

Annex K: Missing Resident

Purpose

Below is some basic information to ensure that all necessary steps are taken if a resident wanders away from the facility. The information comes from MN Rules for Skilled Nursing, Assisted Living, Intermediate Care Facilities for Individual with Intellectual Disabilities (ICF/IID) Hospice residential facility, which are linked below.

Initial Facility Actions

1. The charge professional should be notified.
2. Record the time that the resident was discovered missing and when and where he/she was last seen.
3. Verify that the resident has not signed out or been discharged.
4. Perform census verification and resident roll call to determine if there are any other missing residents
5. Activate facility's Missing Resident plan and procedure and appoint a Facility Incident Commander (IC) if warranted.
6. Search the facility's grounds for the resident. If necessary, distribute copies of the resident's photograph to the staff searching the grounds. Keep a record of the areas searched. Be sure to check:
 - Closets
 - Walk-In Refrigerators/Freezers
 - Storage Rooms
 - Under Beds and Behind Furniture

Next Actions

The person-in-charge shall carry out these steps:

1. Notify the local law enforcement agency via the telephone number 911. Ask for assistance to locate a wanderer.
 - a. Name and description of missing resident
 - b. Description of clothing, ambulation method, cognitive status Photo if available
 - c. The authorities will assume command and direction of the search from this point. The briefing to authorities shall consist of identification and other pertinent information about the resident that could assist in determining the resident's whereabouts.
2. The family and/or responsible party of the resident shall be notified. Explain what is being done to find the resident and encourage them to assist if able.
3. Notify, State Survey agency to report an unusual occurrence and activation of facility's Emergency Operations Plan (EOP).

Resident Found

Upon return of the resident to the facility, the director of nursing or person-in-charge should:

1. Examine the resident for injuries and contact the attending physician and report findings and conditions of the resident. Follow orders
2. All previously contacted persons and organizations shall be notified of the return to the facility of the resident.
3. An incident report shall be written and signed by the charge nurse providing detailed accounting of the incident in its entirety.
4. The person-in-charge shall be responsible for documenting the incident in the nursing notes of the resident's chart. All documentation must be concise and reflect the facts as they relate to the incident including:
 - a. times
 - b. persons contacted
 - c. condition of resident upon return to the facility
 - d. physician notification
 - e. physician's orders
 - f. treatment indicated
 - g. any other pertinent information.
5. The maintenance personnel are responsible for seeing that alarms are operational for 24-hour service and are checked on a routine basis.
6. In the event of an alarm malfunction, maintenance shall be notified immediately. In event of the inability to locate maintenance personnel, contact the alarm company.

Skilled Nursing Facility

4658.0065 - MN Rules Part (<https://www.revisor.mn.gov/rules/4658.0065/>)

Resident Safety and Disaster Planning:

A nursing home must develop and implement an organized safety program in accordance with a written safety plan. The written plan must be included in the orientation and in-service training programs of all employees and volunteers to always ensure safety of residents.

Assisted Living

MN Statute for Missing Resident: 4659.0110 (<https://www.revisor.mn.gov/rules/4659.0110/>)

Definition of Resident for these purposes:

- A “missing resident” applies only to a resident who receives **assisted living services**:
 - who is incapable of taking appropriate action for self-preservation under emergency conditions.
 - who is identified as at risk for wandering or elopement according to the resident's most recent assessment or review.
- For purposes of this subpart, a resident is incapable of taking appropriate action for self-preservation under emergency conditions if the resident:
 - is not ambulatory or mobile; or
 - lacks the physical, mental, or cognitive capability to:
 - recognize a danger, signal, or alarm requiring residents to evacuate from a facility.

- initiate and complete the evacuation without requiring more than minimal assistance from another person.
- select an alternative means of escape or take appropriate action if the primary evacuation route from the facility is blocked or inaccessible; and
- remain at a designated location outside the facility until further instruction is given.

