

M I N U T E S

SPECIAL COMMITTEE ON SOCIAL AND REHABILITATION
INSTITUTIONS

July 28 and 29, 1975

Members Present

Representative Roy Ehrlich, Chairman
Senator John Crofoot, Vice-Chairman
Senator Cale Hudson
Representative Rex Hoy
Representative James Cubit
Representative R. C. Zajic
Representative Ken Francisco
Representative Jim Lawing
Representative Bill Wisdom

Staff Present

John Schott, Legislative Research Department
Emalene Correll, Legislative Research Department
Norman Furse, Revisor of Statutes Office

Other Legislators Present

Representative Ralph Bussman
Representative Fred Harris
Representative John Masovero
Representative David Miller
Representative Randall Palmer

July 28, 1975

Morning Session

Chairman Ehrlich called the meeting to order at 10:00 a.m. at the Parsons State Hospital and Training Center. Dr. Bair, Superintendent of the Parsons State Hospital, welcomed the legislators and gave a brief presentation concerning the changes that have

taken place at the hospital since 1950, stating that the institution has undergone a wide variety of fluctuations in its patient loads, activities and direction of research. He noted that the past two years have brought rapid changes in the treatment of mentally retarded persons, as well as increased federal and state involvement in this activity.

Dr. Bair then outlined the types of patients who are currently at the Parsons State Hospital. He explained that the facility does not accept patients unless they are ambulatory. The admissions generally range from the age of 6 to 21 years, but technically there is no age limit. At the present time 175 of the approximately 360 patients at the Parsons facility are 18 years of age and over, and the remainder are generally between the ages of 13 and 18.

Dr. Bair then explained the activities relating to UAF (University Affiliated Facility) activities. This Kansas institutional organization includes the Parsons State Hospital, the University of Kansas and the University of Kansas Medical Center. This trial arrangement is designed to share resources and combine research and training operations in the field of mental retardation.

The Committee turned its attention to problems of staffing the institution. Dr. Bair indicated that while the Parsons operation is well staffed in certain areas, they are, overall, short of adequate staff. Like most institutions, patient aides constitute the bulk of the hospital staff. There is no psychiatrist at the institution other than the superintendent. There are eight physicians, three of which are licensed and five of which are foreign working under a fellowship license. There are four psychologists, seven social workers, and ten teachers of exceptional children. Approximately 167 psychiatric aides are available to work the three shifts. Dr. Bair explained that the number of psychiatric aides is to be reduced from 167 to 140. Problems occurring on the night shift, problems in the timing of vacations and sick leave, the increased reliance upon psychiatric aides to provide clerk and janitorial services has resulted in aides not being able to perform their duties. Dr. Bair stated that adequate staffing is important inasmuch as the Parsons State Hospital is no longer a custodial operation and must meet certain levels of care for its residents as well as provide training and support services for the State of Kansas.

Another personnel problem cited by Dr. Bair was the freezing of approximately 12 to 15 positions at the hospital. He explained the logistics of intra-institutional promotion, as well as recruiting outside, noting that the process is extremely cumbersome. In light of the numerous federal grants which the institution has, the loss of a position could result in the loss of grant money.

Concerning the physical plant of the hospital, Dr. Bair indicated that they intend to vacate and clear out three or four buildings in the next several months. The buildings intended to be vacated include Walnut, Redwood, Mimosa and Chestnut buildings. Dr. Bair felt that these buildings are not suitable for patient care, that overhauling is too costly and too much of a problem, and that they should be torn down.

In response to a question from the Committee, Dr. Bair indicated that institutional costs are definitely rising at Parsons State Hospital. He explained that the cost per patient per day at this time is approximately \$40 and he expects that figure to rise to \$50 per day in the near future. Medical assistance payments to the institution is approximately \$12 to \$14 per day per eligible patient.

In response to a question from a member of the Committee, Dr. Bair explained that most referrals to Parsons State Hospital come through the family, local social welfare offices and physicians. Wichita, Kansas City and the Southeast Kansas region supply the vast majority of patients at Parsons.

In response to a question concerning training activities, Dr. Bair explained that the training center at Parsons is supported by both state and federal funds, and trains a vast array of professional persons working with developmentally disabled and mentally retarded individuals. Out-patient child development services provides diagnosis and evaluation and makes recommendations for placement.

Following discussion concerning the trainability of the mentally retarded, a member asked if there were any studies concerning psychological trauma in mentally retarded individuals performing rote manufacturing. The hospital staff indicated that the tedium associated with such an occupation would likely carry over to a mentally retarded individual.

A question was asked concerning the placement of individuals in the community and elsewhere. Data presented to the Committee indicated that during FY 1975 the following placements were made: 54 were discharged to their home, 7 to foster homes, 4 to nursing homes, 23 to sheltered workshops, 6 to vocational rehabilitation, 2 were employed in the community and 10 were transferred to other institutions.

In his concluding statements, Dr. Bair noted that 75 percent of the population at Parsons facility is moderately or severely retarded. He further indicated that an important aspect of rehabilitation is proper training and involvement of persons in activity. In this regard he noted that the State of Kansas is short on work activity centers and group care facilities. Following these remarks the Committee began its tour of Parsons State Hospital and Training Center.

Afternoon Session

The bulk of the afternoon session was spent by the Committee in touring Parsons State Hospital and Training Center. The facilities visited included the Research Center, occupational therapy and psychological education center, the UAF Building consisting of community services, medical care and audio-visual, the coordination center, and several of the living facilities.

At 3:30 p.m., the Committee re-grouped for a brief meeting. At that time Dr. Bair made several additional remarks and then introduced the five foreign doctors which the Committee had requested to see. Of these physicians, two were from India, two were from Korea, and one for the Phillipines. Dr. Bair noted that they are confined to practicing in the institution and only upon its population. The Committee visited briefly with the physicians and asked them general questions concerning their background and practice at Parsons.

Following this discussion, the Committee turned its attention to the use of drugs at the institution. Dr. Bair explained that the hospital has a drug room, as opposed to a pharmacy. However, the drug room is staffed by a registered pharmacist. Dr. Bair noted that there is an attempt to cut back on the use of drugs, which has from time to time solicited comments from parents of mentally retarded individuals who feel their son or daughter should be receiving more medication. Generally, Dr. Bair felt the drug situation at Parsons State Hospital was under control and that there was little if any contraband drug traffic within the institution.

In responding to the questions of budgeting and fees charged at the institution, Dr. Bair noted that payments are made by the families to the institution for support of individuals at Parsons on a sliding scale basis. In addition, funds via medical assistance support the patient population.

Turning once again to personnel matters, Dr. Bair indicated that the employee freeze has resulted in not enough people being on the wards at appropriate times. Dr. Bair fully anticipates that there may be problems in staffing arrangements and that patient lawsuits are likely. Additionally, the lack of vocational-rehabilitation facilities has hindered appropriate training of the patient population. He felt that the 175 individuals who are over 18 should be in some type of vocational rehabilitation program, but noted that the institution has only three vocational rehabilitation instructors. Thus, while Parsons State Hospital has the technology for imparting vocational training, Dr. Bair indicated that they lack the staff.

In returning to the question of the physical plant of Parsons State Hospital, Dr. Bair felt that the Research Center

is an under-utilized facility which has excellent resources. Additionally, he indicated a growing need for a commissary warehouse to house new refrigeration equipment, to provide an expanded storage area, and to provide housing for the clothing, barbershop and beauty shop.

In summation, Dr. Bair indicated that increased demands are being placed upon Parsons State Hospital for both treatment of the mentally retarded as well as for training personnel to effectively deal with these individuals. As more federal funds flow into the institution, more requirements are being made of the facility and its personnel. In this regard the Parsons State Hospital is now working towards accreditation, and has secured appropriate personnel to review the hospital's programs and operations and to point out the main deficiencies located therein. Dr. Bair indicated that through this method Parsons State Hospital may become a more effectively functioning state institution.

