

Home Safety Assessment - Painted Hills Home Care

Client Name _____

Client ALTCS# _____

PHHC Representative _____



Painted Hills Home Care AHCCCS ID #232248 II EIN: 76-0757790

Date: _____

Entrance/Front Yard

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walkway clear of hazards?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Steps are in good condition and not too steep?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Entrance is clearly marked if there is a step and is a good height?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Area is well lit at night?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Handrails are present and stable?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ramp exists?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Security alarm present?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clearly visible, easily reachable and audible doorbell?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other issues?
Notes: |

Hallway/Foyer

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Light switch is easily accessible and working?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate lighting is in place?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate night lighting available?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor is even and slip-proof?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Area is free of clutter?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Area is free of loose rugs?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Working smoke/C02 detectors in place? |

Notes:

Entrance is wide enough for a wheelchair or walker?

Notes:

Doors are easily opened and closed?

Notes:

Other issues?

Notes:

Living Room/Dining Room/Family Room

Yes No N/A

Area is free of loose rugs?

Notes:

Area is free of clutter?

Notes:

Area is free of loose electrical cords?

Notes:

Adequate lighting is in place?

Notes:

Furniture is stable?

Notes:

Tables have rounded edges that are clearly visible/no sharp edges made of glass?

Notes:

Light switches are easily accessible?

Notes:

Plenty of space to move around?

Notes:

Home is comfortable temperature?

Notes:

Shades, blinds and windows are easy to open and securely attached?

Notes:

Other issues?

Notes:

Kitchen

Yes No N/A

Frequently used items visible and easily reached?

Notes:

Counters are clutter free?

Notes:

Plenty of space to move around?

Notes:

Sink faucets are reachable and labeled hot and cold?

Notes:

Floor is even and slip-free?

Notes:

- Floor is free of loose rugs?
 Notes:
- Adequate lighting is in place?
 Notes:
- Pets are secured while cooking?
 Notes:
- Working smoke/CO2 detectors in place?
 Notes:
- Burners and control knobs are within reach, clearly labeled and easy to use?
 Notes:
- There are appropriate resting areas for hot containers?
 Notes:
- Appliances are safe and in working condition?
 Notes:
- Daily necessities are easily accessible without a chair or stool?
 Notes:
- Other issues?
 Notes:

Stairways

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate lighting is in place?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Railings are present and stable?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stairs are free of clutter?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Steps are gradual rather than steep?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stairs have tread or carpet to minimize slipping?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Light switches are available at both top and bottom of stairwell?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other issues?
Notes: |

Bedroom(s)

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Area is free of clutter?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Area is free of loose electrical cords?
Notes: |

- Floor is even and slip-free?
Notes:
- Floor is free of loose rugs?
Notes:
- Bed is adequate height and easily accessible?
Notes:
- Adequate night lighting is available?
Notes:
- Support for getting in and out of bed is available if needed?
Notes:
- Curtains and bed coverings off the floor to prevent tripping hazards?
Notes:
- Working smoke/C02 detector in place?
Notes:
- Other issues?
Notes:

Bathroom

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Area is free of loose rugs?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Area is free of clutter?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sturdy grab bars are in place near the toilet?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilet paper is easily reachable from the toilet?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilet is adequate height?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilet seat is in good condition and stable?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tub entrance is easily accessible to enter?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tub and shower knobs are clearly labeled and easy to use?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tub is slip-free?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sturdy grab bars are in place for tub/shower?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medications are stored properly?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other issues?
Notes: |

Basement

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate lighting is in place?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Railings are present and stable?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Area is free of clutter? |

- Notes:
Steps are gradual, rather than steep?
- Notes:
Steps are well lit and slip-free?
- Notes:
Floor is free of loose cords?
- Notes:
Other issues?

Laundry

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate lighting is in place?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Area is free of clutter?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor is even and slip free?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Laundry supplies are easily managed and safe to reach?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tripping hazards are off the floor?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Area is easy to access with basket of laundry?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appliances are a good height for operation?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Route to the laundry room is clear?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other issues?
Notes: |

Garage

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garage door is secure and in working order?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tools, equipment and supplies are secure?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate lighting is in place?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stair railings are present and safe?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trash is stored securely?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clear pathway(s) to walk through?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Railings are present and stable?
Notes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other issues?
Notes: |

Back Yard

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Porch railings are present and stable? Notes:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steps are gradual, rather than steep? Notes:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entrance is clearly marked if there is a step and is a good height? Notes:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate night lighting available? Notes:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walkway clear of hazards? Notes:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other issues? Notes:

OFFICE USE ONLY

Case Manager: _____ Completed by (printed name) _____

Fax Number: _____ Completed by (signature) _____

Date Faxed: _____ Notes: _____

Follow up (please circle):

DME *Supplies* *Utilities* *Firewood Prgm*

Other: _____

