Legacy Healthcare Management, LLC
Elopement Risk Assessment

Resident Name_____ **Date**_____

Mental Status

Orientation	**Score**
Not disoriented	0
Orientation not determined or disoriented occasionally	1
Disoriented daily	2

Total_____

Emotional Status

Usual Emotional Behavior	**Score**
Complacent	0
Agitated	1
Combative	2

Total_____

Activity

Ambulation	**Score**
Ambulatory	4
Ambulatory with assistance	3
Non-ambulatory	0

Total_____

Mobility

	Score
Independently mobility	4
Slightly Impaired	3
Very limited	2
Immobile	0

Total_____

Medications

Changes in Medication	**Score**
No significant change	0
Taking a medication for verbal, physical, or emotional outbursts.	2

Total_____

Elopement Risk

	Score
Has not attempted to leave the facility and does not wander.	0
Wanders through facility, but does not leave interior setting	2
Has attempted to leave the building 1 – 2 times within a week unattended	3
Leaves or attempts to the leave the building daily or more often	4

Total_____

Score

Resident is at risk for elopement if the total score is 9 points or higher.

Total Score for all areas assessed: _____

Elopement Risk Tool - Sunnyside Nursing Home

Name_____ Resident Age_____

Address_____ Ph. #_____

Part I - Medical History

_____
_____
_____
_____
_____
_____

Is there a diagnosis of Alzheimer's disease? _____yes_____no

Is there a diagnosis of Dementia _____yes_____no
If yes, is the etiology known?_____

Part II -- Questions for Potential Resident (Orientation)

Do you have difficulty remembering appointments?_____yes_____no

Do you rely on other people to remember things for you?_____yes_____no

Do you sometimes forget where you are?_____yes_____no (1)

Where do you live now?_____
(Address, city, state)

When were you born?_____

Why am I here today?_____

What year is it?_____

What was the last meal you had?_____

Part III - Questions for Family or Prior Residence

Is there any evidence that would suggest that this person would be at risk for elopement?
_____yes _____no (1)

Has this person voiced a desire to go home? (to a place that no longer exists)_____yes_____no (1)

Has this person voiced that he/she does not want to move to an ALF?_____yes_____no (1)

Has this person stated he/she refuses to go to an ALF?_____yes_____no (1)

Has this person had a history of wandering?_____yes_____no (1)
If yes, please elaborate on the incident(s): _____
_____

Score_____

If a person has difficulty with Part II, the likelihood that dementia exists is high but may not indicate a risk of elopement. If person scores 1 or higher on Part III, he/she will be considered an elopement risk.

Facility Name	**The Manor & Villa at Carpenters**	
Subject/Title	**WanderGuard Policy**	
Effective Date	**8/3/2005**	**5 Pages**
Department	**Nursing**	

All residents who are assessed to be at high risk for wandering will have WanderGuard bracelets applied in accordance with the following procedures.

Purpose

1. To allow a maximum environment of physical freedom for all residents.
2. To identify and prevent residents who wander from leaving the facility unaccompanied.

Procedures

1. Residents will be evaluated for wandering at the time of the pre-admission review, at admission and after admission when wandering behaviors are observed by staff. This evaluation will be completed by the MDS Coordinator or an authorized designee.
2. Residents may be appropriate for the WanderGuard system when residents exhibit behaviors that justify the use of such a system.
3. The Directors of Nursing for the Manor and Villa, or designee, will be notified of any residents for whom WanderGuard is recommended.
4. The Director of Nursing, or designee, will, after receiving an order from the attending physician, immediately facilitate the placement of a WanderGuard bracelet on the resident. The family or responsible party should be notified in a timely manner.
5. The MDS Coordinator or designee will fill out a WanderGuard data sheet and photograph the resident at the time the bracelet is placed on the Manor resident. The Director of Nursing for the Villa, or designee, will evaluate the resident, photograph, complete the data sheet and place the bracelet on the resident. These items will be placed in the WanderGuard data book at the nurses' desk in the Manor and Villa. A copy of the WanderGuard data sheets and photographs will be kept at the front desk of the Estates.
6. An interdisciplinary team will develop a care plan with specific approaches and goals for all Manor residents wearing WanderGuard bracelets. Care plans will be reviewed per facility practice. Villa residents will be evaluated by Director of Nursing or designee if behaviors are altered.
7. WanderGuards are to be checked each night by the 11 p.m. to 7 a.m. staff. This check will be documented in the daily checklist located in the WanderGuard book at the nurses' station.

