

**INSTRUCTIONS FOR COMPLETING INITIAL APPLICATIONS AND CHANGE OF OWNERSHIPS  
FOR NURSING 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 (FEIN). *(If applicable, use "Other Name" field to indicate Doing Business As (DBA) name and mark 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. *(Note: NFs, ALFs, and RHCs 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.

**ADDITIONAL DOCUMENTS THAT MUST BE SUBMITTED WITH APPLICATION:**

1. A copy of the warranty deed to the building/property.
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 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 lawsuits related to the operation and/or the health, safety, and welfare of residents and staff. (KSA 39-927)
6. 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.*
7. 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).
8. A copy of the Resident Fund Surety Bond and certificate of Professional Liability Insurance.
9. The Office of the State Fire Marshal (KSFM) 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 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).  
Questions with KSFM's process call: 785-296-3401.

10. Provide a manual with policies and procedures (P&Ps required listed below).

**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.

<i>Admission, Transfer Discharge</i>	<i>KAR 26-39-102(a)(b)(d)(f)(g)</i>
<i>Protection of Resident Funds</i>	<i>KAR 26-39-149</i>
<i>Pharmacy Services</i>	<i>KAR 26-39-156</i>
<i>Infection Control</i>	<i>KAR 26-39-161</i>
<i>Lab</i>	<i>KAR 26-39-163(k)</i>
<i>Radiology</i>	<i>KAR 26-39-163(l)</i>
<i>Disaster and Emergency Preparedness</i>	<i>KAR 26-39-162(n)</i>

**Policies Required for Medicare/Medicaid Certification:**

Please submit the following policies for all new applications and change of ownership applications where the policies and procedures of the facility will change if you wish to obtain/continue Medicare/Medicaid certification.

- New Facilities: Submitting these policies prior to initial licensure will prevent potential delays in Medicare/Medicaid certification. These policies must be reviewed as part of the initial CMS certification process. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>
- Change of Ownership where Policies will Change: If the policies are not submitted for approval with the change of ownership application, a survey will be scheduled after the change of ownership to review compliance with this CMS requirement.

ANE	F600	Free from abuse and neglect
	F606	Not employee/engage staff with adverse actions
	F607	Develop/implement ANE policies
	F943	ANE training
	F947	Required in-service training for nurse aides
	F608	Reporting of reasonable suspicion of a crime
	F609	Reporting alleged violations
	F610	Investigate/prevent/correct alleged violation
Accidents Hazards	F689	Free of accidents hazards/supervision/devices
	F700	Bedrails
	F909	Resident bed
Activities	F679	Activities meet interest/needs of each resident
ADL's ADL Decline	F676	Activities of daily living/maintain abilities
Advance Directives (CPR)	F578	Request/refuse discontinue treatment; formulate advance directives
Bowel and Bladder	F690	Bowel/bladder incontinence, catheter, UTI
Change of Condition	F684	Quality of care
Choices	F561	Self-determination
Constipation/Diarrhea	F684	Quality of care
Dementia Care	F744	Treatment/service of dementia
Dental	F790	Routine/emergency dental services in SNF's
	F791	Routine/emergency dental services in NF's
Dialysis	F698	Dialysis
	F692	Nutrition/hydration status maintenance
	F710	Resident's care supervised by a physician
Dignity	F550	Resident rights/exercise of rights
Discharge	F660	Discharge planning process
	F661	Discharge summary
	F622	Transfer/discharge requirements: discharge appropriate
	F622	Transfer/discharge requirements: discharge documentation in record
	F623	Notice requirements before transfer/discharge

