

## Falls / Incidents Report Guidelines for Completion

The Fall/Incident report form includes a significant amount of data regarding the events occurring in your facility. It is essential to track falls, and helpful to include in that data some details of each fall.

In both the 'activity at time of fall' category, and the 'injury category', more than one area may be checked. Please place a check mark in each category that appropriately describes the activity at the time of the fall and also the injury(ies) that occurred as a result of that incident.

Non-fall incidents are captured on this report form also. Non-fall incidents are defined by each facility. They may include skin tears or bruises that cannot be traced to a fall, altercations between residents or resident to staff member, elopement attempts, choking incidents, and possibly medication errors.

It is important to be consistent in the data that your facility reports.

Our data base system automatically creates several reports from this data.



**Number of Falls per Resident**

**Report For :** 2006 **Facility:** XYZ Sample Care Center

<i>Resident name</i>	<i>Total # Falls Jan.</i>	<i>Total # Falls Feb.</i>	<i>Total # Falls March</i>	<i>Total # Falls April</i>	<i>Total # Falls May</i>	<i>Total # Falls June</i>	<i>Total # Falls July</i>	<i>Total # Falls Aug.</i>	<i>Total # Falls Sept.</i>	<i>Total # Falls Oct.</i>	<i>Total # Falls Nov.</i>	<i>Total # Falls Dec.</i>	<i>Total # Falls Y-T-D</i>
Adams, J	1	2											3
Adams, J Q		1											1
Arthur, C			1										1
Breckinridge, J			1										1
Burr, A	1												1
Bush, G H		1	6										7
Carter, J			1										1
Dalls, G		1	4										5
Garfield, J		1											1
Gerry, E			1										1
Grant, U	1												1
Hayes, R			1										1
Hendricks, T		2											2
Hoover, H		1											1
Johnson, L	1												1
Kennedy, J		1	1										2
Lincoln, A			1										1
Madison, J	1												1
Monroe, J	1												1
Nixon, R	1												1
Peirce, F		1											1
Regan, R			1										1
Roosevelt, T		2											2
Taft, W	2	3	1										6
Tyler, J		1	2										3
Wheeler, W			1										1
Wilson, H	4	3	2										9
<b>Total:</b>	13	20	24										57

**INFORMATION ONLY**

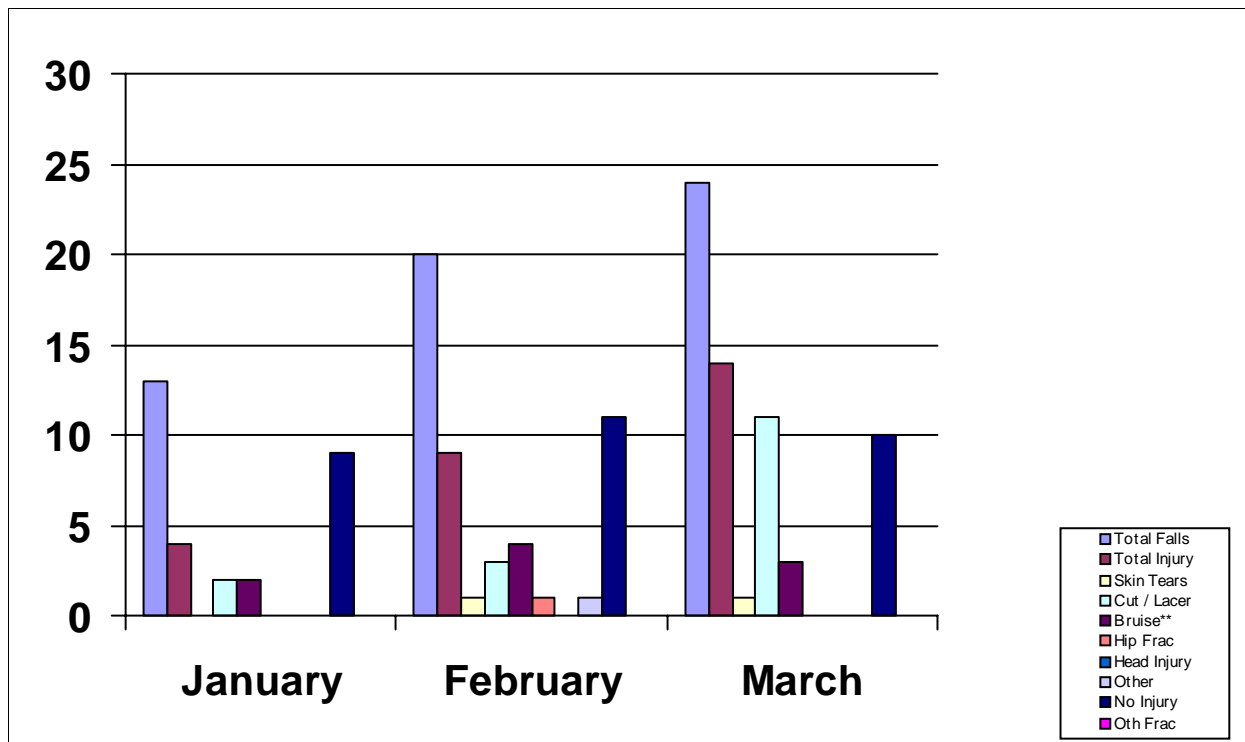
## Injuries from Falls

XYZ Sample Care Center

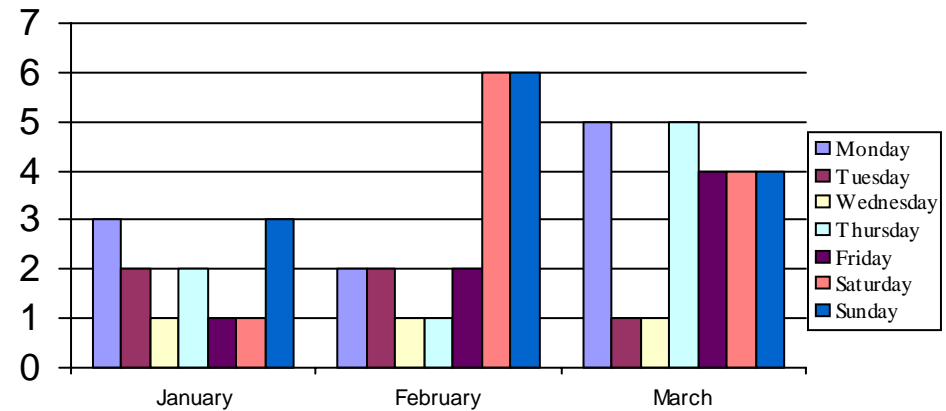
2006

	Total Falls	Total Injuries	Skin Tears	Cut / Lacer.	Bruise	Hip Frac.	Oth. Frac.	Head Injury	Other	No Injury
January	13	4	0	2	2	0	0	0	0	9
February	20	9	1	3	4	1	0	0	1	11
March	24	14	1	11	3	0	0	0	0	10

**INFORMATION ONLY**



	Day of Week						
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
January	3	2	1	2	1	1	3
February	2	2	1	1	2	6	6
March	5	1	1	5	4	4	4
YTD Total	10	5	3	8	7	11	13



**INFORMATION ONLY**

	Time of Day						
	8a -2p	2p - 4p	4p - 10p	10p - mn	mn - 6a	6a - 8a	unknown
January	5	1	3	0	3	1	0
February	8	3	2	0	7	0	0
March	8	1	7	0	2	5	0
YTD Total	21	5	12	0	12	6	0

