

ENVIRONMENTAL / HOME SAFETY ASSESSMENT **Permission to take photos?** ☐ Y ☐ N (upload photos) _____

Entrance / Front Yard: Walkway clear ☐ Y ☐ N ☐ Hazards _____ **Take Photos if Authorized**

Steps ☐ Y ☐ N Good condition ☐ Y ☐ N Not too steep ☐ Y ☐ N Handrail ☐ Y ☐ N Handrail Stable ☐ Y ☐ N _____

☐ Needs handrail _____ ☐ Ramp available Needs ramp ☐ Y ☐ N _____

Entrance clearly marked? ☐ Y ☐ N Well lit at night? ☐ Y ☐ N ☐ Security alarm ☐ Front door camera ☐ Other cameras _____

Clearly visible, easily reachable and audible doorbell? ☐ Y ☐ N Free of Garbage / trash /rotting food ☐ Y ☐ N _____

Entrance clearly marked? ☐ Y ☐ N Well lit at night? ☐ Y ☐ N ☐ Security alarm ☐ Front door camera ☐ Other cameras _____

Hallway / Foyer: Clear ☐ Y ☐ N ☐ Hazards _____ **Take Photos if Authorized**

Lightswitch easily accessible and working ☐ Y ☐ N ☐ Adequate lighting _____ ☐ Adequate lighting at night _____

Free of clutter ☐ Y ☐ N Loose rugs ☐ Y ☐ N Working smoke / CO² detectors ☐ Y ☐ N Wheelchair / Walker accessible ☐ Y ☐ N _____

Door easily opened and closed ☐ Y ☐ N _____ Other issues _____

Living Rm / Dining Rm / Family Rm: Clear ☐ Y ☐ N ☐ Hazards _____ **Take Photos if Authorized**

Lightswitch easily accessible and working ☐ Y ☐ N ☐ Adequate lighting _____ ☐ Adequate lighting at night _____

Free of clutter ☐ Y ☐ N Loose rugs ☐ Y ☐ N Working smoke / CO² detectors ☐ Y ☐ N Wheelchair / Walker accessible ☐ Y ☐ N _____

Free of loose cords ☐ Y ☐ N _____ Furniture stable ☐ Y ☐ N _____

Corners of furniture rounded and visible ☐ Y ☐ N _____ Furniture corners made of glass or sharp material ☐ Y ☐ N _____

Space to move around ☐ Y ☐ N Comfortable temperature ☐ Y ☐ N Garbage / trash /rotting food ☐ Y ☐ N _____

Unpleasant odor ☐ Y ☐ N _____ Shades, blinds and windows — easy to open ☐ Y ☐ N _____

Shade / Blind cords secure and non-trip hazard ☐ Y ☐ N _____

Are “tops” of chairs / couch, or walls soiled from patient steadying themselves on furniture or walls ☐ Y ☐ N _____

Door easily opened and closed ☐ Y ☐ N _____ Other issues _____

Kitchen: Clear ☐ Y ☐ N ☐ Hazards _____ **Take Photos if Authorized**

Lightswitch easily accessible & working ☐ Y ☐ N ☐ Adequate lighting _____ ☐ Adequate lighting at night _____ Space to move around ☐ Y ☐ N

Free of clutter ☐ Y ☐ N Loose rugs ☐ Y ☐ N Working smoke / CO² detectors ☐ Y ☐ N Wheelchair / Walker accessible ☐ Y ☐ N _____

Garbage / trash /rotting food ☐ Y ☐ N _____ Expired food ☐ Y ☐ N _____ Unpleasant odor ☐ Y ☐ N _____

Food properly stored (containers closed / clearly marked with contents) ☐ Y ☐ N _____

Food spills / excessive crumbs / debris that poses possible health hazard (pests, mold) ☐ Y ☐ N _____

Clutter-free counters ☐ Y ☐ N _____ Sink faucets reachable Frequently used items visible and easily reached? ☐ Y ☐ N _____