Training

1. All new staff personnel will receive training on WanderGuard management procedures. Training specific to Manor and Villa staff will be conducted during their period of orientation.
2. The WanderGuard system will be reviewed with all new staff during orientation during the tour of the facility. This will include the display panel of the system and include reinforcement of the need for on-going human observation as WanderGuard does not replace staff monitoring.
3. WanderGuard and/or elopement drills will be conducted and documented to assure staff responsiveness and comprehension of protocols. All staff responding to the alert signal will sign in on a log sheet which will be included in the Quality Assurance and Risk Management program of the facility.

WanderGuard Activated from Twilight to Dawn (6 p.m. to 6 a.m.)

1. The staff person closest to the door where the alarm has activated will immediately go to the door.
2. The entrance/exit will be assessed as to who has accessed the door.
3. If a resident is not visible within the immediate area:
    a. All staff will be alerted.
    b. Staff persons from each unit will proceed to the outside of the premises and check as outlined in the missing person procedure.
    c. Two staff members will:
        1). Check WanderGuard residents first.
        2). Conduct general room to room search after WanderGuard residents are accounted for in-house.
4. The following notifications will be made after the initial search by staff:
    a. Administrator
    b. Executive Director
    c. Director of Nursing
    d. Assistant Director of Nursing
    e. Dial 911 and report potential wandering/missing resident within the immediate area. Give the resident's name and a brief description of clothing, etc, referring to the unit WanderGuard data book.
    f. Director of Maintenance
    g. Front Desk/Security
    h. Director of Environmental Services
5. Those designated persons will report to the Nursing center immediately to conduct a thorough investigation until the resident is located.
6. The Administrator and/or the Director of Nursing will notify the responsible person of the situation.

Missing Person Procedure

1. The Director of Nursing or designee will direct the in-house staff to the respective areas to conduct a room to room search and surrounding area search.

2. The Administrator, Director of Nursing, Executive Director, Security Department and the Police Department will be notified of the urgent situation.

3. After the arrival of the Administrator, Director of Nursing, other off duty personnel will be notified to assist in the search.

4. The name of the missing resident and a description of what he or she was wearing when last seen will be promptly communicated to all staff involved in the search.

5. Priority searches inside the facility should include:

a.	Dining Rooms	h.	Staff Restrooms
b.	Central Baths	i.	Physical Therapy Room
c.	Utility Rooms	j.	Day Room
d.	Laundry	k.	Activities Room
e.	Employee Lounge	l.	Any open offices/rooms
f.	Other resident rooms	m.	Other resident bathrooms
g.	Hallway to the Estates	n.	Manor/Villa

** Security should be alerted to check the Estates**

6. Priority searches outside the facility should include:
   a. If front door or side doors are activated:
      1). Two (2) staff persons (with flashlights if after dark) would proceed as follows:
         a) The "Rabbit Run" designated person will drive out to Carpenter's Way road and drive in both directions to visually assess roadway.
         b) The "Patio Place" designated staff person will walk to the end of the sidewalk to the front road, back toward retention pond and along the edge of the building.
         c) The "Patio Place" designated staff person will search behind the building (Service Entrance/Dock Area).
   b. If the "Carpenter's Way" door to the Estates is activated:
      1) Notify the Estates' operator or Security after 4:00 pm, on holidays or weekends.
      2) Search back service loading dock and employee parking area.
      3) Proceed to the front of the building.
      4) Search the kitchen, the Villa, and outside areas on both sides of the hallway connecting the Estates to the Villa.

7. The Administrator and/or Director of Nursing will contact the family or responsible party of the situation.

Initial Wandering Evaluation

Date: _____

Resident's Name: _____

1. Is this a new admission?	☐ Yes	☐ No
2. Is this resident ambulatory?		
a) Able to walk alone?	☐ Yes	☐ No
b) Able to walk with walker or other assistive device or use a wheelchair?	☐ Yes	☐ No
c) Able to walk with assistance of others?	☐ Yes	☐ No
3. Is the resident resistant to being placed in a long-term care facility?	☐ Yes	☐ No
4. Does the resident have a history of wandering?	☐ Yes	☐ No
5. Is the resident currently taking any medication which may cause confusion or disorientation?	☐ Yes	☐ No
6. Are there any indications of dementia?	☐ Yes	☐ No

ACTION

If you answered "Yes" to #1 and #2, and to any of the other questions, initiate a more thorough review with the resident's physician regarding placing a signaling device on the resident for assessment purposes. Wandering behaviors can increase with changes in residence, so continue to monitor the resident until the next assessment period, the bracelet has been applied per facility policy, or until you can determine the elopement risk has decreased.

