Stay with the resident, call for a nurse, do the following:

1. Ask resident: Are you ok?
2. Ask resident: What were you trying to do?
3. Ask resident or determine: What was different this time?
4. Position of Resident?
   a. Did they fall near a bed, toilet or chair? How far away?
   b. On their back, front, L side, or R side?
   c. Position of their arms & legs?
5. What was the surrounding area like?
   b. If in bathroom, contents of toilet?
   c. Poor lighting – visibility?
   d. Position of furniture & equipment? Bed height correct?
6. What was the floor like?
   a. Wet floor? Urine on floor? Uneven floor? Shiny floor?
   b. Carpet or tile?
7. What was the resident’s apparel?
   a. Shoes, socks (non-skid?) slippers, bare feet?
   b. Poorly fitting clothes?
8. Was the resident using an assistive device?
   a. Walker, cane, wheelchair, merry walker, other?
9. Did the resident have glasses and/or hearing aides on?
10. Who was in the area when the resident fell?