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| RESIDENTS – OFF PREMISES | | | | NO. | |
| PURPOSE:  To provide specific guidelines for resident leaving the facility premises by his/her own volition.  STATEMENT OF POLICY:  It is the policy of this facility that we will honor the resident’s right to leave the premises by his/her own volition following the guidelines set forth in this policy.  PROCEDURE:   1. A Resident that chooses to leave the facility independently must sign-out on the sign out register and indicate his/her expected time of return. 2. A Resident that chooses to leave the facility independently must sign-in on return to the facility. 3. Staff observing a resident leaving the premises, and having doubts about the resident being properly signed out should notify their supervisor. 4. The Resident and /or Responsible Party, Guardian, or Power of Attorney must sign the “Release of Responsibility for Voluntary Leave of Absence”. (See attached form) 5. The facility will provide for the Resident the number of doses of physician ordered medications to cover the period of time that the resident will be absent from the facility.  * Medications provided must be labeled and dispensed by the providing pharmacy, for example, in unit dose packaging.  1. The Facility will obtain an order from the attending physician regarding leave of absence from the premises. 2. In the event that the Resident/Responsible Party do not wish to follow the guidelines set forth in this policy, the facility will attempt to assist in finding alternate placement and move toward discharge. | | | | | |
| Approved: | Effective Date: | Revision Date: | Change No.: | | Page:  1 of 1 |