Placement Recommended	☐ Yes ☐ No	
Physician Order Obtained	Date: _____	Name: _____
Family/Responsible Party Notified	Date: _____	Name: _____
Bracelet Applied	Date: _____	Name: _____

Completed By:

Name: _____ Date: _____

Follow-Up Wandering Evaluation
(To be completed every 90 days)

Date: _____

Resident's Name: _____

1. Is this resident ambulatory?
   - c) Able to walk alone? ☐ Yes ☐ No
   - d) Able to walk with walker or other assistive device or use a wheelchair? ☐ Yes ☐ No
   - c) Able to walk with assistance of others? ☐ Yes ☐ No
2. Is the resident expected to reside at your facility for a year or more? ☐ Yes ☐ No
3. Has the resident exhibited wandering behaviors in the last 60 days? (Check with each of the resident's caregivers and family members.) ☐ Yes ☐ No
4. Are there symptoms of dementia or confusion? ☐ Yes ☐ No
5. Have the living arrangements of the resident changed during the previous 30-day period? (Changes such as moving a resident to a different wing can increase wandering behavior.) ☐ Yes ☐ No
6. Has the resident been prescribed any new medications that might result in confusion, disorientation, or increase wandering behaviors? ☐ Yes ☐ No
7. Is the resident's physical condition stable? ☐ Yes ☐ No
8. Is the resident's mental condition stable? ☐ Yes ☐ No

ACTION

If you answered "Yes" to question #1 and "Yes" to ANY of the questions #3, #4, #5, or #6, continued monitoring of the resident is essential. Changes in living arrangements and certain medications can increase wandering behaviors thus making periodic reassessments helpful in determining whether or not the behaviors are chronic.

If you answered "Yes" to question #1, #2, and #7 and "Yes" to ANY of the Questions #3-#6, consider placing a 12-month signaling device on the resident. Since each resident's status can change completely at any time, regular reassessments are the key to providing the individualized care and attention that our residents need to maintain autonomy, dignity, and the highest possible level of functioning.

Bracelet in Place ☐ Yes ☐ No

Further Evaluation Needed ☐ Yes ☐ No

Bracelet Removed Date _____ Name _____

Completed By:

Name: _____ Date: _____

River Garden Hebrew Home for the Aged
11401 Old Saint Augustine Road
Jacksonville, Florida 32258

Social Services & Nursing Departments
Manual of Policies and Procedures

Part No. PP4700.017/PP5200.076

Elopement of a Resident

Section I. Elopement Risk Assessment

POLICY:

It is the policy of this facility to assess each resident for elopement/wandering potential upon admission, and at each scheduled assessment review for the resident thereafter. The admission assessment will serve as the assessment for the fourteen day or admission MDS and will be filed within the Social Service 72-hour assessment.

PURPOSE:

To assure that each resident is assessed on an ongoing basis and has appropriate safety precautions in place.

PROCEDURE:

Introduction: Preventive Measures:

This facility uses the following preventive measures to prevent residents from eloping. Preventive measures include:

- Elopement Assessments and Care Plans
- Stairwell locks and alarms
- Cipher lock on Sheltered Care units

Upon admission, each resident is assessed for elopement potential. If the resident is at risk for elopement, he/she will be assigned to the Sheltered Care unit.

It is important that all staff remember to:

- Make sure the doorways on the Sheltered Care Units are firmly closed after exiting or entering.

Elopement of a Resident:

Elopement of a resident means that the resident was in a location this is not indicated for that resident. For example:

1. If a Sheltered Care Resident is found off the unit without supervision.
2. If any resident leaves the property without staff knowledge or without supervision.

Documentation Requirements:

1. Interdisciplinary notes
2. Resident placed on the Report for 72 hours
3. Missing Resident Report completed

ELOPEMENT RISK

Low Elopement Risk:

1. Monitor residents' whereabouts to assure they remain in the facility.
2. Ensure that resident or responsible party signs out when leaving and notes as expected time to return.
3. Listen to the resident if he/she voices a desire to leave. If this becomes more persistent, they should be listed at a higher priority for elopement.

Elopement Risk:

1. Elopement risk will be divided into two categories-
    - Elopement watch
    - Elopement warning
      -Residents who actually succeed in eloping will be placed on elopement warning.

Elopement Watch:

1. Document status of resident each shift.
2. Move temporarily to Sheltered Care then have Dr. Pollock assess.
3. Initiate Shared Risk Agreement between River Garden and family.

