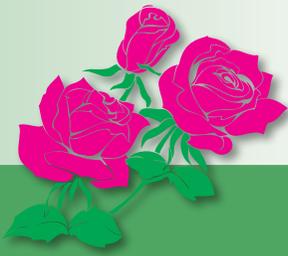




Senior Home Safety Evaluation Guide:  
**13 Checklists to Help Identify  
Safety Issues in the Home**

*Compassionate*  
*Care*  HOME HEALTH SERVICES, INC

[www.CompassionateCareMi.com](http://www.CompassionateCareMi.com)



*There are two major steps you can take to help prevent future slips, trips and falls in the home.*

### **Step 1: Identify trouble areas and eliminate or minimize the hazards in the immediate environment.**

Good housekeeping and upkeep is the first and the most important step to prevent falls due to slips and trips. Common causes of slips are wet or oily surfaces, occasional spills, weather hazards, loose rugs or mats and flooring that does not have the same degree of traction in all areas. Common causes of trips are obstructed view, poor lighting, clutter, wrinkled carpet, uncovered cables, uneven walking surfaces and the like.

### **Step 2: Adjust personal habits to be safer throughout the daily routine.**

Aging individuals need to also adjust their lifestyle to make life at home easier. Some modifications we recommend include:

- Wear the proper footwear
- Take more time during tasks
- Adjust stride to a suitable pace
- Make wider turns at corners
- Use proper lighting in all rooms and walkways

# Is Your Senior Loved-One Safe at Home?

Most seniors desire to be independent and live in their own homes. For that goal to be realized, they must live in a safe environment that eliminates safety hazards, as well as limits the likelihood of slips, trips and falls.

## **Safety Hazards**

In the home, there are many potential safety hazards that can threaten the ability for a senior to remain living at home. If the right precautions and steps are taken, many of those safety issues can be eliminated to ensure a long and healthy life at home. Many of the major safety hazards can be attributed to:

- Cleanliness
- Flammable objects
- Lighting
- Medication
- Mobility
- Telephone access
- Temperature
- Pets
- Oxygen equipment and tubing
- Walkways

## **Slips, Trips and Falls**

While everyone has tripped or fallen at one time or another, these types of accidents are much more prevalent and serious for those 55 and older. The injuries a senior can incur due to a slip, trip or fall can limit their ability to continue leading an independent life at home. And for those over 65, the risk of death due to a fall is four times greater than other age groups.

According to the Centers for Disease Control and Prevention:

*“Among those age 65 and older, falls are the leading cause of injury death. They are also the most common cause of nonfatal injuries and hospital admissions for trauma.”*

*“Twenty to 30% of people who fall suffer moderate to severe injuries such as lacerations, hip fractures, or head traumas. These injuries can make it hard to get around or live independently, and increase the risk of early death.”*

*“The chances of falling and of being seriously injured in a fall increase with age. In 2009, the rate of fall injuries for adults 85 and older was almost four times that for adults 65 to 74.3.”*

*“Falls are the most common cause of traumatic brain injuries (TBI). In 2000, TBI accounted for 46% of fatal falls among older adults.”*

*“Most fractures among older adults are caused by falls. The most common are fractures of the spine, hip, forearm, leg, ankle, pelvis, upper arm, and hand.”*

For more information, visit [www.cdc.gov](http://www.cdc.gov).



## How to Use This Evaluation Guide

*If you feel it is time to increase the safety of the home, we encourage you to:*

1. Talk with your loved one.
2. Use these 13 checklists to identify problem areas and solutions.
3. Discuss any necessary changes with your loved one.

*When you've completed all 13 checklists, you can use the results from this guide to:*

1. Immediately fix issues you can handle on your own.
2. Hire contractor(s) to remedy physical or structural issues that need to be adjusted.
3. Identify areas in which your loved one needs additional assistance or outside support with homemaking, personal care or nursing.

# 13 Checklists to Evaluate Home Safety

It can be a daunting task to determine whether or not your loved one is safe to continue living at home. Many seniors will hide in-home accidents they think can threaten their ability to stay at home, and therefore you may not be aware of all the issues they face on a daily basis. But, there are real actions you can take to support safe and independent at-home living for your aging family member, neighbor or friend.

**Compassionate Care Home Health Services, Inc.** created this guide of 13 home safety evaluation checklists to help you identify and remedy any potential hazards to help ensure your loved one has a safe home environment. If you feel it is time to increase the safety of the home, we encourage you to:

1. Talk with your loved one to tell them you care about their safety at home.
2. Use these 13 checklists to identify problem areas and solutions.
3. Discuss any necessary changes with your loved one to ensure it will make their daily routine better.

## Checklist Instructions

Go through each checklist as you walk through the home. Observe each area of the home for any potential issues identified in the checklist. Mark "NO" to indicate an area of concern or if your loved one is unable to perform the task independently. (Note: "NO" responses do not necessarily mean that the individual can no longer remain at home, but do indicate areas in which the home may need to be modified or where assistance should be brought in to ensure safety.) If there are other potential safety issues in the home that are not mentioned in the checklist, you can detail those in the "Additional Comments" section within each checklist.

When completed, you can use the results from this guide to:

- Immediately fix issues you can handle on your own.
- Hire contractor(s) to remedy physical or structural issues that need to be adjusted.
- Identify areas in which your loved one needs additional assistance or outside support with homemaking, personal care or nursing.

Remember that as your loved one ages, their needs can change. Therefore, it is important to regularly assess the home with these checklists to identify any new problem areas and solutions to ensure continued safety in the home.



