

## **Abstract**

**Purpose:** Falls cause significant injuries among older adults in assisted living facilities (ALFs). High-risk medications listed in the Beer's Criteria may contribute to increased fall risk. This study aims to assess the relationship between the number of Beer's Criteria medications prescribed to residents and their frequency of falls within one month. Identifying medication-associated fall risks may improve patient safety through better medication management practices.

**Methods:** We conducted a retrospective chart review of older adults residing in two assisted living facilities. We gathered data on the number of falls experienced by each resident over one month and reviewed their medication lists, specifically focusing on medications categorized as high-risk by the Beer's Criteria.

**Results:** Residents had an average age of approximately 86 years, prescribed an average of 19 medications, and approximately 4 medications from the Beer's Criteria. Analysis indicated each additional Beer's Criteria medication increased fall risk by about 10%, though this was not statistically significant ( $p = 0.329$ ). Dialysis emerged as a significant predictor, substantially increasing fall risk ( $p = 0.001$ ).

**Conclusion:** While the number of Beer's Criteria medications showed a potential relationship with fall frequency, the lack of statistical significance highlights the need for larger-scale studies. The findings emphasize dialysis as a critical risk factor for falls in ALF residents.