

# SAFETY COMMITTEE FALL OCCURRENCE REVIEW

(This tool is only an example. Please adapt it to meet the needs of your facility and residents.)

Resident Name \_\_\_\_\_ Room \_\_\_\_\_

Date of Incident	Time of Incident	Date of Review	Clinical Record Review Documentation	
			<input type="checkbox"/> Probable cause <input type="checkbox"/> Assessment <input type="checkbox"/> Immediate intervention	<input type="checkbox"/> Physician notified <input type="checkbox"/> Family notified <input type="checkbox"/> Care plan updated
<b>Description of Occurrence</b>			<b>Probable Cause</b>	
<b>Fall Risk Assessment Completed</b>			<b>Action Taken at Time of Occurrence</b>	
<b>Follow-Up From Last Meeting</b>			<b>Interventions</b>	
<b>Other</b>				