Chairman Ehrlich thanked Dr. Bair and his staff for their extensive presentation and tour of the Parsons facility. The meeting was then adjourned until 9:00 a.m., July 29, at the Southeast Kansas Tuberculosis Hospital in Chanute.

July 29, 1975

Morning Session

The meeting was called to order by Chairman Ehrlich at 9:00 a.m., at the Southeast Kansas Tuberculosis Hospital in Chanute. Mr. Wilbur Dodson, Administrative Officer, gave a brief presentation concerning the transitional status of the hospital. He indicated there are currently eight patients at SEATH and that no definite plans have been made for the future use of the institution. Mr. Dodson explained his handout concerning the Southeast Kansas Tuberculosis Hospital (attached).

In response to a question from the Committee, Mr. Dodson stated that a certain portion of land had been transferred to the unified school district in Chanute, and that the current site of the hospital includes approximately 20 acres.

In response to a question from the Committee, Mrs. Pat Kirkwood, head nurse at SEKTH, indicated there were 182 new active cases of tuberculosis found last year. She noted that TB affects cross-sections of people and that during the past three years the rate of TB cases has remained low. She added that she will assist in setting up two chest clinics, one at Coffeyville and the other at Fort Scott, which are designed to serve the population previously served by the hospital.

In response to questions concerning the out-patient services at SEKTH, Mr. Dodson stated that there are ten people operating the out-patient department and the pharmacy. The cost of operating the out-patient facilities for FY 1975 was estimated to be \$45,000. Under questioning by the Committee, Mr. Dodson indicated that he did not feel the Coffeyville and Fort Scott facilities would constitute any savings to the state and could possibly cost more in terms of additional personnel requirements and higher supply costs.

Following this questioning was Committee discussion concerning the budget of the Southeast Kansas Tuberculosis Hospital, specifically on the cost of maintaining the facility and the hospital's sources of revenue. It was determined that it would cost approximately \$60,000 per year to simply maintain the facility, i.e., janitorial and custodial services, and that the primary sources of income for the hospital were the state general fund, third party payers and fees paid by individuals. It was also pointed out to the Committee that SEKTH did not charge for out-patient TB treatment. Following brief discussion, the Committee began its tour of the facility.

Following its tour the Committee reconvened for a staff presentation relative to Proposal No. 64, concerning adult care homes. Staff distributed and explained a copy of nursing home visitation assignment sheets for legislators, a memorandum concerning the licensure and certifications of adult care homes and statutes relative to licensure of such homes (all attached). Staff then distributed copies of the questionnaire which is to be used as a guide for legislators in their visits to adult care homes in Kansas. It was explained that the questionnaire was designed to give general guidance for an overall evaluation of a home. Staff then discussed with the Committee the various legal aspects of such visits.

Following limited discussion, the Chairman requested the staff to determine the cost of the noon meals at the Parsons State Hospital the day before and requested the staff to transmit this information to members of the Committee so that they would be able to pay for their meal.

Prior to lunch at the Chanute facility, Representative Fred Harris gave a brief presentation concerning a proposed future use of the Southeast Kansas Tuberculosis Hospital as a facility for the treatment of alcoholism (attached).

Afternoon Session

The afternoon session was devoted to hearing from representatives of the Chanute community as to proposed alternate uses of the Southeast Kansas Tuberculosis Hospital.

Mr. Tom Hoxie, Chanute Chamber of Commerce, presented two letters which he had received concerning proposed uses for the hospital (attached). Mr. Mike Harris, also representing the Chanute Chamber of Commerce, indicated that there is support in the community for the continued operation and functioning of the facility, but declined to provide any specific information as to a particular use.

Following discussion concerning other state agencies with offices in the Chanute area, the Committee requested staff to determine the amount of money spent by the Department of Social and Rehabilitation Services in leasing its offices in Chanute and, additionally, what other state offices in the Chanute area might be able to use the hospital facility. Staff was also directed to secure from the Department of Health and Environment the reasons why out-patient TB services at the Southeast Kansas Tuberculosis Hospital were terminated and the basis for the decision to move the out-patient services from Chanute to other areas.

Next to appear was Mr. Paul Thomas, of the Southeast Kansas Mental Health Center in Humboldt. He indicated his organization might be able to use a portion of the Chanute facility for office space, since they were becoming quite crowded in their Humboldt office.

Mr. Bruce Ward, representing the Chanute Junior Chamber of Commerce, stated that there is a shortage of doctors in the Chanute area and that one proposed use of the facility would be to operate a part of the hospital as a clinic for physicians.

None of those appearing before the Committee during the afternoon session had prepared for Committee consideration a specific proposal concerning alternate uses of the SEKTH facility.

A motion was made to approve the Committee minutes of June 27. Motion carried.

Prior to adjournment the Committee made several decisions concerning its August 18th and 19th meeting. It was determined that August 18th will be spent at the Osawatomie State Hospital in a meeting beginning at 10:00 a.m. August 19th will be divided between a morning tour of the Rainbow Unit of the Osawatomie State Hospital at Kansas City beginning at 9:30 a.m., and an afternoon tour of the Youth Center at Atchison.

Representative Ehrlich thanked the Committee members and those from the Chanute area for their attendance at the meeting. The meeting was adjourned.

Prepared by John Schott

Approved by Committee on:

8-18-75

(Date)



PARSONS STATE HOSPITAL
AND
TRAINING CENTER

UNDER STATE DEPARTMENT OF SOCIAL WELFARE OF KANSAS
HOWARD V. BAIR, M. D., SUPERINTENDENT
EARL B. VORE, BUSINESS MANAGER

PARSONS 67357

May 16, 1973

Robert C. Harder, Director Designate
State Department of Social and Rehabilitation Services
Topeka, Kansas

Dear Dr. Harder:

The following information is in reply to your April 27th request for a background report on this institution:

1. Legislative Mandate:

Parsons State Hospital and Training Center was established in 1953 in 50-year-old buildings of a former state hospital for epileptic patients. The state's second facility for the mentally retarded, it was created to serve "persons who have resided in the state for at least one year and are six but not more than 21 years of age and who are 1) mentally deficient and incapable of receiving instruction in the public schools and who may require or benefit from institutional examination, care, treatment, training and rehabilitation, and 2) persons who are suffering from simple epilepsy; provided, that no person who is insane or suffering from severe mental disorder shall be admitted to or retained in said training school except as a patient in the insane facilities of said school if such facilities shall be established, maintained or operated, as hereinafter provided." Because the legislation also said that the Winfield institution would take mentally deficient children under six years of age and those of all ages who also suffered severe physical disabilities, the population at Parsons has been primarily the ambulatory retarded.

Founded as Parsons State Training School, the institution operated under that designation until 1957 when the legislature voted that the present name more clearly denoted extensive interim program innovations which went beyond the traditional, strictly educational approach to mental retardation in order to meet the legislative mandate to "examine, treat, train and rehabilitate the persons admitted and retained so as to make such persons more comfortable, happy and better fitted to care for and support themselves."

2. Operational Thrust:

Because emotional instability and its concomitant problem of weak social and civic performance often accompany the primary problem of mental deficiency, a multi-discipline, psychiatrically-oriented program was required to fulfill the legislative

mandate. This goal was accomplished through increased appropriations for staff, followed by funds under the state's ten-year plan for modernization of its mental hospitals, also started in 1953, which allowed half-century-old buildings to be either renovated or razed and replaced by structures functionally suited to the institution's new role.*

Program developments over the first few years of PSHTC's existence, followed by improvements in the institution's physical plant which made program goals more realistic, resulted in requests that training opportunities be made available to college students preparing for careers in mental retardation and to professionals whose formal education had not exposed them to the problems of retardation. In addition, the year 1957 brought the institution's first federal research grant in collaboration with Kansas University.

