

# HOME ENVIRONMENT SAFETY EVALUATION

**INSTRUCTIONS:** Select Yes, No or N/A (Not Applicable) for each of the following items. For all "No" responses, identify in the space provided, item number, action plan to correct the problem and document the date the patient was instructed.

	YES	NO	N/A
1. There is a working telephone and emergency numbers are accessible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Electrical cords and outlets appear to be in good repair in the patient area (i.e., cords not frayed, outlets not overloaded, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There are functional smoke alarm(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Fire extinguisher is available and accessible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Access to outside exits is free of obstruction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Alternate exits are accessible in case of fire.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Walking pathways are level, uncluttered and have non-skid surfaces.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Stairs are in good repair, well lit, uncluttered and have non-skid surfaces. Handrails are present and secure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Lighting is adequate for safe ambulation and ADL.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Temperature and ventilation are adequate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Medicines and poisonous/toxic substances are clearly labeled and placed where patient can reach, if needed, yet not within reach of children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Bathroom is safe for the provision of care (i.e., raised toilet seat, tub seat, grab bar, non-skid surface in tub, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Kitchen is safe for the provision of care (i.e., working appliances, hygienic area for food prep, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Environment is safe for effective oxygen use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Overall environment is adequately sanitary for the provision of care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. In the event of a tornado, patient can reach best place to shelter/take refuge in the home independently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**FOR ALL ITEMS INDICATED "NO" ABOVE, SPECIFY ACTION PLAN AND DOCUMENT DATE PATIENT WAS INSTRUCTED**

ITEM NO.	DATE INSTRUCTED	TEACHING MATERIALS PROVIDED	REVIEWED	ACTION PLAN

**CHECK ANY OF THE FOLLOWING THAT NEED TO BE OBTAINED**

<input type="checkbox"/> Raised toilet seat	<input type="checkbox"/> Plug covers	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Other _____
<input type="checkbox"/> Tub seat	<input type="checkbox"/> Cabinet latches	<input type="checkbox"/> Lifeline or other PERS	<input type="checkbox"/> Other _____
<input type="checkbox"/> Grab bar	<input type="checkbox"/> Window locks	<input type="checkbox"/> Car seat	<input type="checkbox"/> Other _____
<input type="checkbox"/> Non-skid surface (bath)	<input type="checkbox"/> Ipecac syrup	<input type="checkbox"/> Seat/bed cushion	<input type="checkbox"/> Other _____
<input type="checkbox"/> Infant tub	<input type="checkbox"/> Smoke alarm	<input type="checkbox"/> First aid kit	<input type="checkbox"/> Other _____

Emergency preparedness plan discussed with/provided to patient? ☐ Yes ☐ No, explain:

Signature of Person Completing Evaluation \_\_\_\_\_ Date \_\_\_\_\_  
 Care Manager Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

PATIENT NAME - Last, First, Middle Initial	ID#
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