Edema	F684	Quality of care
Food	F803	Menus meet resident needs/preparation in advance/followed
	F804	Nutritive value/appearance, palatable/prefer temp
Hospice	F675	Quality of life (end of life care)
	F675	Quality of life (receiving Hospice services)
	F849	Hospice services
Hospitalization	F684	Quality of care
	F622	Transfer/discharge requirements
	F623	Notice requirements before transfer/discharge
	F624	Preparation for safe/orderly transfer/discharge
	F625	Notice bed hold policy before/upon transfer
F626	Permitting residents to return to facility	
Hydration	F692	Nutrition/hydration status maintenance
Language/Communication	F676	Activities of daily living (ADLs) maintain abilities
	F685	Treatment devices to maintain hearing/vision
Limited Range of Motion (ROM) Positioning	F688	Increase/prevent decrease in ROM/mobility ( <i>admitted without limited ROM</i> )
	F688	Increase/prevent decrease in ROM/mobility ( <i>admitted with limited ROM</i> )
	F684	Quality of care
Mood/Behavior	F740	Behavioral health services
	F741	Sufficient/competent staff-behavioral health needs
	F742	Treatment/services for mental/psychosocial concerns
	F743	No pattern of behavioral difficulties unless unavoidable
Notification of Change	F580	Notify of changes (injury/decline/room, etc.)
Nutrition	F692	Nutrition/hydration status maintenance
	F710	Resident's care supervised by a physician
Pain	F697	Pain management
Personal Property	F584	Safe/clean/comfortable/home-like environment
Preadmission Screening and Resident Review (PASSARR)	F646	PASARR screening for MD & ID: Level II prior to admission
	F645	PASARR screening for MD & ID: short stay longer than 30 days
	F646	PASARR screening for MD & ID: refer to Level II
	F644	Coordination of PASARR and assessments: refer to newly evident condition
	F644	Coordination of PASARR and assessments: incorporate Level II recommendations
	F644	Coordination of PASSARR and assessments: notify authority timely of newly evident condition
	F646	MD/ID significant change notification
Pressure Ulcers	F686	Treatment/services to prevent/heal pressure ulcers
	F710	Resident's care supervised by a physician
Privacy	F583	Personal privacy/confidentiality of records
Rehabilitation	F825	Provide/obtain specialize rehabilitation services
	F676	Activities of daily living (ADLs)/maintain abilities
Respiratory Infection, Oxygen Vent, Trach	F695	Respiratory/tracheostomy care and suctioning
Restraints	F604	Right to be free from physical restraints
Skin Conditions ( <i>non-pressure related</i> )	F684	Quality of care
Tube Feeding	F693	Tube feeding management/restore eating skills
Vision and Hearing	F676	Activities of daily living (ADLs)/maintain abilities
	F685	Treatment/devices to maintain hearing/vision
Death ( <i>closed record</i> )	F684	Quality of life

Other	F551	Rights exercised by representative
	F552	Right to be informed/make treatment decisions
	F553	Right to participate in planning care
	F554	Resident self-administrator medications - clinically appropriate
	F555	Right to choose/be informed of attending physician
	F557	Respect, dignity/right to have personal property
	F559	Choose/be notified of room/roommate change
	F560	Right to refuse certain transfers
	F562	Immediate access to resident
	F564	Inform of visitation rights/equal visitation privilege
	F566	Right to perform facility services or refuse
	F575	Required postings
	F579	Posting/notice of Medicare/Medicaid on admission
	F586	Resident contact with external entities
	F602	Free from misappropriation/exploitation
	F603	Free from involuntary seclusion
	F605	Right to be free from chemical restraints
	F620	Admissions policy
	F621	Equal practices regardless of payment source
	F635	Admission physician orders for immediate care
	F638	Quarterly assessment at least every 3 months
	F639	Maintain 15 months of resident assessments
	F640	Encoding/transmitting resident assessment
	F642	Coordination/certification of assessment
	F659	Qualified persons
	F678	Cardio-pulmonary resuscitation
	F680	Qualifications of activity professional
	F687	Foot care
	F691	Colostomy, urostomy or ileostomy care
	F694	Parenteral/IV fluids
	F696	Prostheses
	F745	Provision of medically related social service
	F770	Laboratory services
	F771	Blood bank and transfusion services
	F772	Lab services not provided on-site
	F773	Lab services physician order/notify of results
	F774	Assist with transportation arrangements to lab services
	F775	Lab reports in record - lab name/address
	F776	Radiology/other diagnostic services
	F777	Radiology/diagnostic services ordered/notify results
	F778	Assist with transport arrangements in radiology
	F779	X-ray/diagnostic report in record - sign/date
	F826	Rehabilitation services - physician/order/qualified person
	F906	Emergency power
	F907	Space and equipment
	F910	Resident room
	F911	Bedroom number of residents
F912	Bedrooms measure at least 80 square feet/resident	
F913	Bedrooms have direct access to exit corridor	
F914	Bedrooms assure full visual privacy	
F915	Resident room window	
F916	Resident room floor above grade	
F917	Resident room bed/furniture/closet	
F918	Bedrooms equipped/near lavatory/toilet	
F922	Procedures to ensure water availability	

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)

*Revised – 10/29/2023.*