Elopement Warning:

1. Resident will be transferred to Sheltered Care Unit.
2. Care team will assess River Garden's ability to provide care.

HISTORY:

Established 05/22/04 SL

River Garden / Wolfson Health & Aging Center

ELOPEMENT ASSESSMENT

Resident Name _____Room #_____
Date of Assessment _____Cognitive Status: _____

Ambulatory/Mobility status:_____
(*Resident is non-ambulatory and unable to self-propel and not an elopement risk.*
_____*Yes*____*No. If no, complete full assessment.)*

Resident accepting of admission: ____Yes ____No If No, explain:

_____

_____

History of Wandering: ____Yes ____No If Yes, explain:

_____

_____

_____

Adjustment to facility: _____

_____

_____

Change in mental status: (i.e.: wanting to go home, looking for children, increased wandering, etc.) _____Yes _____No If Yes, explain:

_____

_____

_____

Has resident made any attempts to elope? ____Yes ____No If yes, please explain including the date of incident: _____

_____

_____

Has the resident been found "lost" wandering the building? _____ Yes _____No
If Yes, please explain when and where and the circumstances surrounding the incident.

_____

_____

_____

If the answer to any of the preceding questions is "yes", the resident is an elopement risk. Please note that the resident may still be considered an elopement risk if there are circumstances present to warrant this determination even if all of the above questions are answered "no". Example: poor adjustment to the facility with no actual attempts to elope.

Based on Assessment is resident an elopement risk? _____ Yes _____No
Explain: _____

_____

Signature _____ Date_____

Section II. Elopement Response

POLICY:

It is the responsibility of all staff to provide a safe environment for all residents, including a strict protocol for addressing elopement.

PROCEDURE:

1. On admission, the unit secretary will take two close up digital photographs of each resident. The photographs are for identification purposes only. One will be maintained in the Medical Record and one on the MAR. Photographs will be updated as required to reflect changes in a resident's appearance. Photos are digitally stored in the River Garden computer server.

Responding to an Actual Elopement

1. It is the responsibility of all staff, regardless of the department they work in, to respond to activated door alarms and to return residents to their unit.

2. When a resident is determined to missing:
    - Note the time that the resident is/was determined to be missing.
    - Staff assigned to the unit where the resident resides will verify that the resident has not been signed out. Family will be contacted to insure that resident is not with them.
    - Staff members will do a thorough search to locate the resident. If the resident is not located, proceed with the following:
        - The charge nurse will notify the nursing supervisor, the attending physician and the Administrator on Call that a resident is missing.
        - All available staff from all departments will search the entire facility and grounds. Prior to beginning the search, the resident's photograph will be viewed by all staff involved in the search and a copy of the photograph placed at the front desk and guardhouse.
        - If the resident is not found on the grounds within twenty minutes, the police will be notified.

3. Any resident who leaves his/her assigned unit or the activity area which is their norm unaccompanied should be approached according to accepted guidelines as follows:
    - Approach the resident in a calm and reassuring manner.
    - Approach the resident one on one. Discourage large numbers of staff around the resident.
    - Avoid arguing with the resident. DO NOT say, "You can't" or "you have to."

- Avoid touching the resident if possible.
- Restraints are not to be used as the primary solution; rather, diversionary activities should be encouraged to prevent reoccurrence.

4. When a resident has been found:
   - The nursing supervisor or AOC will notify all staff that the resident has been found.
   - The nursing supervisor or unit manager will examine the resident for injuries and contact the attending physician.
   - The nursing supervisor, AOC or social worker will contact the resident's responsible person and inform them of his/her status.
   - An incident report will be completed and proper notation made in the resident's chart. This should include; what were the staff doing when the resident eloped and what the behavior of the resident was prior to the elopement. All necessary forms will be forwarded to the Risk Manager.
   - Complete a Missing Resident Form (attached) ensuring that all staff involved have signed the form
   - If required, report the incident to State Authorities.
   - Each discipline involved should write a note.
   - The care plan should be updated with any additional approaches being implemented. The family and the physician must then be made aware of these changes.

If a resident has eloped and is not found within five minutes, the nurse supervisor should immediately contact the Director of Nursing and the Administrator for instructions.

