



NANANOM ASSISTED LIVING

Elopement Drill or Post-Elopement Checklist

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Resident Name: \_\_\_\_\_ Room #: \_\_\_\_\_

Resident Missing Time: \_\_\_\_\_ a.m. p.m. Resident Found Time: \_\_\_\_\_ a.m. p.m.

Circle the following Yes or No

- |  |   |   |
|--|---|---|
| 1. Did staff verify resident was not signed out?                                       | Y | N |
| 2. Did staff check unit?   | Y | N |
| 3. Did staff notify supervisor?  | Y | N |
| 4. Was the Administrator notified?   | Y | N |
| 5. Was a full search of the facility and grounds implemented?                          | Y | N |
| 6. Were the police notified?   | Y | N |
| 7. Was search called off when resident was located?                                    | Y | N |
| 8. Was resident examined when located?   | Y | N |
| 9. Was resident's physician notified when resident was discovered missing?             | Y | N |
| Found?   | Y | N |
| 10. Was family and/or responsible party notified when resident was discovered missing? | Y | N |
| Found?   | Y | N |
| 11. Was incident/event report completed?   | Y | N |
| 12. Was notation included in the Resident Record?                                      | Y | N |
| 13. Did the alarm system function (if an egress system was in place)?                  | Y | N |

Name of person completing the report: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_