These developments marked the beginning of PSHTC's expansion into secondary areas of endeavor that had not been foreseen by the legislature but which strengthened the institution's basic service role and therefore gave added impetus to efforts designed to comply with the original mandate.

3. Scope of Services:

In 1963 the federal government began a full-scale attack on the problems of mental retardation which included endorsement of the institution-university collaboration in effect at PSHTC as a result of federally-sponsored research established originally because of the institution's dynamic service program. In addition to funds for existing research and research training programs, grants were awarded for an eight- to nine-year development which has resulted in the Kansas Center for Mental Retardation and Human Development encompassing both programs and facilities for research, inter-disciplinary clinical training and community outreach activities at PSHTC, Kansas University and the K.U. Medical Center. Outpatient diagnostic and evaluation services operate in conjunction with the university-affiliated program but are funded by the state.

While the various projects carried out in cooperation with Kansas University are extremely important components because they enrich institutional mental retardation services, they are supplementary to our original purpose. PSHTC's primary function continues to be service to the people of Kansas through a residential care program which meets the full range of needs associated with problems of child development in general and of mental retardation in particular. Two federal and one state-

*The state plan has financed nineteen of the twenty-six buildings erected at PSHTC since its conversion in 1953. Other new structures include a five-building rehabilitation complex constructed with exactly matching state and federal funds (the latter from Hill-Burton and Public Works Acceleration programs) and two large buildings which are part of the PSHTC-Kansas University affiliation and which were financed by the federal government's formula grant arrangement calling for one-fourth support by state appropriations.

federal project unrelated to the university-affiliated program help us to meet service goals. They are a training program for severely retarded young children financed under Title I of the 1966 Elementary and Secondary Education Act; a staff development program made possible by a Hospital Inservice Training Project grant; and a project designed to prepare young adult residents for the transition from institution to community which is supported by combined federal and state vocational training funds.

4. Overall State Operating Budgets (for fiscal years requested):

<u>FY 1972</u>	<u>FY 1973</u>	<u>FY 1974</u>
\$4,056,870 Budgeted	\$4,251,693	\$4,564,679
\$3,937,925 Expended		

5. Projected Patient Census:

<u>FY 1972</u>	<u>FY 1973</u>	<u>FY 1974</u>
535 Budgeted	485 Budgeted	485 Budgeted
506 Actual	(As recommended by Governor Docking)	

6. Program Strengths:

The most important aspect of the PSHTC program is its capacity to offer psychiatrically-oriented services to the emotionally disturbed and potentially delinquent youngsters who are a growing part of the inpatient population, and at the same time provide meaningful programs for those residents whose primary needs are special education and training and the behavior modification procedures that have evolved from the PSHTC-K.U. research program. Our speech and hearing clinic is also a major "plus" in being one of the few in institutions for the retarded to meet requirements for registration by the American Speech and Hearing Association, and is made even more effective by direct receipt of research results from the communication studies conducted here by associates of the K.U. Bureau of Child Research. We are also the first facility for the retarded with a music therapy department approved for professional training by the National Association for Music Therapy. Our greatest asset, however, is that the best of our staff people are eager to try new programs if they help meet the total, individual needs of each resident. It was PSHTC, for example, that initiated the Special Olympics for the retarded in Kansas and hosted the first state-wide competition. Our program of athletic competition between institution and community teams is also unique.

The institution has also been strengthened by the university-affiliated program because its community outreach efforts allow greater interaction with public schools as they begin to establish mandatory classes for the retarded, making it possible to discharge children who only need special education for their development; more movement of youngsters into and out of the institution according to their needs at any given stage of development; greater service to the area through outpatient services; and the opportunity to train personnel for the community programs that

Dr. Harder
PSHTC Background Report
May 16, 1973

4.

will permit reduction of institutional populations and thereby make facilities such as PSHTC the special-care centers that are so badly needed.

7. Program Weaknesses:

Reorganization of program formats, staff additions, changes in staffing patterns, and some policy revisions are essential for the institution's accreditation. Efforts to establish innovative program ideas are also marred by a variety of conditions, some of which also affect accreditation efforts. Included are: difficulty in recruiting staff for top-level positions; low staff-patient ratios among direct-care personnel; the propensity for long-time Civil Service employees to resist change; and the uncertainty of funding for programs supported by federal government agencies.

8. Problem Solutions:

While internal problems related to change can be solved by this administration, solutions to others must originate elsewhere. For example, difficulties concerning staff recruitment and insufficient direct-care personnel can only be handled by 1) higher salaries for directing psychiatrists and chief psychologists, and 2) either hiring more cottage aides for the current resident population or reducing the population to bring aide/resident ratios to reasonable levels. We hope to take the latter course if at all possible, in line with present emphasis on returning as many retarded persons as possible to the community.

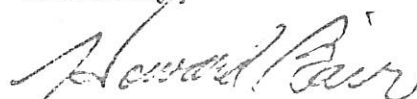
9. Goals for Program:

Our goal is to work with all interested national, state and local groups to obtain a comprehensive plan and subsequent implementation of measures that will result in community programs and living situations for all retarded persons who can function outside a residential care facility. These steps will help us meet the equally important goal of making Parsons State Hospital and Training Center a fully-accredited, specialized service, research and clinical training center which will meet the needs of Kansas citizens who have severe problems requiring either short-term or long-term care, and concurrently offering supplemental programs that will help other retarded persons who can remain in or return to the community.

10. Expectations for the New Department:

A State Department of Social and Rehabilitation Services, having jurisdiction over the variety of services inherent in that title and administered by a central authority, will undoubtedly lessen the intricacies customarily involved in attaining the goals stated above, and we look forward to working with the new department toward that end.

Sincerely,



H.V. Bair, M.D.
Superintendent

SOUTHEAST KANSAS TUBERCULOSIS HOSPITAL
SUMMARY OF ACTIVITIES AND CURRENT PLANS

Modern drugs used in the treatment of tuberculosis has reduced the length of periods of hospitalization for tuberculosis patients. The Kansas State Legislature has voted to close the Southeast Kansas Tuberculosis Hospital by October 1, 1975.

The number of beds needed for inpatient treatment of tuberculosis was decreased from 80 beds to 40 beds on June 8, 1972, due to the decrease in admissions. This decrease in admissions of inpatients continued gradually and steadily until our present inpatient population is down now to 13 patients (10 men and 3 women).

The number of people seen in our outpatient clinic has shown a decrease of approximately twenty-three percent during the past three years. From 1,852 on June 30, 1972, to 1,431 on June 30, 1975, a decrease of 22.7%.

In addition to providing inpatient treatment and Outpatient Clinic services, the Southeast Kansas Tuberculosis Hospital provides chest x-ray interpretations and makes recommendations from films submitted by County Public Health Departments. Also, requests are made for a second opinion on abnormal chest films. Our laboratory provides the necessary testing and evaluations. The pharmacy provides the anti-tuberculosis drugs required for the proper chemotherapy treatment.

The yearly report of hospital service for the fiscal year 1975 shows the following:

Inpatient Admissions.....83	Total Patient Days.....5,805
Discharges.....89	Average Daily Census..... 16
Deaths..... 1	Percent of Occupancy..... 40%
Outpatients	X-Ray Exminations
New.....325	Inpatients.....306
Revisits..... <u>1,106</u>	Outpatients.....1,171
1,431	Staff <u>116</u>
	1,591
Laboratory	Days of Care to Discharged
Clinical tests.....25,471	Patients.....6,571
Media made.....11,123	Average Length of Stay...73 days

The results of treatment indicate that 72 patients were improved at the time they were discharged, almost eighty percent; 12 patients were discharged unimproved; five were released against medical advice; and there was one death. This patient expired less than 48 hours after admission.

