



Fall Prevention and Management in Personal Care Homes ENVIRONMENTAL FALL RISK AUDIT

Date of Audit:		Room Number														
Completed by:															#YES	#NO
Site:																
1. Bottom bed rails are down.																
2. Pathway clear of clutter from bed to bathroom.																
3. Bed brakes applied.																
4. Chair/walker brakes in working order.																
5. Lighting in bathroom in working order.																
6. Lighting in bedroom in working order.																
7. Grab bars secured and reachable.																
8. Mobility aid within resident's reach.																
9. Current mobility/transfer status posted at bedside.																
10. Call bell within resident's reach.																
11. Bed lowered to resident's knee height or the lowest position of bed.																
12. Resident's items reachable.																
13. Equipment to one side of the hallway.																
14. Floor free of glare.																
15. Handrails on both sides of hallway.																
16. Hallway well lit.																

YES = if the audit measure is met
NO = if the audit measure is unmet

Leave a space blank if the measure does not apply to the room



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Guidelines for Completion of the Environmental Fall Risk Audit

- Complete annually in October.
- 10% or a minimum of 6 rooms must be audited.
- May be completed by any staff person.
- Select a sample of rooms to audit by considering the layout of the facility and selecting perhaps every fifth room, or three from one unit and three from another. Try not to bias the audit. Select in a fashion to give the best information possible to help inform decision making.
- Enter the resident's room and observe if the performance measures are met or not met. Measures 13 to 16 apply to audit of general hallways and not resident rooms. Should we somehow separate that from the previous section?
- Write the room number at the top in one of the boxes under "Room Number". Another tool may be needed.
- For each performance measure rate it as "met" (YES), "not met" (NO) or leave it blank if the measure does not apply to the resident or the resident's room (e.g. not every resident may require a mobility aid or the resident may not be in the room at the time of the audit and some measures cannot be tallied).
- At the end of each row, tally the number of "YES" and "NO"
- Submit to Site Leadership for entry into Regional Falls Audit spreadsheet
- Review at a quality forum at the facility.