

## CABINET FOR HEALTH AND FAMILY SERVICES **COMMONWEALTH OF KENTUCKY**

ADULT PROTECTIVE SERVICES SUBSTANTIATED INVESTIGATION NOTIFICATION FOR EMPLOYEES OR VOLUNTEERS OF AN ADULT CARE PROVIDER OR ANYONE ACTING IN A CAREGIVING ROLE WITH AN EXPECTATION OF COMPENSATION

Local Office Address:	Perpetrator Address:
Date:	
Dear	
received a report of suspected adult abu	
assess the risk to the adult and to make e	ty Based Services in investigating reports of adult abuse, neglect or exploitation is to fforts to protect vulnerable adults from further risk. The department is not responsible adults from further risk.

required by state or federal law.

Pursuant to 922 Kentucky Administrative Regulation (KAR) 5:120, you are hereby notified that this finding shall become a validated substantiated finding of adult abuse, neglect, or exploitation in accordance with KRS 209.032. An individual subject to a validated substantiated finding of adult abuse, neglect, or exploitation shall be added to the caregiver misconduct registry.

In accordance with KRS 209.032, you have the right to request an administrative hearing to appeal this finding. If you want to appeal, your request for appeal must be submitted in writing to the following address:

> Office of the Ombudsman **Quality Assurance Section** 275 East Main Street, 1E-B Frankfort, KY 40621

Your request for appeal must be received by the Office of the Ombudsman within thirty (30) calendar days of receipt of this notice and must include:

- A copy of this substantiation letter;
- A description of the nature of the investigative finding; and
- The reason why you dispute or disagree with the substantiated finding.

The investigative finding will become a validated substantiated finding if you do not request a hearing or if you fail to participate in any stage of the proceedings, after requesting an appeal. This is in accordance with KRS 209.032.

If you have any questions or concerns regarding this letter or the investigation or need assistance with completing you written request for appeal please call me at:
(Staff telephone number).
Sincerely,
(Staff printed name)
(Staff signature)
(Title)