We have now started through the difficult transition period.

The Kansas State Department of Health and Environment is now in the process of establishing two chest clinics in the Southeast Kansas area to replace the services now being provided by this hospital. In addition to these two new clinics being established, there are chest clinics currently being operated in Kansas City, Topeka, Salina, Hays, Dodge City, Great Bend, and Wichita. We have been advised that there are general hospitals who are now preparing for the necessary changes and arrangements required for the proper and continued care of tuberculosis patients. Some of the patients who are no longer considered infectious but still need sanatorial care, will be transferred to extended care homes.

The cataloging of all patient charts and notification to those outpatients with scheduled appointments beyond the closing date for the hospital, is now underway. Our x-ray department will be sending our chest films for outpatients being followed by the nine chest clinics listed above.

The task of discharging all inpatients will be completed by August 1, 1975, as proposed by Dr. Robert A. Haines, Director of Mental Health and Retardation Services, Topeka, Kansas. Outpatients will be transferred either to their respective regional chest clinic or be discharged. Plans for the use of this hospital facility and equipment is undetermined at the present time.



Wilbur G. Dodson
Administrative Officer
Southeast Kansas Tuberculosis Hospital
Chanute, Kansas 66720
Ph. 316-431-9500.

WGD/ds

TEAM: Ehrlich-Zajic

ASSIGNMENT:

Santa Fe Trail Care Center
Burlingame
654-3391

Mr. Alpha Casebier
INCH

Eventide Convelescence Center
2015 E. 10th
Topeka
233-8918

Mr. M. Mac/Mrs. Harriet Austin
SNH

Carpenter Manor
117 W. 1st
Smith Center
282-6696

Mrs. Elaine Carpenter/Miss Fannie Lawrence
IPCH

McCrite Care Home #2
1334 Buchanan
Topeka

235-6258
Mr. Patrick/Mrs. June McCrite
INCH

The Manor
4101 Martin Drive
Topeka
267-3100

Mr. Dean Edson
IPCH

OPTIONAL:

ALA-FERN Skilled Nursing Home
225 E. Jewell
Russell
483-2868

Mr. Rodney/Mrs. Eula Gage
INCH

Russell Rest Home
509 E. 7th
Russell
483-4981

Mr. Charles Gage
IPCH

TEAM: Crofoot-Cubit

ASSIGNMENT:

Medicalodge
2520 S. Rouse
Pittsburg
231-0300
Mrs. Helen Robertson
SNH

Autumn Manor Nursing Home #1
801 S. Fry
Yates Center
625-2111
Mrs. Mildred Hubbard
INCH

Golden Age Lodge of Pittsburg,
Inc. #2
2702 N. Joplin
Pittsburg
231-3910
Mrs. Elsy Abernathy
INCH

Autumn Manor Nursing Home #2
(Address and Phone as above)
Mr. Harold Chapman
INCH

Arkhaven of Iola
1336 North Walnut
Iola
No Phone Number
Mr. Bernard Myers
INCH

OPTIONAL:

St. Paul Manor
St. Paul
449-2321
Mrs. Jessie Gibson
INCH

The Heritage
Girard
724-8288
Mr. John/Mrs. Wilma Twarog
INCH

TEAM: Buzzi-Hudson-Madden

ASSIGNMENT

The Manor of Kansas City
3231 North 61st Street
Kansas City
299-1770
Mrs. Helen Hundley
INCH

Olathe Nursing Home
625 N. Lincoln
Olathe
782-1311
Mrs. Bertha Jane Harden
INCH

Golden Age Lodge of Kansas City
6261 Leavenworth Road
Kansas City
299-9722
Mr. John Keeter
INCH

Medicalodge of Kansas City
6500 Greeley
Kansas City
334-0200
Mrs. Nellie Schmidt
SNH

Royal Hills Nursing Center
7541 Switzer
Overland Park
631-2200
Mr. William Tevington
SNH

OPTIONAL:

Mount St. Joseph Home for
the Aged
2601 Ridge Avenue
Kansas City
281-1094
Sister Agnes Kneib
INCH

Kaw Valley Manor
510 East Morse
Bonner Springs
441-2444
Mr. Jack Foster
INCH

TEAM: Francisco-Lawing

ASSIGNMENT:

Morthview Manor
1601 N. Main
McPherson
241-1569
Mr. James Cummins
INCH

Lyons Rest Home
607 S. Grand Avenue
Lyons
257-3007
Mrs. Marjorie McVey
IPCH

Siesta Home #1
Main Street
Haviland
862-5233
Mr. Robert Young
INCH

Hutchinson Good Samaritan Center
810 E. 30th Avenue
Hutchinson
663-1189
Mr. L. Joe Pomplum
IPCH

Colonial Manor
216 N. Topeka
Haven
465-2291
Mrs. Chlodine Fisher
INCH

Evergreen Manor Nursing Home
2301 N. Severence
Hutchinson
662-0597
Mrs. Jeanette Dargel
SNH

Sky Lark Manor
401 S. Gildersleeve Street
McPherson
241-4510
Mrs. Kathleen Fenske/Mrs. Violet Lohmann
IPCH

TEAM: Hoy-Wisdom

ASSIGNMENT:

Sears Personal Care Home
2673 S. Holyoke
Wichita
685-7102
Mrs. Cordelia Sears
IPCH

Walnut Valley Manor
2100 N. Ohio
Augusta
775-6333
Mrs. Margarite Dodson
INCH

Ivy Manor Nursing Home, Inc.
3410 E. Funston Street
Wichita
685-1341
Mr. Norman Durmaskin, Mrs.
June Landis
SNH

Kare Free Heights
2840 S. Hillside
Wichita
684-7777
Mr. Donald E. Schmidt
INCH

Midtown Health Center, Inc.
1432 N. Waco
Wichita
262-8481
Mr. Eddie Fields
SNH

OPTIONAL:

North Central Nursing Center, Inc.
2800 N. Hillside
Wichita
682-4589
Mr. Hubert Hutcherson
SNH

Villa Maria Home for the Aging
116 S. Central
Mulvane
777-1544
Sister M. Magdalen Giaretta
INCH

MEMORANDUM

FROM: Legislative Research Department

July 22, 1975

TO: Special Committee on Social and Rehabilitation Services
Institutions

RE: Adult Care Homes

The purpose of this memorandum is to generally describe the activities of two state agencies, the Department of Health and Environment and the Department of Social and Rehabilitation Services, in the area of adult care home licensure and certification.

Department of Health and Environment

Under state law, the Department of Health and Environment is responsible for the inspection and licensure of adult care homes. The four major classifications of adult care homes which are licensed by the Department include:

Skilled Nursing Homes - SNH
Intermediate Nursing Care Home - INCH
Intermediate Personal Care Home - IPCH
Boarding Care Home - BCH

These homes, and one and two bed adult care homes, are defined by statute, (KSA 39-923). The basis for classification of adult care homes consists primarily of the hours and type of available nursing services and the condition of the facility. For example, a skilled nursing home must be staffed to provide 24-hour a day licensed nursing personnel providing skilled nursing care and treatment. The home is designed and equipped primarily for the accommodation of individuals who are not acutely ill and not in need of hospital care but require this degree of nursing care. For a boarding care home there is no requirement for licensed nursing staff and the facility is designed and equipped primarily to provide shelter to residents who require some supervision but who are ambulatory and essentially capable of managing their own care and affairs.