Faucets labeled hot / cold? ☐ Y ☐ N _____ Sink operational ☐ Y ☐ N _____ Sink drain operational ☐ Y ☐ N _____

Disposal ☐ Y ☐ N _____ Disposal operational ☐ Y ☐ N _____ Other sink issues _____

Burners / control knobs within reach ☐ Y ☐ N _____ Knobs clearly labeled / easy to use? ☐ Y ☐ N _____

Pets secured while cooking ☐ Y ☐ N _____ Floor even and slip-free ☐ Y ☐ N _____

Appropriate resting areas for hot containers? ☐ Y ☐ N _____ Daily necessities easily accessible without chair or stool? ☐ Y ☐ N

NOTES: _____

Refrigerator: Overall condition _____ **Take Photos!**

Refrigerator operational ☐Y ☐N _____ Door easily opened and closed ☐Y ☐N _____ Refrig light? ☐Y ☐N _____

Photos of Refrig Contents (if Authorized) ☐Y ☐N _____ Any odor ☐Y ☐N Any spills ☐Y ☐N Any mold ☐Y ☐N

Expired food ☐Y ☐N _____

Proper temperature (place thermometer) _____ °F Dairy ☐Y ☐N _____

Fresh Fruits ☐Y ☐N _____

Fresh Vegetables ☐Y ☐N _____

Meats / Poultry ☐Y ☐N _____

Eggs ☐Y ☐N _____ Other ☐Y ☐N _____

Freezer operational ☐Y ☐N _____ Free of excess ice build-up ☐Y ☐N _____

Medications: **Take Photos! All Rx Bottles with clear shots of labels AND amount of prescriptions left in bottles**

of Prescription Bottles _____ ☐ Expired bottles # _____ ☐ Duplicate Prescriptions # _____

Medication Management Tool (like a pill sorter) ☐Y ☐N Describe: _____

Properly uses Med Mgmt Tool / Device ☐Y ☐N _____

OTC Medications (aspirin, Advil®, etc) **Take Photos!** _____

Supplements (vitamins, etc) **Take Photos** _____

Laundry Room: Clear ☐Y ☐N _____ ☐ Hazards _____ **Take Photos if Authorized**

Lightswitch easily accessible and working ☐Y ☐N ☐ Adequate lighting _____ ☐ Adequate lighting at night _____

Free of clutter ☐Y ☐N Loose rugs ☐Y ☐N Working smoke / CO² detectors ☐Y ☐N Wheelchair / Walker accessible ☐Y ☐N _____

Free of loose cords ☐Y ☐N _____ Path to laundry room clear ☐Y ☐N _____

Appliances operational ☐Y ☐N _____ Appliances at a comfortable height ☐Y ☐N _____

Space to move around ☐Y ☐N _____ Comfortable temperature ☐Y ☐N _____

Door easily opened and closed ☐Y ☐N _____ Other issues _____

Garage: Clear ☐Y ☐N ☐ Hazards _____ **Take Photos if Authorized**

Lightswitch easily accessible and working ☐Y ☐N ☐ Adequate lighting _____ ☐ Adequate lighting at night _____

Free of clutter ☐Y ☐N Loose rugs ☐Y ☐N Working smoke / CO² detectors ☐Y ☐N Wheelchair / Walker accessible ☐Y ☐N _____

Space to move around ☐Y ☐N _____ Comfortable temperature ☐Y ☐N _____

Railing (if stairs) ☐Y ☐N _____ Stairs safe ☐Y ☐N _____

Clear path ☐Y ☐N _____ Tools / equipment / supplies safely stored ☐Y ☐N _____

Stairways: Clear ☐Y ☐N ☐Hazards _____ Take Photos if Authorized

Handrail ☐Y ☐N Handrail Stable ☐Y ☐N _____ ☐Needs handrail _____ Railing ☐Y ☐N _____

Railing stable ☐Y ☐N _____ Railing free of clutter ☐Y ☐N _____ Stairs free of clutter ☐Y ☐N _____

