

## Memo Notification to Facility Regarding APS Finding

Date: \_\_\_\_\_ From: \_\_\_\_\_  
(name and title) (SRS Service Center)

To (name, facility, and address):  
\_\_\_\_\_  
\_\_\_\_\_

Re: (involved adult's name): \_\_\_\_\_

Case Findings (please check one): \_\_\_\_\_

Substantiated  Unsubstantiated

\_\_\_\_\_ SRS Service Center received report on \_\_\_\_\_ regarding alleged \_\_\_\_\_  
(date) (abuse/neglect/exploitation/  
fiduciary abuse)

of \_\_\_\_\_  
(involved adult's name)

Summary of allegation and basis of finding. (Include KEESM reference.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The results of this Adult Protective Services investigation may not be used to take any adverse personnel action. The \_\_\_\_\_ must conduct its own independent investigation and use the facts and conclusions reached from such investigation as justification for any adverse personnel action.

cc: \_\_\_\_\_

SRS Licensing Staff and copy for File

This form supersedes Form ES-1016, 1-05.