DAIL-ALC-4
Statement of Danger

Edition 06/15

Assisted Living Community: _____

Date of Review: _____ Reviewer: _____

During an on-site review by the Department for Aging and Independent Living it was determined that the above named assisted-living community has client(s) residing in the assisted-living community that pose a danger as defined in KRS 194A.700(6).

Client Name	Apartment Number
Comments	

This is official written notification that you have forty-eight (48) hours from receiving the DAIL-ALC-4 to submit a written response via email, fax, hand delivery or overnight postal service to the department that confirms how the danger has been eliminated or why the danger is unverified (unless issued on a Friday, then it is due by 4:30pm EST the next business day); or initiate a move-out notice and begin the process of assisting the client to find appropriate living arrangements and submit a written response via email, fax, hand delivery or overnight postal service to the department that confirms the assisted-living community took the required action.

Your signature below signifies that you have received a copy of this notice; it does not in any way suggest that you agree with the findings above.

_____	_____	_____
ALC Manager/Owner	Date	Time
_____	_____	_____
DAIL Reviewer	Date	Time

☐ Danger was resolved satisfactorily prior to DAIL departure.

_____	_____	_____
DAIL Reviewer	Date	Time

Attach continuation page if needed

FAX Number: 502-564-4595
Phone Number: 502-564-6930
Email to _____
Mailing Address: 275 East Main Street , Frankfort, KY 40621

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-Continuation Page-

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DAIL Reviewer _____ Date _____ Time _____

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