Adult care homes in Kansas are inspected and licensed on an annual basis by the Department of Health and Environment. Interim visits to nursing homes can be, and often are, made by the Department. The three-member inspection teams are composed of a nurse, a sanitarian, and a representative from the fire marshal's office. It is their function to see that the facility meets state licensing criteria as established through rules and regulations promulgated by the Department of Health and Environment and the State Fire Marshal's Office.

While inspecting for state licensure, the team also conducts a preliminary inspection for the purpose of determining whether or not adult care homes meet federal adult care home criteria. If a home meets these criteria, the Department will certify that the home is eligible to receive federal support via Medicaid (Title XIX - Social Security Act). Although the team from the Department of Health and Environment is primarily concerned with insuring that a home meets state licensing criteria, a survey of the facility is taken for the purpose of determining eligibility for receiving Medicaid payments.

Department of Social and Rehabilitation Services

Like the Department of Health and Environment, the Department of Social and Rehabilitation Services inspects adult care homes on an annual basis and more often at its option. Federal regulations require the establishment of distinct types of care for medical assistance in nursing home facilities under the Title XIX (Medicaid) Program. To comply with federal regulations guidelines for skilled and intermediate care have been developed. In order to determine compliance, three member inspection teams from the Medical Services Section, Division of Social Services, SRS, which includes a physician, a nurse and social worker, check the records of every patient in skilled and intermediate care homes who is receiving Medicaid payments to insure that the resident is getting the appropriate care at the proper level of care. Although the Department of Health and Environment may certify a nursing home as being eligible to receive Medicaid payments, no Medicaid payments will be made until an agreement between the medical service section and the specific home has been executed. This is to promote the most effective use of state and federal dollars in providing adequate nursing home care.

Medicaid payments to nursing homes are approximately 45% state money and 55% federal money. Payments during FY 1974 amounted to \$26.9 million, in FY 1975, \$32.9 million, and the FY 1976 appropriation for these payments is \$39.3 million. Nursing homes are reimbursed for Medicaid patients at a given level of support, which is the 75th percentile figure. In determining the dollar level of support, the Department of Social and Rehabilitation Services ranks separately the daily average patient costs in facilities offering skilled nursing and intermediate care. The 75th percentile figure is the maximum amount which the state and federal governments, through Medicaid, will reimburse to the adult care homes. For the current fiscal year (FY 1976) the 75th percentile figure for skilled nursing facilities is projected to be \$16.63 per patient per day, and for intermediate care facilities, the figure is projected to be \$12.98 per patient per day.

Additionally, there are guidelines for a facility offering intermediate care which has 50% or more of its population considered mentally retarded. Since such a facility must have a broader range of services available to its residents, it is eligible to receive Medicaid payments up to the 75th percentile level for a facility offering skilled nursing care. At this time

there are three such facilities in the State of Kansas; the Achenbach Nursing and Rehabilitation Center in Hardtner, St. Paul Manor in St. Paul, and Golden Age Lodge of Pittsburg, Inc. No. 2 in Pittsburg.



TOPEKA

HOUSE OF
REPRESENTATIVES

COMMITTEE ASSIGNMENTS

CHAIRMAN TRANSPORTATION
MEMBER COMMERCIAL AND FINANCIAL
INSTITUTIONS
CALENDAR AND PRINTING
KANSAS COMMISSION ON ALCOHOLISM

M. HARRIS
STATE REPRESENTATIVE FIFTH DISTRICT
NEOSHO COUNTY
4 WEST MAIN
CHANUTE, KANSAS 66720

STATEMENT TO SPECIAL COMMITTEE ON SOCIAL AND REHABILITATIVE
SERVICES REGARDING SOUTHEAST KANSAS TB HOSPITAL, CHANUTE:

Mr. Chairmen and Ladies and Gentlemen of the Committee:

This statement is intended merely to update the record regarding efforts to use the SEK TB Hospital as an alcoholism treatment center under management of SEK Mental Health Planning Agency, Independence.

Need for such a facility in Southeast Kansas, and actually the state as a whole, is recognized generally by workers in the field. It would serve as an additional facility, beyond treatment units now operated by the three state hospitals.

I, personally, through the years have been frustrated all too often by alcoholics who wanted treatment, but rebelled at the idea of going to a mental hospital. And almost as frequently I have encountered alcoholics who were ready to enter treatment anywhere, only to have immediate family--wife, husband, parents, or whatever-- emphatically resist their loved one going to a mental hospital for treatment.

The double stigma of the two illnesses, in my opinion, is a major stumbling block to progress in field of alcoholism treatment, in many cases.

Grant application for nearly a million dollars for staffing and equipping this hospital for an alcoholism treatment center was

undertaken by Mr. Frank Burns, director of SEK Mental Health Planning Agency.

A misunderstanding between some of us concerned and Secretary Harder concerning status of this physical plant in relation to the grant surfaced during the process of preparing the application.

When it was determined that the Department was not prepared to allow use of the facility for matching purposes to obtain the federal grant, it was scrapped. (Secretary Harder's letter of explanation to me is attached, and I will read it soon.)

Secretary Harder~~x~~ said he has not closed the door on the project ladies and gentlemen, so I respectfully request that you give serious consideration to the use of this fine facility to abet a rapidly burgeoning public health problem in this community, in this state, in this nation, and in the world.

Thank you for your attention. And please excuse my hunt and peck typing.



ROBERT F. BENNETT Governor

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICE

State Office Building
TOPEKA, KANSAS 66612
ROBERT C. HARDER, SecretaryDivision of
Social ServicesDivision of
Vocational RehabilitationDivision of
Mental Health and RetardationDivision of
Children and Youth

May 9, 1975

The Honorable Fred M. Harris
Kansas Representative, 5th District
1202 West 2nd Street
Chanute, Kansas 66720

Dear Representative Harris:

I carefully read your note concerning some type of statement from us relative to the grant application at Chanute. I am afraid we have several problems related to the grant application.

One of the problems is that as we entered into fuller negotiations with the group in southeast Kansas it became apparent to us that they were counting on the state turning over the building to them including the maintenance staff. They in turn were going to count the building plus this staff as the non-federal share for maintaining the federal grant. We are not in a position to make that commitment for as you know the funding stops as of October 1, 1975. The efforts to have the funding extended for either three months or six months were unsuccessful. Consequently, we have some reluctance about making a hard commitment that we can provide the facility which can in turn be used for the non-federal match. This is not to say we have closed the door to try to work out some other possibility, but it does appear that we have some practical-financial problems that were not completely clear to us during the legislative session.

It has come to my attention through Mr. Hill that he was aware of a group of citizens interested in using the TB hospital as some type of a workshop area for the mentally retarded. Staff is presently exploring this possibility, although I am fearful that even if there is an interest, there would still be the problem of being able to put together a money package that would keep the operation afloat.

We are looking at additional possibilities to see if we can come up with some type of program which is reasonable from a cost standpoint and would provide for needed services within the state.

I am sorry I am not able to give a more definitive statement at the present time. You may want to call and visit with me after you have received this letter. If so, I would be happy to talk with you. We will keep you posted concerning any developments.

Sincerely yours,

A handwritten signature in cursive script that reads "Bob Harder".

Robert C. Harder
Secretary

RCH:pa

Sec. 39. K. S. A. 39-923 is hereby amended to read as follows: 39-923. The following words and phrases when used in this act shall, for the purposes of this act, have the meanings respectively ascribed to them in this section.

"Adult care home" shall mean all classifications of homes required to be licensed by the ~~adult care home section of the state department of health~~ *secretary of health and environment*.

