39-936. STATEMENT ON ADMISSION; QUALIFIED PERSONNEL; EDUCATION AND TRAINING OF UNLICENSED PERSONNEL; EXAMINATION AND FEES; STATE REGISTRY ESTABLISHED; REFRESHER COURSE REQUIRED; SUPPLIER OF MEDICATION; LIMITATIONS ON INVOLUNTARY TRANSFER OR DISCHARGE OF RESIDENT; EFFECT OF RELIANCE UPON SPIRITUAL MEANS OR PRAYER FOR HEALING BY RESIDENT.

...(g) Except in emergencies as defined by rules and regulations of the licensing agency and except as otherwise authorized under federal law, no resident may be transferred from or discharged from an adult care home involuntarily unless the resident or legal guardian of the resident has been notified in writing at least 30 days in advance of a transfer or discharge of the resident.

26-39-102. ADMISSION, TRANSFER, AND DISCHARGE RIGHTS OF RESIDENTS IN ADULT CARE HOMES.

(a) Each licensee, administrator, or operator shall develop written admission policies regarding the admission of residents. The admission policy shall meet the following requirements:

...(2) Before admission, the administrator or operator, or the designee, shall inform the prospective resident or the resident’s legal representative in writing of the rates and charges for the adult care home’s services and of the resident’s obligations regarding payment. This information shall include the refund policy of the adult care home.

(3) At the time of admission, the administrator or operator, or the designee, shall execute with the resident or the resident’s legal representative a written agreement that describes in detail the services and goods the resident will receive and specifies the obligations that the resident has toward the adult care home.

...(d) The administrator or operator of each adult care home shall ensure that each resident is permitted to remain in the adult care home and is not transferred or discharged from the adult care home unless one of the following conditions is met:

(1) The transfer or discharge is necessary for the resident’s welfare, and the resident’s needs cannot be met in the current adult care home.

(2) The safety of other individuals in the adult care home is endangered.

(3) The health of other individuals in the adult care home is endangered.
(4) The resident has failed, after reasonable and appropriate notice, to pay the rates and charges imposed by the adult care home.

(5) The adult care home ceases to operate.

(e) Before a resident is transferred or discharged involuntarily, the administrator or operator, or the designee, shall perform the following:

(1) Notify the resident, the resident’s legal representative, and if known, a designated family member of the transfer or discharge and the reasons; and

(2) record the reason for the transfer or discharge under any of the circumstances specified in paragraphs (d)(1) through (4) in the resident’s clinical record, which shall be substantiated as follows:

(A) The resident’s physician shall document the rationale for transfer or discharge in the resident’s clinical record if the transfer or discharge is necessary for the resident’s welfare and the resident’s needs cannot be met by the adult care home;

(B) the resident’s physician shall document the rationale for transfer or discharge in the resident’s clinical record if the transfer or discharge is appropriate because the resident’s health has improved sufficiently so that the resident no longer needs the services provided by the adult care home; and

(C) a physician shall document the rationale for transfer or discharge in the resident’s clinical record if the transfer or discharge is necessary because the health or safety of other individuals in the adult care home is endangered.

(f) The administrator or operator, or the designee, shall provide a notice of transfer or discharge in writing to the resident or resident’s legal representative at least 30 days before the resident is transferred or discharged involuntarily, unless one of the following conditions is met:

(1) The safety of other individuals in the adult care home would be endangered.

(2) The resident’s urgent medical needs require an immediate transfer to another health care facility.

(g) Each written transfer or discharge notice shall include the following:

(1) The reason for the transfer or discharge;

(2) the effective date of the transfer or discharge;

(3) the address and telephone number of the complaint program of the Kansas department on aging where a complaint related to involuntary transfer or discharge can be registered;

(4) the address and telephone number of the state long-term care ombudsman; and
(5) for residents who have developmental disabilities or who are mentally ill, the address and telephone number of the Kansas advocacy and protection organization.

(h) The administrator or operator, or the designee, shall provide sufficient preparation and orientation to each resident before discharge to ensure a safe and orderly transfer and discharge from the adult care home.

(i) The administrator or operator, or the designee, shall ensure the development of a discharge plan, with the involvement of the resident, the resident’s legal representative, and designated family when practicable.

(j) If the resident is transferred or discharged to another health care facility, the administrator or operator, or the designee, shall ensure that sufficient information accompanies the resident to ensure continuity of care in the new facility.

(k) Before a resident in a nursing facility, nursing facility for mental health, intermediate care facility for the mentally retarded, assisted living facility, residential health care facility, or home plus is transferred to a hospital or goes on therapeutic leave, the administrator or operator, or the designee, shall provide written information to the resident or the resident’s legal representative and, if agreed to by the resident or the resident's legal representative, the resident’s family, that specifies the following:

1. The period of time during which the resident is permitted to return and resume residence in the facility;
2. the cost to the resident, if any, to hold the resident's bedroom, apartment, individual living unit, or adult day care slot until the resident’s return; and
3. a provision that when the resident’s hospitalization or therapeutic leave exceeds the period identified in the policy of a nursing facility, the resident will be readmitted to the nursing facility upon the first availability of a comparable room if the resident requires the services provided by the nursing facility.

26-39-103. RESIDENT RIGHTS IN ADULT CARE HOMES.

...(c) Notice of rights and services.

(1) Before admission, the administrator or operator shall ensure that each resident or the resident’s legal representative is informed, both orally and in writing, of the following in a language the resident or the resident’s legal representative understands:

(A) The rights of the resident;

(B) the rules governing resident conduct and responsibility;

(C) the current rate for the level of care and services to be provided; and
(D) if applicable, any additional fees that will be charged for optional services.

(2) The administrator or operator shall ensure that each resident or the resident’s legal representative is notified in writing of any changes in charges or services that occur after admission and at least 30 days before the effective date of the change. The changes shall not take place until notice is given, unless the change is due to a change in level of care.

...(h) Notification of changes.

(1) The administrator or operator shall ensure that designated facility staff inform the resident, consult with the resident’s physician, and notify the resident’s legal representative or designated family member, if known, upon occurrence of any of the following:

...(D) a decision to transfer or discharge the resident from the adult care home.

28-39-160. OTHER RESIDENT SERVICES.

(a) Special care section. A nursing facility may develop a special care section within the nursing facility to serve the needs of a specific group of residents.

...(2) The facility shall develop admission and discharge criteria that identify the diagnosis, behavior, or specific clinical needs of the residents to be served.