ALCharts Plus
Assisted Living Software

Fall Investigation

1

Date of Fall	Time	Location
/ /		

Brief description

Witness ☐ No ☐ Yes

2

Environment
- ☐ No environmental hazards noted at time of incident
- ☐ Environmental condition contributed to incident
- ☐ Furnishings contributed to incident or injury

Describe

Footwear
- ☐ Clothing / footwear fitting properly
- ☐ Footwear ill fitting, not used,

Footwear at time of incident

Activity
- ☐ Ambulating ☐ Bathing ☐ W/C
- ☐ Transferring ☐ Bed ☐ Dressing

Other

Elimination
- ☐ Toileting did not contribute to incident
- ☐ Incident occurred secondary to toileting
- ☐ Incontinent at time of incident

Comment

Equipment
- ☐ No adaptive equipment in use at time of fall
- ☐ Has adaptive equipment, did not contribute to incident
- ☐ Equipment contributed to incident

Explain

Posture
- ☐ No difficulties noted
- ☐ Requires assist or assistive device

comments

Safety
- ☐ No use of safety alarms
- ☐ Safety alarm in use at time of fall, functioning properly
- ☐ Other safety devices in place

Type

Behavior
- ☐ No change in behavior or mental status
- ☐ Behavioral episode during / prior to incident
- ☐ Change in mental status noted

Comments

3

Sensory
- ☐ No visual or Hearing impairment or corrected with aid
- ☐ Visual impairment
- ☐ Hearing impairment

Comment

Medications
- ☐ Anti-hypertensive medication use
- ☐ Use of Narcotic analgesic
- ☐ Use of psychoactive medications
- ☐ PRN medication administered within 4 hours prior to fall
- ☐ Poly pharmaceutical (9 or more scheduled medications)

Physician medication eval recommended

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Determination

Intervention

☐ No change indicated ☐ ISP updated ☐ Falls Prevention program

- ☐ Falls Risk Evaluation ___/___/___
- ☐ Behavior Risk Evaluation ___/___/___
- ☐ Pain Evaluation ___/___/___
- ☐ Physician eval ___/___/___
- ☐ Diagnostics ___/___/___
- ☐ Psychiatry eval ___/___/___
- ☐ OT eval ___/___/___
- ☐ PT eval ___/___/___
- ☐ Podiatry ___/___/___

Resident name First Middle Last	Signature	Date