

### **ADDITIONAL DOCUMENTS TO SUBMIT TO COMPLETE AN INITIAL, CHOW PACKET REQUIRED:**

1. A copy of the warranty deed to the building/property registered with the county with stamp.
2. *For Change of ownership (CHOW)* A signed sale/purchase agreement/Asset Transfer Agreement will need to be provided. Within one of these agreements between the seller and buyer will need to provide the new owners with all financial and statistical records used to support cost reports and shall be retained for five (5) years with the new owners. (KSA 129-10-15b(8)).
3. A copy of the signed lease, sublease and/or management agreements.
4. A detailed projected budget for the first 12 months of operation, prepared in accordance with generally accepted accounting principles ( G 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).
5. 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).
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. Submit a copy of the Resident Fund Surety Bond and certificate of Professional Liability Insurance. **(As applicable.)**
8. Policies and procedures must be submitted along with the application for the following Topics:

Topic	Regulation Reference
<b>Abuse, Neglect and Exploitation</b> <i>(Use definitions from KSA 39-1401)</i>	<b>26-41-101(f)</b>
<b>Admission, Transfer and Discharge (policies only)</b>	<b>26-39-102(a)(f); 26-41-200</b>
<b>Adult Day Care (if applicable)</b>	<b>26-41-203(b)</b>
<b>Advanced Medical Directive</b>	<b>26-42-102(b)</b>
<b>Disaster and Emergency Preparedness</b>	<b>26-41-104(b)</b>
<b>Infection Control</b>	<b>26-41-207(b)</b>
<b>Resident Rights</b>	<b>26-41-101(d)</b>
<b>Respite Care (if applicable)</b>	<b>26-41-203(c)</b>
<b>Special Care (if applicable)</b>	<b>26-41-203(d)</b>

Policies are a statement that reflects the "rules" for practice. Policies should be written in clear, concise simple language and address what is the rule rather than how to implement the rule.

Procedures are a series of steps taken to implement a policy. Procedures are tied to policies; they list steps to follow in order to comply with the policy and should be written so all users can easily follow what needs to be done.

9. 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](mailto:prevention@ks.gov)  
Contact information if you have any questions: 785-296-3401.

Please note that once the application and additional required documents, free of errors or missing information\*, are submitted\* to KDADS for licensure, supervisory review can take up to 90 days for processing. KSA 77-511(2)