

Elopement

Today's Date: _____	Date of Incident: _____
Facility: _____	City: _____
Reporter: _____	Title: _____ Phone Number: _____
Called to APS: Date: _____	Time: _____ Person reported to: _____

Elopement:
483.25(h)(1) and 483.75. Section 483.25(h)(1) provides:
The facility must ensure that the resident environment remains as free of accident hazards as is possible.
Section 483.75 provides in relevant part: A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain and maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

Please submit the following information along with this page: Current care plan related to behaviors/ behavior management. Nursing notes (for last week) /social services notes (for last month) and medical notes if seen by a medical practitioner.

Reporting for the facility? Yes _____ No _____

If No:

Complainant Name: _____

Relationship to resident: _____

Address: _____

Phone Number: _____

When was the Administrator/Director of Nursing Notified?

Date _____ Time: _____

Law Enforcement Notified: Yes _____ No _____

If yes, Name of the Officer/Sheriff/State Patrol: _____ Phone number: _____

Who was involved in the incident?

Resident(s): _____

How does the resident ambulate/ move about the facility? (ie walking, walker, w/c): _____

Does the resident(s) reside on a Special Care Unit? Yes _____ No _____

Was the resident identified at risk for elopement? Yes _____ No _____

If yes, when was the resident identified at risk: Date: _____

What was the preventative measures put into place: _____

Vital Signs: _____

What was the weather outside? _____

How long was the resident gone from the facility? _____

Describe the incident: _____

(Please use separate paper if needed)

Alarm sounding: Yes _____ No _____

Did the staff immediately respond to the alarm: Yes _____ No _____

How was the resident dressed: _____

Was there injury? Yes _____ No _____

If injury list type: (if bruises or skin tears, list the location and the size of the areas): _____

Reoccurrence to the same resident: Yes _____ No: _____

If yes, Date of last incident and explain incident: _____

Immediate steps taken to prevent reoccurrence: _____

The complete report must be faxed to Health Facility Investigations: 402-471-1679 within 5 working days from the date of the allegation/incident. If you have any questions please call the main intake line at 402-471-0316