



FALL RISK

Resident's Name

Date of Birth

This form documents the agreement between _____ and _____ the Resident and/or Representative regarding the care of the above-named Resident. This agreement provides formal notification that the Resident listed above has:

Been assessed to be "At Risk" for Falling

Or

Had a fall at _____ (Facility Name)

The Resident Care Team reviewing fall risk has assessed your family member, and interventions listed below were implemented to attempt to reduce the risk of future falls. The Interventions that have been put into place and care planned to date for the Resident include:

_____	Initial _____
_____	Initial _____
_____	Initial _____
_____	Initial _____
_____	Initial _____

Since you or your family member is at risk or has already had a fall, the Resident Care Team also recommends the following:

<input type="checkbox"/> Physical Therapy assessment (via Resident's physician)	Initial _____
<input type="checkbox"/> Medication Re-evaluation due to grogginess (via physician/pharmacist)	Initial _____
<input type="checkbox"/> Physician Evaluation	Initial _____
<input type="checkbox"/> Toileting Schedule	Initial _____
<input type="checkbox"/> Purchase of walker	Initial _____
<input type="checkbox"/> Purchase of cane	Initial _____
<input type="checkbox"/> Evaluate for more appropriate shoes to improve gait	Initial _____
<input type="checkbox"/> Purchase of well fitted Orthotic Shoes	Initial _____
<input type="checkbox"/> HIPSAFE Hip Protectors (for repeat fallers)	Initial _____
<input type="checkbox"/> Encourage Resident to call for assistance	Initial _____

Recommendations noted above are to be implemented to reduce the likelihood of the Resident/family member falling in the future.

It is the position of Resident Care Team to ensure that you are made aware, and what intervention we are recommending.



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As you may realize, no Intervention is fall-proof, and we cannot guarantee that your family member will not fall again because our staff do not provide continuous one-on-one supervision, nor are residents monitored continuously 24-hours a day. This Family Intervention Discussion for Fall Risk form is utilized by our Resident Care Team and requires both the Resident Care Team and the Resident's family member(s) to work together to minimize the risks. Your participation is critical to providing your family member with the above-selected interventions, especially when additional expense is necessary to purchase specific products. To ensure your family member's safety, we ask that you carefully evaluate all of the options to reduce the risk of falls and select the options that you believe to be in the best interest of your family member.

Resident or Representative Party's Acknowledgement and Agreement

I, _____ understand that, as the Resident or Resident's Representative, the Resident is at risk for falls. I authorize the following interventions noted and initialed within this Care Plan to be used to enhance the safety of said Resident.

I have been given the opportunity to discuss the Resident or family member's condition and these interventions with the Resident Care Team at the facility. It is understood that falls may have severe consequences, and that the intervention(s) listed above should lessen the risk for a fall. However, I understand that the facility can make no guarantees that the Resident/family member will not fall. I understand that Assisted Living Programs are specifically designed to offer residents more independence and autonomy, and that 24-hour care and supervision is not provided on an individual basis.

I, _____ **AGREE** to the decision to use the intervention named above to focus on reducing the potential risk of the Resident falling, although in any assisted living home setting, there remains an inherent risk to falls due to the freedom and autonomy our residents value.

I, _____ **REFUSE** to allow the assisted living home facility to use the interventions named above as an attempt to reduce the risk for falls and acknowledge that I am fully aware of, and responsible for, the inherent and real risk for myself and/or my family member potentially sustaining bodily injury, broken bones, and potentially fatal injury.

Resident/Representative: _____ Date: _____
Sign

Resident/Representative: _____
Print Name

Manager or Authorized: _____ Date: _____
Sign

Manager or Authorized: _____
Print Name