



Fall Prevention and Management in Personal Care Homes **FALLS AUDIT SUMMARY**

On November 30, report summary to the Regional Director, Seniors/Palliative Care.

Site:

Date:

Health Records Audited:

Questions	#Yes	#No	#N/A	Comments
1. Fall Risk Screening Tool is completed on admission.				
2. Fall Risk Screening Tool is completed following a significant change in medical status or multiple falls.				
3. Fall Risk Score has been recorded on the Integrated Care Plan.				
4. The Falls Prevention/Intervention Checklist is completed.				
5. Interventions are incorporated in the Integrated Care Plan.				
6. The fall assessment log is completed (if the resident has had a fall).				
Totals				
Formula: $\frac{\text{\# Yes responses}}{(\text{\# health records audited} \times 6) - (\text{\# N/A responses})} \times 100\% = \text{\% compliant with policy} \%$				
Completed by: Name		Signature		Designation
The following is to be completed with/by Client Services Manager/Director for "no" responses:				
Recommendations for improvement:				
Improvement completion date:				
Completed by (Signature & Designation):			Date:	

Target Compliance Level: 80%