NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

ANDREW M. CUOMO
Governor

THEODORE KASTNER, MD, MS
Acting Commissioner

Fall Prevention Environmental Review

Refer to 'Fall Prevention Environmental Review Information and Instructions' when filling out this form.

Part 1 – Basic Information

Name of Individual Being Reviewed:		
Name and Title of Staff Member Completing Form:		
Date of Environmental Review:	Date and Time of Fall:	House/Program:

Part 2 – Environmental Review

Wheelchair ❑ N/A	Does the wheelchair work properly? Are brakes locked when appropriate? Do the brakes function properly? Is the chair stable during transfers? Are footplates moved during transfers to prevent interference? Other:	❑ Y ❑ N ❑ Y ❑ N ❑ Y ❑ N ❑ Y ❑ N ❑ Y ❑ N
Ambulation Device ❑ Cane ❑ Crutches ❑ Walker ❑ Other ❑ N/A	Is the device in good condition? Is the device being used correctly? Is the device working properly? Other:	❑ Y ❑ N ❑ Y ❑ N ❑ Y ❑ N
Environmental Supports ❑ N/A	Are grab bars installed in the bathroom? Are stairways equipped with handrail supports? Other:	❑ Y ❑ N ❑ Y ❑ N
Floors	Is the floor clear of spills or dampness? Are the floors and walkways free of clutter and obstacles? Are rugs secured? Are there uneven surfaces or thresholds to maneuver? Other:	❑ Y ❑ N ❑ Y ❑ N ❑ Y ❑ N ❑ Y ❑ N
Footwear	Is the individual wearing footwear that fit properly? Does the footwear have firm, nonskid soles? Other:	❑ Y ❑ N ❑ Y ❑ N
Lighting	Is there adequate lighting for clear visibility? Are the light switches accessible to the individual? Other:	❑ Y ❑ N ❑ Y ❑ N

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Furnishings	Are chairs stable during transfers? Is the bed stable? Are tables stable and able to support walking balance? Do the chairs have armrests? Are chair seats at a suitable height for the individual? Is the bed at a suitable height for the individual? Are the toilets at a suitable height for the individual? Other:	❑ Y ❑ N ❑ Y ❑ N ❑ Y ❑ N ❑ Y ❑ N ❑ Y ❑ N ❑ Y ❑ N ❑ Y ❑ N
Outdoor	Is there adequate lighting? Are sidewalks free of cracks, breaks, or uneven surfaces? Are walkways free of leaves, snow, ice, or other tripping hazards? Are lawns and gardens free of holes, rocks, or other tripping hazards? Other:	❑ Y ❑ N ❑ Y ❑ N ❑ Y ❑ N ❑ Y ❑ N

Part 3 - Supervisory Review and Follow-up Actions

Name and Title:
Date of Review:
Plan for Follow-up Action(s): Verification of Plan Implementation: Plan verified by (Name/Title): _____ Date of verification: _____