

30 Day Notice of Termination

Facility Name: _____ **Operating Certificate Number:** _____

To: _____
Resident's Name/Facility Address _____ Room Number _____

You are hereby notified on _____ that _____ has
Date Facility Operator/Administrator

decided to terminate your Admission/Residency Agreement signed on _____
Date

and to discharge you on _____ .
Date

The decision to terminate is in accordance with NYS Adult Care Facility Regulations found in 18 NYCRR Parts 487.5(f) and 488.5(e) **and explained in greater detail below.** The reason(s) for this action complies with your Admission/Residency Agreement and is as follows (check all that apply):

- The resident requires continual medical or nursing care or supervision which the adult care facility is not licensed to provide;
- The resident's behavior poses imminent risk of death or imminent risk of serious physical harm to him/herself or anyone else;
- The resident failed to make timely payment for all authorized charges, expenses and other assessments, if any, for services, including use and occupancy of the premises, materials, equipment and food which the resident agreed to pay pursuant to the resident's Admission/Residency Agreement;
- The resident repeatedly behaves in a manner which directly impairs the well-being, care or safety of the resident or other residents, or which substantially interferes with the orderly operation of the facility;
- This facility has had its operating certificate limited, revoked or temporarily suspended, or the operator has voluntarily surrendered the operating certificate of the facility to the Department of Health;
- A receiver has been appointed pursuant to the provisions of section 461-f of the NYS Social Services Law, and is providing for the orderly transfer of all residents in the facility to other facilities or is making other provision for the residents' continued safety and care;

Detailed Explanation: _____

You have the right to object to this action pursuant to section 461-h of the NYS Social Services Law. If you object, you must notify the Operator or Administrator of your objection before the proposed discharge date. If you do not leave voluntarily, the operator is required to start a special court proceeding and abide by the determination of the court. You will not be discharged against your will unless the court rules in favor of the operator.

If the special court proceeding is instituted, you will receive notice of the hearing **at least five (5) days before its scheduled date.**

You have the right to present your reason(s) to the court why this Admission/Residency Agreement termination and discharge should not take place. This can be accomplished either in writing before the date of hearing or orally at the hearing.

You are encouraged to discuss this with and be represented by a lawyer or advocate. A list of legal and advocacy services is attached to this notice.

A copy of this notice has also been provided and/or sent to:

Yourself (the resident)

Your next of kin, if known:

Name

Date

Person designated in your Admission/Residency Agreement as the responsible party other than your next of kin:

Name

Date

New York State Department of Health ACF/Assisted Living Regional Office within 5 days:

Regional Office

Date

A copy of the list of legal and advocacy services is attached to this notice.

Operator/Administrator Signature

Date

Resident's Signature

Date

Resident's Representative's Signature

Date