



Fall Prevention and Management in Personal Care Homes FALL AUDIT

In October audit 10% of all residents or a minimum of 5 residents (if 10% is less than 5).

Audit for the period from the last audit.

YES (Y) = if the audit measure is met **NO (N)** = if the audit measure is unmet

N/A = If the Audit Measure does not apply

Enter the total # of Y or N or NA in the columns to the right

Date of Audit:																	
Completed by:														#YES	#No	N/A	
Site:																	
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).																	