"Skilled nursing home" shall mean and shall be construed to include any place or facility operating for not less than twenty-four (24) hours in any week and caring for three (3) or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage who by reason of aging, illness, disease, or physical or mental infirmity are unable to sufficiently or properly care for themselves, and for whom reception, accommodation, board, and skilled nursing care and treatment is provided, and which place or facility is staffed to provide twenty-four (24) hours a day licensed nursing personnel plus additional staff, and is maintained and equipped primarily for the accommodation of individuals who are not acutely ill and are not in need of hospital care but who require skilled nursing care.

"Intermediate nursing care home" shall mean and shall be construed to include any place or facility operating for not less than twenty-four (24) hours in any week and caring for three (3) or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage who by reason of aging, illness, disease or physical or mental infirmity are unable to sufficiently or properly care for themselves and for whom reception, accommodation, board, and supervised nursing care and treatment is provided, and which place or facility is staffed to provide at least eight (8) hours a day—five (5) days a week licensed nursing personnel plus additional staff and is maintained and equipped primarily for the accommodation of individuals not acutely ill or in need of hospital care or skilled nursing care but who do require supervised nursing care.

"Intermediate personal care home" shall mean and shall be construed to include any place or facility operating for not less than twenty-four (24) hours in any week and caring for three (3) or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage who by reason of aging, illness, disease, or physical or mental infirmity are unable to sufficiently or properly care for themselves and for whom reception, accommodation, board, or personal care and treatment, or simple nursing care is provided, and which place or facility is staffed, maintained, and equipped primarily for the accommodation of individuals not acutely ill or in need of hospital care or skilled nursing home care, or moderate nursing care but who do require domiciliary care and simple nursing care.

"One-bed adult care home" and "two-bed adult care home" shall mean and shall be any private residence operating for not less than twenty-four (24) hours in any week and caring for one or two individuals not related within the third degree of relationship to the administrator or owner by blood or marriage, and can give whatever class of care it is capable of giving. When the home's capabilities are questioned in writing, the licensing agency shall determine according to its rules and regulations if any restriction will be placed on the care the home will give residents.

"Boarding care home" shall mean and shall be construed to include any place or facility operating for not less than twenty-four (24) hours in any week and caring for three (3) or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage who by reason of aging, illness,

disease, or physical or mental infirmity are unable to sufficiently or properly care for themselves and for whom reception, accommodation, board and supervision is provided and which place or facility is staffed, maintained and equipped primarily to provide shelter to residents who require some supervision, but who are ambulatory and essentially capable of managing their own care and affairs.

"Place or facility" means a building or any one or more complete floors of a building, or any one or more complete wings of a building, or any one or more complete wings and one or more complete floors of a building.

"Skilled nursing care" shall mean and shall be construed to include services commonly performed by or under the immediate supervision of a registered professional nurse and additional licensed nursing personnel for individuals requiring twenty-four (24) hour a day care by licensed nursing personnel including: Acts of observation, care and counsel of the ill, injured or infirm; the administration of medications and treatments as prescribed by a licensed physician or dentist; and other nursing functions requiring substantial specialized judgment and skill based on the knowledge and application of scientific principles.

"Supervised nursing care" shall mean and shall be construed to include services commonly performed by or under the immediate supervision of licensed nursing personnel at least eight (8) hours a day—five (5) days a week including: Acts of observation, care and counsel of the ill, injured or infirm; the administration of medications and treatments as prescribed by a licensed physician or dentist; and other selected functions requiring specialized judgment and certain skills based on the knowledge of scientific principles.

"Simple nursing care" shall mean and shall be construed to include selected acts in the care of the ill, injured or infirm requiring certain knowledge and specialized skills but not requiring the substantial specialized skills, judgment and knowledge of licensed nursing personnel.

"Resident" shall mean and shall be construed to include all individuals kept, cared for, treated, boarded, or otherwise accommodated in any adult care home.

"Person" shall mean any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.

"Licensing agency" shall mean the ~~state board of health~~ *secretary of health and environment*.

The terms "skilled nursing home," or "adult care home" shall not include institutions operated by federal or state governments, hospitals or institutions for the treatment and care of psychiatric patients, boarding homes for children under the age of sixteen (16) years, day nurseries, child caring institutions, maternity homes, hotels or offices of physicians.

The licensing agency may by regulation change the name of the different classes of homes when necessary to avoid confusion in terminology and the agency may further amend, substitute, change and in a manner consistent with the definitions established in this section, further define and identify the specific acts and services which shall fall within the respective categories of facilities so long as the above categories for adult care homes are used as guidelines to define and identify the specific acts.

75 Supp.
Sec. 40. K. S. A. 39-924 is hereby amended to read as follows:
39-924. The purpose of this act is the development, establishment, and enforcement of standards (1) for the care, treatment, health, safety, welfare and comfort of individuals in adult care homes licensed by the state board of health secretary of health and environment and (2) for the construction, general hygiene, maintenance and operation of said adult care homes, which, in the light of advancing knowledge, will promote safe and adequate accommodation, care and treatment of such individuals in adult care homes.

75 Supp.
Sec. 41. K. S. A. 39-925 is hereby amended to read as follows:
39-925. The administration of this act shall be under the state board of health secretary of health and environment as the licensing agency in conjunction with the state fire marshal, and shall have the assistance of the local health departments, fire and safety authorities and other agencies of government in this state.

75 Supp.
Sec. 42. K. S. A. 39-926 is hereby amended to read as follows:
39-926. It shall be unlawful for any person or persons acting jointly or severally to conduct, maintain or operate, or permit to be maintained or operated, or to participate in the conducting, maintenance, or operation of an adult care home within this state except upon license first had and obtained for that purpose from the state board of health secretary of health and environment 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.

K. S. A.
39-927. Application for license. An application for license for an adult care home shall be made in writing to the licensing agency upon forms provided by it and shall be in such form and shall contain such information as the licensing agency shall require, which may include affirmative evidence of the applicant's ability to comply with such reasonable standards, rules and regulations as are prescribed under the provisions of this act, and further, such application except an application for "one-bed adult care home" and "two-bed adult care homes" shall be accompanied by a certificate of need from the appropriate planning agency or appeals panel. Such application shall be signed by the owner or person responsible for the operation of such adult care home or by a duly authorized officer or responsible agent thereof. [L. 1961, ch. 231, § 5; L. 1972, ch. 171, § 4; July 1.]

Revisor's Note:
Referred to in 65-2a01.

K. S. A.
39-928. Issuance of license, when; inspections and investigations; reports; renewability; nontransferable; display; contents of license. Upon receipt of an application for license, the licensing agency shall with the approval of the state fire marshal issue a license if the applicant is fit and qualified and if the adult care home facilities meet the requirements established under this law. The licensing agency, the state fire marshal, and the local health departments or their designated representatives shall make such inspections and investigations as are necessary to determine the conditions existing in each case and a written report of such inspections and investigations and the recommendations of the state fire marshal and the local health department or their authorized agents shall be filed with the licensing agency. The licensing agency and the state fire marshal may designate and use local health, fire and safety authorities as their agents in making such inspections and investigations as are deemed necessary or advisable. Such local authorities are hereby authorized, empowered and directed

to perform such duties as are designated. A copy of any inspection reports required by this section shall be furnished to the applicant.

A license, unless sooner suspended or revoked, shall be renewable annually upon filing by the licensee, and approval by the licensing agency and the state fire marshal or their duly authorized agents, of an annual report and application for renewal upon such uniform dates and containing such information in such form as the licensing agency prescribes. Each license shall be issued only for the premises and persons named in the application and shall not be transferable or assignable. It shall be posted in a conspicuous place in the adult care home. If application for renewal is not so filed, such license is automatically canceled as of the date of expiration. Any license granted under the provisions of this act shall state the type of facility for which license is granted, number of residents for which granted, the person or persons to whom granted, the date, the expiration date and such additional information and special limitations as are deemed advisable by the licensing agency. [L. 1961, ch. 231, § 6; L. 1972, ch. 171, § 5; July 1.]

