

Kentucky Department for Aging and Independent Living
DAIL-ALC-4 Statement of Danger

Edition 06/2015

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 assisted-living community has clients residing in the assisted-living community that pose a danger as defined in KRS 194A.700 (6).

Client Name	Unit Number	Date of Birth	Type of Danger

Description of Danger: _____

☐ A continuation page is attached.

Within forty eight (48) hours of receiving this DAIL-ALC-4, unless issued on a Friday and then by 4:30 p.m. eastern standard time of the next business day, the assisted-living community shall do one of the following:

1. Submit a written response to the department that confirms how the danger has been eliminated;
2. Submit a written response on why the danger is disputed; or
3. Initiate a move-out notice and begin the process of assisting the client to find appropriate living arrangements and submit a written response confirming the assisted-living community took the required action.

All written responses must be submitted to the department via email, fax, hand delivery, US postal service, or courier service.

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

Submit written responses to: Department for Aging and Independent Living, 275 East Main Street, Frankfort, KY 40621.

FAX: 502-564-4595

Email: _____

Questions? Call 502-564-6930