NEW YORK STATE DEPARTMENT OF HEALTH
Office of Aging and Long Term Care

Adult Care Facility Incident Report - Resident Comment

As required by 18 NYCRR §487.7(d)(13); §488.7(b)(13); and §490.7(d)(9) Adult Homes, Enriched Housing Programs, and Residences for Adults (hereinafter referred to as Adult Care Facilities or ACFs) must include the resident's version of events leading to an accident or incident involving such resident, unless the resident objects, to the New York State Department of Health (hereinafter referred to as "Department"). This Resident Comment form should be used to capture resident comments or the resident's declination to comment.

A signed copy of the resident's prepared comments must be uploaded to the electronic incident report for submission to the Department. If the resident is unavailable for comment prior to submission deadline, please indicate such on the electronic incident report. Subsequently, comments should be promptly collected and maintained on file once resident becomes available. Declinations should be indicated on the electronic incident report, and signature confirming declination maintained in the resident's file.

☐ I, _____ (print resident name), decline to comment.

☐ I, _____ (print resident name), have included my comments below:

Resident Comments (Use as many pages as is necessary):

Incident Date: ____/____/_____ Incident Time: _____ ☐ AM ☐ PM

Resident Full Name Signed: _____ Date: ____/____/_____