8.9.

39-929. Provisional license, approval; terms; extension. A provisional license may be issued to any adult care home, the facilities of which are temporarily unable to conform to all the standards, requirements, rules and regulations established under the provisions of this act: *Provided, however,* That the issuance of such provisional license shall be approved by the state fire marshal. A provisional license may be issued to provide time to make necessary corrections for not more than six (6) months. One additional successive six-month provisional license may be granted at the discretion of the licensing agency. A change of ownership during the provisional licensing period will not extend the time for the requirements to be met that were the basis for the provisional license nor entitle the new owner to an additional provisional license. [L. 1961, ch. 231, § 7; L. 1972, ch. 171, § 6; July 1.]

75 Supp.

Sec. 43. K. S. A. 39-930 is hereby amended to read as follows:
39-930. The annual fee for license to conduct an adult care home shall be five dollars (\$5) plus one dollar (\$1) for each bed of such home which shall be paid to the ~~state board of health~~ *secretary of health and environment* before the license is issued, and shall be deposited in the general revenue fund unless the evaluation and inspection was made by the local health department at the direction of the ~~state department of health~~ *secretary of health and environment* and the papers required are completed and filed with the ~~state department of health~~ *secretary* then two-fifths (%) of whatever fee is collected will be forwarded to the local health department. If a facility has a change of administrator after the start of the licensing period the charge will be fifteen dollars (\$15) which shall be deposited in the general revenue fund.

75 Supp.

Sec. 44. K. S. A. 39-931 is hereby amended to read as follows:
39-931. The licensing agency is authorized to deny, suspend, or revoke a license in any case in which it finds that there has been a substantial failure to comply with the requirements, standards, or rules and regulations established under this act. Whenever the licensing agency finds that there has been a substantial failure to comply with the requirements, standards, or rules and regulations established under this act it shall make an order denying, suspending, or revoking said license and said order shall set forth the particular reasons for the action taken. Such order shall be served upon the licensee or the applicant by personal service or may be effected by registered mail. Unless appealed from as hereinafter provided, said order shall become final and effective twenty (20) days from the date of its issuance.

Any applicant or licensee who is aggrieved by said order may appeal within twenty (20) days after its issuance by filing with the state health officer secretary of health and environment a written notice of appeal and said notice shall specify wherein said order is unreasonable, unjust, or illegal. Upon receipt of such notice it shall be the duty of the state health officer secretary of health and environment to fix a date for hearing which shall not be later than fifteen (15) days after the date of receipt of the notice of appeal. The state board of health secretary shall prescribe by rule and regulation the procedure for hearing all appeals and may designate a member or members of the staff of the state board of health secretary as an appeals referee or committee who shall have authority to subpoena witnesses, and administer oaths, take testimony, and render decisions. On the basis of any such hearing or upon default of the applicant or licensee the appeals referee or committee shall make a determination specifying its findings of fact and, where indicated, conclusion of law.

A copy of such determination shall be sent by registered mail or served personally upon the applicant or licensee. Pending the appeal a license previously issued shall remain in force. In case the decision at the hearing sustains the decision of the licensing agency in denying, suspending, or revoking the license, the applicant or licensee shall be given fifteen (15) days after the decision is mailed or served to comply with the decision made at the appeal hearing. *Provided, however, That.* Nothing herein shall be construed to prevent the licensing agency from commencing immediately an action for injunction or other process to restrain or prevent the operation of any licensed home which the state health officer secretary, upon investigation, shall have found to be operated or maintained in such a manner as to constitute a clear and immediate threat to the lives or health of its residents. Any such action shall be brought in the district court in the county in which the home is located, and shall be filed by the county attorney of such county or the attorney general. Any applicant or licensee aggrieved by the order of the state board of health secretary of health and environment in denying, suspending, or revoking a license may appeal therefrom by filing a petition specifying the action of the board appealed from, in the district court of the

county in which the applicant or licensee resides, within fifteen (15) days after receipt of a copy of the order of the board, and said court shall have jurisdiction to affirm, reverse, modify, or vacate the order complained of if the court is of the opinion that the order was arbitrary, unlawful, or unreasonable.

Such an appeal shall be tried *de novo* and the court shall receive and consider any pertinent evidence, oral or documentary, concerning the order of the board from which the appeal is taken. Within seven (7) days after the petition has been filed in the district court, notice of the appeal shall be given to the state board of health secretary of health and environment by mailing certified copies of the petition, by certified mail, to the executive secretary thereof. Upon receipt of such notice, the board of health secretary shall forthwith make available, for examination and inspection, to the applicant and his the applicant's attorney all its records pertaining to such matter. From the judgment of the district court, appeal may be taken to the supreme court as in other civil actions. An appeal to the district court or to the supreme court shall not operate to stay the effect of an order of the board secretary, unless the judge or the court shall specifically allow such a stay.

S.A.

39-932. Adoption and enforcement of rules, regulations and standards. The licensing agency shall adopt, amend, promulgate and enforce such rules, regulations and standards as may be deemed practicable, reasonable and necessary with respect to all adult care homes, to be licensed hereunder and as may be designed to further the accomplishment of the purpose of this law in promoting safe, proper and adequate treatment and care of individuals in adult care homes in the interest of public health, safety and welfare. Such rules and regulations may prescribe minimum standards and requirements relating to the location, building, construction, size, equipment and facilities of adult care homes, the number and kind of residents allowed, the types of care offered, the records to be kept, the kind and frequency of reports and inventories to be made, and may generally establish such requirements as may be deemed necessary to protect the health, safety, hygiene, welfare and comfort of the residents.

Adult care homes which are in operation at the time of promulgation of any applicable rules and regulations or minimum standards under this act shall be given a reasonable time, under the particular circumstances not to exceed twelve (12) months from the date of such promulgation, within which to comply with such rules and regulations and minimum standards. The licensing agency may further establish by regulation a system whereby it may, on the basis of the investigations and evaluations herein provided for, uniformly rate adult care homes in terms of the quality and quantity of services and facilities provided. [L. 1961, ch. 231, § 10; 1972, ch. 171, § 8; July 1.]

K.S.A.

39-932a. Adult care homes in less than an entire building. The licensing agency shall provide by rules and regulations for the licensing of adult care homes in any one or more complete floors of a building, or any one or more complete wings of a building, or any one or more complete wings and one or more complete floors of a building, in addition to licensing of adult care homes in entire buildings. In the case of adult care homes in less than an entire building, the licensing agency shall prescribe acceptable use and occupancy of the balance of such building, and shall prohibit those uses and occupancies which are deemed to be contrary to the public interest. [L. 1967, ch. 246, § 2; April 21.]

K.S.A.

39-933. Inspections and investigations; regulations for changes in facilities. The licensing agency shall make or cause to be made

by the local health departments such inspections and investigations as it deems necessary. The licensing agency may prescribe by regulation that any licensee or applicant desiring to make specified types of alterations or additions to its facilities or to construct new facilities shall, before commencing such alterations, additions or new construction, submit plans and specifications therefor to the licensing agency for preliminary inspection and approval or recommendations with respect to compliance with the regulations and standards herein authorized. Necessary conferences and consultations may be provided. [L. 1961, ch. 231, § 11; June 30.]

Research and Practice Aids:

Asylums \Rightarrow 3.

C. J. S. Asylums § 5.

75 Supp.

Section 1. K. S. A. 39-934 is hereby amended to read as follows: 39-934. Information received by the licensing agency through filed reports, inspections, or as otherwise authorized under this law, shall not be disclosed publicly in such manner as to identify individuals or adult care homes, except in a proceeding involving the question of licensure.

