

Name: _____

Date: _____

FALL PREVENTION

Q D Q T S T V A R Q E Q C A U F P F Q C Q E O O
 Q Z U V T E Z W D A I L Y Z V T S A L A R M S N
 I W T L F C E I B M T I Y W V U D N C N V X N H
 E J P J K X J B S B T T V L C E N M F E I Y H D
 E V E K S K R H A U J T P D E P M R W Y S W R S
 Z G J R E S F E V L L E S O I N T K N Y I S L S
 I Z D H L X W V V A X F W T G F O G P Z T C S O
 N I K J X P D F Y T J C C T U P O L O Q A X A I
 F N W C Q B C W J E N O I T N E V E R P L L A F
 E T X E F B S E T I K L G Z Y M E B L X C M P Y
 C E C E E L H T A T W E V G G V I A M A G N E T
 T R F U K K A M S B H E C Z U B X T Y Y A X S X
 I D G A Z O L G J N P G N N B O J H I X C T S Y
 O I L D L S W Y N Y O O I H E D C R L O D T E R
 N S P A J L C T X I I I V L D O O O C A L B G S
 I C Z S D W I U Y S O V S F T B H O E N J D V G
 M I M G D S E N S T H G A S E H U M R A F E K F
 K P S P F M C I G Q N F N Z E F G U D F C H P Y
 M L T P Y G M E N L R E J O E S B I D Q R C P L
 P I T H U D G N P U E V V I J T S Y N E H A B U
 P N G M A I R J W J C A V E M G A O W M B X M Y
 J A F F S A U C Z Y Z S F M S U K A P O T W O E
 P R F Y T T O P V E L S Z E V E R Y O N E Y O E
 I Y T R B X U Y L L A C E R A C K C E H C N N L

INTERDISCIPLINARY
 FALLING LEAF
 SEVENTY TWO
 INFECTIOIN
 EVERYONE
 ALARMS
 MAGNET
 VISIT

CHECK CARE CALL
 NIGHT LIGHT
 DOOR FRAME
 AMBULATE
 ONGOING
 LONELY
 DAILY

FALL PREVENTION
 POSSESSIONS
 ADMISSION
 BATHROOM
 WEEKLY
 LOWBED
 POTTY