

**THIS FORM IS TO BE USED AS AN AIDE FOR DATA ENTRY INTO
THE LONG TERM CARE RESIDENT STATISTICS WEB APPLICATION**

KANSAS DEPARTMENT ON AGING SEMI-ANNUAL REPORT

FACILITY NAME:		REPORTING PERIOD:	JAN 1 to JUN 30 or JULY 1 to DEC 31
STREET ADDRESS:		STATE ID NUMBER:	N-
CITY, STATE, ZIP:			
LICENSURE TYPE:			
RESIDENT CAPACITY	ICFMR		

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED

In accordance with KAR 28-39-163 (d), this report shall be filed with the Licensure, Certification & Evaluation Commission (LCE), Kansas Department on Aging by July 10 or January 10. Administrators/QMRPs shall indicate resident and employee data for the appropriate period-January 1 through June 30 or July 1 through December 31. Refer questions to Sandra Dickison, LCE, (785) 296-1245.

- I. Days of Operation**
 a) Was facility in operation for full six months of the period? YES NO

If answer is "No," how many days was facility in operation? _____ Days

- II. Resident Information** Complete all blanks. If nothing to report, enter zero.

	ICFMR
1. Number of Days of Resident Care in facility during six month reporting period	
2. Initial admissions and re-admissions	
3. Discharges to hospitals, including psychiatric hospitals	
4. Discharges by death	
5. Discharges to a swing bed unit, LTC unit in a hospital, nursing facility or NFMH	
6. Discharges by transfer to a Home AND Community Based Program	
7. Discharges by transfer to a State Institution	
8. Discharges by transfer to another ICFMR	
9. Other discharges (excluding items 5 through 8)	
10. Total discharges during six month reporting period (items 5 through 9)	
11. Resident census on last day of reporting period (Jun 30 or Dec 31)	
12. Resident census. Indicate 24 hour resident census for facility on each day during the see separate timeframe notification.	
Sun _____ Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____	

- III. Staffing Information** during **see separate timeframe notification.**

13. **Complete all blanks. If nothing to report, enter zero. If facility not in operation during reference week use staff information from last full week of reporting period. Number of Staff** in selected positions. Do not include consultants. Include employees on payroll and staff provided through outside staffing agency.

Staff	Full-Time	Part-Time
Qualified Mental Retardation Professionals (QMRP)		
Professional Program Staff		
Registered Nurses (Exclude Registered Nurse Consultants and Registered Nurses that are QMRPs)		
Licensed Practical Nurses		
Licensed Mental Health Technicians		
Certified Medication Aides (Exclude QMRPs)		
Certified Nurse Aides (Include only Certified Nurse Aides, Exclude CMAs)		
Direct Care Staff (non certified)		

FACILITY NAME: _____**CITY, STATE, ZIP:** _____

14. Number of Hours Worked Each Day (24 hours) by Staff in Selected Positions in the Intermediate Care Facility for the Mentally Retarded during the **see separate timeframe notification**. Indicate below hours actually worked by shift by all staff (full-time and part-time) for the positions listed below. Report number of hours worked in whole numbers only. If your facility uses two 12 hour shifts, report hours as though the facility uses three 8 hour shifts.

DAY SHIFT HOURS	Sun	Mon	Tue	Wed	Thur	Fri	Sat
1. Qualified Mental Retardation Professionals (QMRP)							
2. Professional Program Staff							
3. Registered Nurses							
4. Licensed Practical Nurses							
5. Licensed Mental Health Technicians							
6. Certified Medication Aides							
7. Certified Nurse Aides							
8. Direct Care Staff (non certified)							
EVENING SHIFT HOURS	Sun	Mon	Tue	Wed	Thur	Fri	Sat
1. Qualified Mental Retardation Professionals							
2. Professional Program Staff							
3. Registered Nurses							
4. Licensed Practical Nurses							
5. Licensed Mental Health Technicians							
6. Certified Medication Aides							
7. Certified Nurse Aides							
8. Direct Care Staff (non certified)							
NIGHT SHIFT HOURS	Sun	Mon	Tue	Wed	Thur	Fri	Sat
1. Qualified Mental Retardation Professionals							
2. Professional Program Staff							
3. Registered Nurses							
4. Licensed Practical Nurses							
5. Licensed Mental Health Technicians							
6. Certified Medication Aides							
7. Certified Nurse Aides							
8. Direct Care Staff (non certified)							