Elopement: means when a secured dementia unit resident leaves the secured dementia unit, including any attached outdoor space, without the level of staff supervision required by the resident's most recent nursing assessment.

Procedure:

1. A staff member is designated for each shift who is responsible for implementing the missing resident plan, and at least one staff member who is responsible for implementing the missing-resident plan is on site 24 hours a day, seven days a week.
2. Staff are trained to alert the staff member identified in subitem (1) immediately if it is suspected that a resident may be missing.
3. Staff are identified by position description who are responsible for searching for missing residents or suspected missing residents; [add your plan here for what staff are responsible for searching]
4. Staff will conduct an immediate and thorough search of the facility, the facility's premises, and the immediate neighborhood in each direction when a resident is suspected to be missing; [if staff will be called in to assist in a search, add plan here]
5. A suspected missing resident will be considered missing if the resident is not located after staff complete the search in subitem (4); Determine if the resident is away from the building and/or with family, friends, or a staff escort. Check with other staff on duty, communication logs, sign out log, contact family, etc.
6. Staff will then immediately notify local law enforcement when it is determined, under subitem (5) or otherwise, that a resident is missing.
7. Staff will immediately contact the resident's representatives and the resident's case manager, if applicable, when a resident is determined missing; and
8. Staff will cooperate with local law enforcement and provide any information that is necessary to identify and locate the missing resident.
9. Our facility will implementation continue to provide assisted living services and appropriate care to all residents in the facility according to each resident's service plan, assisted living contract, and the requirements of this chapter and Minnesota Statutes, chapter 144G in a situation where our missing resident plan is implemented.
10. After the missing resident is located, a staff member will immediately notify local law enforcement, the resident's representatives, and the resident's case manager, if any.
11. The assisted living director and clinical nurse supervisor will review the missing resident plan at least quarterly and document any changes to the plan.

Intermediate Care Facilities for Individual with Intellectual Disabilities ICF/IID

4665.4800 - MN Rules Part (<https://www.revisor.mn.gov/rules/4665.4800/>)

Emergency Plan

There shall be a written plan on file which specifies action and procedures for meeting emergency situations such as fire, serious illness, severe weather, and missing persons. The procedures shall be clearly communicated to and reviewed with staff and residents. The plan shall be developed with the assistance and advice of at least the local fire and/or rescue authority and any other appropriate resource persons. The plan shall specify responsibilities assumed by the licensee for assisting residents who require emergency care or special assistance to residents in emergencies. An accident or incident report form shall be provided by and used by the staff of the facility.

Hospice – residential facility

4664.0500 - MN Rules Part (<https://www.revisor.mn.gov/rules/4664.0500/>)

Applicability

A hospice provider that operates a residential hospice facility must comply with this part.

Emergency plan

A residential hospice facility must maintain a written plan that specifies action and procedures for responding to emergency situations such as fire, severe weather, or a missing person. The plan must be developed with the assistance and advice of at least the local fire or rescue authority or any other appropriate resource persons. An accident or incident report must be maintained for at least one year.

Education

The emergency plan must be clearly communicated to all staff persons during orientation. Each staff person must be knowledgeable of and must implement the emergency plan. The emergency plan must include:

- assignment of persons to specific tasks and responsibilities in case of an emergency.
- instructions relating to the use of alarm systems and signals.
- systems for notification of appropriate persons outside of the facility.
- information on the location of emergency equipment in the facility; and
- specification of evacuation routes and procedures.

Emergency medical services

A residential hospice facility must have current and up to date written protocols for appropriate services for medical emergencies. Staff must implement these protocols in medical emergencies.

For all facility/agency types

Complete an After-Action Report (AAR) after a resident goes missing or using this policy to create a tabletop exercise. It is important to go over the policy and procedure after the fact and

find areas that need improvement or updating. Check with local public health and local law enforcement to check if additional After-Action Reports are required.

See Appendix M for After Action Plans/Improvement Plans