MONTHLY/QUARTERLY DON REPORT

FALLS

DISCLAIMER: This is a sample document only. Your organization is responsible for compliance with all applicable laws. This form should not be used or adopted by your organization without first being reviewed and approved by an attorney. Vaaler Insurance, Inc. and Siders HealthCare Consulting, LLC. assume no liability in the preparation and distribution of this sample form.

	Location	January	February	March	1st Quarter Total
Number of Falls					
Number of Falls with Significant Injuries					
Number of Residents with Repeat Falls					
Resident was accurately assessed for risk at the last assessment with appropriate interventions					
Fall Rate Number of Falls per 1000 occupied bed days					
Summary:					
Corrective Actions:					

MEDICATION ERRORS						
	Medication/Location	January	February	March	1st Quarter Total	
Wrong Drug						
Wrong Dose						
Wrong Route						
Wrong Resident						
Incorrect Order						
MAR Incorrect						
Omission						
Improper Dispension/Labeling						
Medication Order Error						
Medication Reconciliation Error						
Other						
Summary:						

Summary:
Corrective Actions:

	Location	January	February	March	1st Quarter Total
Number of Wandering Events					
Number of Residents with Repeat Wandering Events					
Number of Elopement Events					
Number of Residents with Repeat Elopement Events					
Resident was accurately assessed for risk at the last assessment with appropriate interventions					

CONFIDENTIAL

Corrective Actions:

SKIN INJURY/SKIN INTEGRITY						
	Location	January	February	March	1st Quarter Total	
Bruises						
Blisters						
Skin Tears						
Abrasions						
Burns						
Pressure Ulcers Present on Admission						
Stage I						
Stage II						
Stage III						
Stage IV						
Unstageable						
Facility Acquired Pressure Ulcers						
Stage I						
Stage II						
Stage III						
Stage IV						
Unstageable						
Summary:						
Corrective Actions:						

	Location	January	February	March	1st Quarter Total
Skin					
Gastrointestinal					
Urinary Tract					
Eye/Ear					
Respiratory					
Sepsis/Blood					
Surgical Site					
Febrile Illness					
COVID-19					

Summary:			
Corrective Actions:			

OTHER EVENTS (RESIDENTS)						
	Location	January	February	March	1st Quarter Total	
Number of Complaints						
Number of Grievances						
Allegations of Abuse, Neglect, Exploitation						
Substantiated Abuse, Neglect, Exploitation						
Theft of Property						
Drug Diversion						
Security Events						
Unexpected Change in Condition/911 Call						
Number of Readmissions						
Number of Near Misses						
Summary:						
Corrective Actions:						