K.S.A.

39-935. How inspections made and reported; access to premises. Inspections shall be made and reported in writing by the authorized agents and representatives of the licensing agency and state fire marshal, and of the local health departments as often and in the manner and form prescribed under the rules and regulations promulgated under the provisions of this act. Access shall be given to the premises of any adult care home at any time upon presenting adequate identification to carry out the requirements of this section and the provisions and purposes of this act, and failure to provide such access shall constitute grounds for denial or revocation of license. A copy of any inspection reports required by this section shall be furnished to the applicant. [L. 1961, ch. 231, § 13; L. 1972, ch. 171, § 10; July 1.]

S.A.

39-936. Care required; standards, rules and regulations. A qualified person or persons shall be in attendance at all times upon residents receiving accommodation, board, care, training or treatment in adult care homes. The licensing agency may establish necessary standards, rules and regulations prescribing the number, qualifications, training, standards of conduct, and integrity for such qualified person or persons attendant upon the resi-

dents. All medical care and treatment shall be given under the direction of a physician authorized to practice under the laws of this state and shall be provided promptly as needed: *Provided, however,* That no resident who relies in good faith upon spiritual means or prayer for healing shall, if he objects thereto, be required to undergo medical care or treatment. [L. 1961, ch. 231, § 14; L. 1972, ch. 171, § 11; July 1.]

S.A.

39-937. Compliance with other laws and regulations. All pertinent laws of this state and lawfully adopted ordinances and rules and regulations shall be strictly complied with in the operation of any adult care home in this state. [L. 1961, ch. 231, § 15; L. 1972, ch. 171, § 12; July 1.]

75 Supp.

Sec. 46. K. S. A. 39-940 is hereby amended to read as follows: 39-940. The state board of health secretary of health and environment may prescribe and supply necessary forms for applications, reports, records and inspections for adult care homes. All prescribed records shall be open to inspection by the designated agents of the agencies administering this act. It shall be unlawful to make false entries in said records or to omit any information required or to make any false report concerning any boarding adult care home.

S.A.

39-941. Certain organizations exempt; licensed, when. Nothing in this act shall be construed to apply to any licensed general hospital or any nursing care facility operated by and in conjunction with a licensed hospital, and no rules, regulations, or standards shall be made or established under this act for any adult care home, conducted in accordance with the practice and principles of the body known as the Church of Christ Scientist, except as to the construction, sanitary and safe conditions of the premises, cleanliness of operation, and its physical equipment: *Provided, however,* That any organization exempted by this provision may apply for and receive a license, provided it meets the requirements of this act. [L. 1961, ch. 231, § 19; L. 1972, ch. 171, § 16; July 1.]

75 Supp.

Sec. 45. K. S. A. 39-938 is hereby amended to read as follows: 39-938. Adult care homes shall comply with all the lawfully established requirements and rules and regulations of the state board of health secretary of health and environment and the state fire marshal, and any other agency of government so far as pertinent and applicable to adult care homes, their buildings, operators, staffs, facilities, maintenance, operation, conduct, and the care and treatment of residents: *Provided, That.* The administrative rules and regulations of the state board of cosmetology and of the board of barber examiners shall not apply to adult care homes.

S.A.

39-939. Unlawful acts. It shall be unlawful in any adult care home to house, care for or permit: (a) Any resident to stay in any unapproved room, area, or detached building. (b) Abuse, neglect, or cruel treatment of any resident. (c) The admission to resident status of any person who is known to suffer from any disease or condition for which the home is not authorized to provide care under the provisions of this act or the terms and conditions of its license. [L. 1961, ch. 231, § 17; L. 1972, ch. 171, § 14; July 1.]

S.A.

39-942. License in effect on effective date of act continued in effect; exceptions. All licenses, issued under the provisions of chapter 39, article 9, of the Kansas Statutes Annotated, for adult care homes or homes for the aged in force upon the taking effect of this act shall continue in force until the date of expiration unless sooner suspended or revoked as provided in this act: *Provided,* That all persons with such licenses in force upon the effective date of this act shall be permitted no less than four (4) months from their effective date to comply with the rules, regulations and standards promulgated under the authority of this act wherein those rules, regulations and standards differ in any substantial respect from those in force and effect immediately prior to the effective date hereof under the provisions of chapter 39, article 9 of the Kansas Statutes Annotated. [L. 1961, ch. 231, § 20; L. 1972, ch. 171, § 17; July 1.]

of § 9.
§43. Penalties. Any person estab-
lishing, conducting, managing, or operating
in the state any adult care home without a
license under this law shall be guilty of a
misdemeanor and upon conviction shall be
punished by a fine of not more than one
hundred dollars (\$100), or by imprisonment
in the county jail for a period of not more
than six (6) months, or by both such fine
and imprisonment. Any person who shall vio-
late any other provision of this act or the re-
quirements of any rule or regulations promul-
gated hereunder shall be guilty of a misde-
meanor and shall upon conviction thereof be
punished by a fine of not more than one
hundred dollars (\$100), or by imprisonment
in the county jail for a period of not more
than six (6) months, or by both such fine and
imprisonment. [L. 1961, ch. 231, § 21; L. 1972,
ch. 171, § 18; July 1.]

75 Supp.
Sec. 47. K. S. A. 39-944 is hereby amended to read as follows:
39-944. Notwithstanding the existence or pursuit of any other
remedy, the ~~state board of health~~ *secretary of health and environ-*
ment, as the licensing agency may in the manner provided by law,
maintain an action in the name of the state of Kansas for injunction
or other process against any person or agency to restrain or
prevent the establishment, conduct, management or operation of
an adult care home without a license under this act. In any such
court proceedings, the ~~state board of health~~ *secretary* may apply
for and on due showing be entitled to have issued the court's
subpoena requiring forthwith the appearance of any defendant
and ~~his~~ *such defendant's* employees, and the production of
documents, books, and records as may appear necessary for the
hearing of such petition, to testify and give evidence concerning
the acts or conduct of things complained of in such application for
injunction. In such action the equity courts shall have jurisdiction
of the subject matter and a judgment may be entered awarding in-
junctions as may be proper.

7/14/75

Dear Sirs,

In Closing the TB Hospital —

My suggestion in using
the structure —

Why not a Clinic —

Neashe County Clinic — used as
Out patient —

By having a nurse on hand
to care for needs of any Patient or
person needing medical advice —
or by conducting Clinic's on
programs for the Community such
as Prenatal Care —

therapy Care

Cancer Care

Programs to educate - Community.

Can reduce the waiting for
Dr. Appointments - especially for
the Aged -
Maybe a Doctor could be on hand
once a week to over see the
Medical needs - of the People -
Thank you.
D. Mendez

Day Care Center

Love Inc.

Work Activity Center

BOX 220
CHANUTE, KANSAS 66720

July 9, 1975

Chanute Area Chamber of Commerce
Chanute, Kansas 66720

Dear Sirs:

In response to your article in the Chanute Tribune concerning the future use of the Southeast Kansas Tuberculosis Hospital the Neosho Co Association for Retarded Children would like to use 2 or 3 rooms for Love, inc., - our Day Care Center for preschoolers.

We have sent two previous requests to the State Dept. with a reply that use of the building had not been determined.

Your consideration will be appreciated.

Mrs. Pearl Carter, 209 S. Forest, Phone 431-4691 or
Mrs. Nadine Mc Donald, 324 West 3rd, Phone 431-1612
may be contacted for further information if desired.

Thank you.

Sincerely

Nadine Mc Donald

Mrs. Nadine Mc Donald
President, Neosho Co. Assoc. for Retarded Children

Pearl Carter

Mrs. Pearl Carter
Director, Love, Inc.,