HISTORY:

Established 4/21/04 SL

River Garden / Wolfson Health & Aging Center

MISSING RESIDENT REPORT

(*This report is also used for an elopement drill)*

DATE: _____TIME: _____Resident missing /TIME: _____Resident found

Resident Name:_____Room #_____

Answer the following Yes or No

1. Did staff verify resident was not signed out or with family?	YES	NO
2. Did staff check the unit?	YES	NO
3. Did staff notify the Nursing Supervisor?	YES	NO
4. Were the DON and AOC notified?	YES	NO
5. Was a full search of the facility and grounds implemented?	YES	NO
6. Were the police notified?	YES	NO
7. Was the search called off when the resident was located?	YES	NO
8. Was resident examined when located?	YES	NO
9. Was the resident's physician notified when the resident was discovered Missing? Found?	YES	NO
10. Was family and/or responsible party notified when the resident was discovered. Missing? Found?	YES	NO
Who was contacted?_____		
11. Was incident/event report completed?	YES	NO
12. Was notation included in the Medical Record?	YES	NO

Name and title of the person completing report_____

Established: 4/21/04 SL

Section III. Elopement Search Plan

WHEN A RESIDENT IS MISSING: THE NURSING SUPERVISOR WILL:

1. Go to the nearest phone, dial 499 and announce:
   "Dr. Hunt to see (insert Resident Name)." Repeat 3 times.
2. All available staff should respond to the main lobby and wait for instructions.
3. The nursing supervisor will assign each staff member a sector to be searched.
4. A staff member from the missing resident's unit will bring a picture of that resident to the lobby.
5. When the resident is found, the nursing supervisor will overhead announce, "All Clear."

ELOPEMENT SEARCH TEAM

The members of the search team will consist of staff from all departments that can leave their assignment without adversely affecting resident care.

SEARCH PROCEDURE:

All areas of the building, grounds and neighboring streets are to be systematically searched when a resident is missing or has eloped.

The nursing supervisor will assign each staff member a sector to search to minimize overlapping or overlooking an area.

When conducting a search, it is important that you look carefully under beds and furniture, in closets, under desk, and behind doors. When searching a storage room, look behind boxes, in boxes and on shelves. A resident who has eloped may be frightened and may be hiding. Being thorough in the search is of extremely important.

When finished searching a sector, report back to the Nursing Supervisor for further instructions.

If a resident has not been found after a period of **20 minutes**, the Nursing Supervisor will call the police and report the resident missing. When the police arrive, the nurse will provide the officer with a picture and provide pertinent information such as:

- What the resident was wearing
- How the resident was ambulating (i.e. walker, cane, etc.)
- The resident's cognitive status
- Information as to where the resident may be going, if known and a copy of the face sheet.

HISTORY:

Established: 05/22/04 SL

River Garden Hebrew Home / Wolfson Health & Aging Center

ELOPEMENT SEARCH PLAN

ASSIGNMENTS

AREAS IN THE BUILDING:

___Front lobby, auditorium, chapel, classroom, administrative offices, deli, public bathrooms;
Staff assigned_____

___Activity Center, Alcove near main dining room, public bathroom;
Staff assigned_____

___Kitchen area, main dining room, staff bathrooms and dietary storage:
Staff Assigned_____

___Laundry, Environmental service offices, staff bathrooms, Sims Learning Center:
Staff Assigned_____

___Plant operation offices and loading dock; Staff Assigned_____

___Traditional I; Staff Assigned_____

___Traditional II; Staff Assigned_____

___Elevators, Beauty shop, Therapy, Clinic and Pharmacy; Staff Assigned_____

___Stairwells; Staff Assigned_____

___Traditional III; Staff Assigned_____

___Sheltered Care I; Staff Assigned_____

___Sheltered Care II; Staff Assigned_____

OUTSIDE THE BUILDING:

___The Coves; Staff Assigned_____

___North side of Grounds; Staff Assigned_____

___Southside of Grounds; Staff Assigned_____

___Westside of Grounds; Staff Assigned_____

___Eastside of Grounds; Staff Assigned_____

___Front entrance and Old St. Augustine Road; Staff Assigned_____

05/22/04 SL

Elopement Search Drill Report

Exercise: _____ Actual: _____ Date: _____

Nursing Supervisor on Duty: _____

Missing Resident: _____

Time Started: _____Time all Clear: _____Total Time: _____

Administrator Notified: _____Time: _____

DON Notified: _____Time: _____

Police Notified: _____ Time: _____

Family Notified: _____ Time: _____

Resident Found: _____ if yes, time: _____

Number of Staff in Participation: _____

Staff Performance Results: _____Excellent _____Good _____Fair _____Poor

Staff did_____ did not_____ respond in accordance with established procedures.

Comments: _____
_____
_____
_____
_____

Conductor (s) _____

River Garden Hebrew Home / Wolfson Health & Aging Center

RESIDENT ELOPEMENT SEARCH DRILL REPORT (Continued)

STAFF SIGN-IN LOG

Signature	Print Name	Department