Lightswitch easily accessible and working at top ☐Y ☐N Lightswitch easily accessible and working at bottom ☐Y ☐N _____

☐Adequate lighting _____ ☐Adequate lighting at night _____ Working smoke / CO² detectors ☐Y ☐N _____

Steepness of stairs manageable ☐Y ☐N _____ Other issues _____

Stairs have carpeting ☐Y ☐N _____ Carpeting free of holes or loose threads ☐Y ☐N _____

Stairs have non-slip tread or surface ☐Y ☐N _____ Other issues _____

Bedroom: Clear ☐Y ☐N _____ ☐Hazards _____ Take Photos if Authorized

Lightswitch easily accessible and working ☐Y ☐N ☐Adequate lighting _____ ☐Adequate lighting at night _____

Free of clutter ☐Y ☐N Loose rugs ☐Y ☐N Working smoke / CO² detectors ☐Y ☐N Wheelchair / Walker accessible ☐Y ☐N _____

Free of loose cords ☐Y ☐N _____ Furniture stable ☐Y ☐N _____

Corners of furniture rounded and visible ☐Y ☐N _____ Furniture corners made of glass or sharp material ☐Y ☐N _____

Space to move around ☐Y ☐N _____ Comfortable temperature ☐Y ☐N _____

Shades, blinds and windows — easy to open ☐Y ☐N _____ Shade / Blind cords secure and non-trip hazard ☐Y ☐N _____

Are “tops” of chairs / couch, or walls soiled from patient steadying themselves on furniture or walls ☐Y ☐N _____

Bed height adequate / comfortable ☐Y ☐N _____ Bed easily accessible ☐Y ☐N _____

Support for getting in and out of bed is available if needed? ☐Y ☐N _____

Door easily opened and closed ☐Y ☐N _____ Other issues _____

Bathroom: Clear ☐Y ☐N ☐Hazards _____ Take Photos if Authorized

Lightswitch easily accessible and working ☐Y ☐N ☐Adequate lighting _____ ☐Adequate lighting at night _____

Cluttered ☐Y ☐N Loose rugs ☐Y ☐N Working smoke / CO² detectors ☐Y ☐N Wheelchair / Walker accessible ☐Y ☐N _____

Space to move around ☐Y ☐N _____ Comfortable temperature ☐Y ☐N _____

Shades, blinds and windows — easy to open ☐Y ☐N _____ Loose cords (trip hazard) ☐Y ☐N _____

Grab bar near toilet ☐Y ☐N _____ Need grab bar ☐Y ☐N _____

Safe / adequate toilet height ☐Y ☐N _____ Need toilet riser ☐Y ☐N _____

Toilet seat safe /sturdy ☐Y ☐N _____ Toilet operational ☐Y ☐N _____

Toilet paper easily-accessible ☐Y ☐N _____ Visible feces / urine ☐Y ☐N _____ Odor present ☐Y ☐N _____

Other toilet issues _____

Tub / Shower combination? ☐Y ☐N _____ Need tub cut-out ☐Y ☐N _____

Shower only ☐Y ☐N _____ Grab bars ☐Y ☐N _____ Need grab bars ☐Y ☐N _____

Shower faucets reachable ☐Y ☐N _____ Faucets labeled hot / cold? ☐Y ☐N _____ Operational ☐Y ☐N _____

Shower drain operational ☐Y ☐N _____ Non-Slip surface ☐Y ☐N _____

Sink faucets reachable ☐Y ☐N _____ Faucets labeled hot / cold? ☐Y ☐N _____ Operational ☐Y ☐N _____

Sink drain operational ☐Y ☐N _____ Tub / Shower: visible mold ☐Y ☐N Sink: visible mold ☐Y ☐N _____

Daily necessities easily accessible without chair or stool? ☐Y ☐N _____ Door easily opened and closed ☐Y ☐N _____

Other issues _____ NOTES: _____