# Checklist 1: Outside Entrance



To improve the safety of the front entrance, assess the overall care and maintenance of all outside walking areas to prevent accidents and ensure emergency personnel can easily identify and access the house. Below are 7 of the most common safety issues to evaluate when observing the home from the outside.

POTENTIAL SAFETY ISSUES	SELECT ONE	IF NO, WE RECOMMEND...
1. Are the house numbers visible from the road?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Add or relocate the house numbers.
2. Is the driveway clear?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Remove anything that obstructs the driveway. Hire a snow removal service to keep the driveway clear and free of ice during the winter months.
3. If trees are present, are they trimmed and not leaning against or touching the house?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trim or remove trees close to the house.
4. Is a clear walkway easily reached from the driveway?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Create a sidewalk or path that is level and solid.
5. If steps present, are the steps clear?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clear away any plants, debris or other items that could cause someone to trip.
6. If steps present, is there a sturdy handrail?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Install a handrail if one is not present.
7. In the winter, is the entryway clear of icicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clear away any icicles over entryways. Install or repair any overhangs or gutters.

**Additional Comments or Items of Concern:** \_\_\_\_\_  
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# Checklist 2: Indoor Traffic Areas



To improve safety when walking inside the home, evaluate all walkways, hallways and traffic areas. Below are 4 of the most common areas to evaluate the safety of the indoor traffic areas.

POTENTIAL SAFETY ISSUES	SELECT ONE	IF NO, WE RECOMMEND...
1. Are walkways, halls and traffic areas clear of throw rugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Remove throw rugs that are not properly secured.
2. Are walkways, halls and traffic areas clear of extension cords?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Remove or relocated all extension cords.
3. Are walkways, halls and traffic areas clear of clutter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Remove or relocate clutter to be off the floor areas.
4. Are changes in elevation in walkways, halls and traffic areas easy to navigate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Install indoor ramps and/or handrails.

**Additional Comments or Items of Concern:** \_\_\_\_\_  
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# Checklist 3: Indoor Climate



Temperature in the home is a potential health risk, unless it is properly controlled. Extreme outdoor temperature changes, coupled with heating or cooling issues in the home, can result in heat stroke during the hot days of summer and illness during the cold days of winter. Below are 4 of the most common areas to evaluate potential safety issues with the indoor climate.

POTENTIAL SAFETY ISSUES	SELECT ONE	IF NO, WE RECOMMEND...
1. Is the home at a comfortable temperature?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have the furnace and air conditioner serviced and maintained to ensure they are working properly.
2. If wood heat is used, is the wood burner clear of wood and flammable objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure the chimney or stove pipe is cleaned regularly. Keep flammable objects away from the stove.
3. Can the windows be opened easily for ventilation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure windows can be easily opened. Repair or replace windows if necessary.
4. If no air conditioning, are fans available to cool the home in the summer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Purchase and install fans in all the major rooms in the home.

Additional Comments or Items of Concern: \_\_\_\_\_  
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# Checklist 4: Telephone



In case of an emergency, it is imperative that a working phone be easily accessible. Below are 4 of the most common phone safety issues for seniors.

POTENTIAL SAFETY ISSUES	SELECT ONE	IF NO, WE RECOMMEND...
1. Is a working telephone available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure the telephone is working.
2. Is the telephone easily reached by the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure the telephone is easily accessible.
3. Are the numbers on the telephone large enough to be easily read by the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide a phone with large numbers.
4. Are emergency numbers clearly posted by the phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Post emergency number by every phone in the home.

Additional Comments or Items of Concern: \_\_\_\_\_  
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# Checklist 5: **Bedroom or Sleeping Area**

While we all want to be safe and sound while sleeping in our beds, the bedroom or sleeping area can be a safety hazard for seniors. Below are 9 of the most common items to evaluate the safety of the sleeping area.

POTENTIAL SAFETY ISSUES	SELECT ONE	IF NO, WE RECOMMEND...
1. Is the bed easily accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Make the bed easily accessible.
2. Is the path to the bed clear of clutter, throw rugs and extension cords?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clear the path to the bed.
3. If commode present, is it clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with cleaning.
4. Is the phone easily accessible when in bed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure it is easily reached from the bed.
5. Is the area around the bed free of candles, matches, cigarettes, incense burners and other open flame materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Remove all dangerous objects from the sleeping area.
6. Are the sheets and bed linens clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with laundry and bedmaking.
7. Are the sheets free of obvious burn marks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Remove all flammable objects from the sleeping area.
8. If a space heater is used, is it free of clutter and separated from flammable material?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure area around space heater is free of clutter and flammable objects.
9. Is a large window or other emergency exit readily accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure window or other emergency exit is readily accessible.

If the individual is unable to perform tasks independently, consider providing a family caregiver or arrange for homemaking services.

**Additional Comments or Items of Concern:** \_\_\_\_\_

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# **Checklist 6: Sitting Area**

The area most often used throughout the day is the sitting area. It must be well maintained, clean and free of clutter. Below are 6 of the most common items to evaluate the safety of the sitting area.

POTENTIAL SAFETY ISSUES	SELECT ONE	IF NO, WE RECOMMEND...
1. Is the chair easily accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure the chair is easily accessible and objects are not in the way.
2. If needed, is a lift chair available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Consider purchasing a lift chair.
3. Is the phone easily accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure a phone is easily reached from all sitting areas.
4. Is the sitting area clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with home cleaning.
5. Is the area surrounding the chair free of candles, matches, cigarettes, incense burners and other open flame materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Remove all dangerous objects from the sitting area.
6. If a space heater is used, is it free of clutter and separated from flammable material?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure the area around the space heater is free of clutter and flammable objects.

If the individual is unable to perform tasks independently, consider providing a family caregiver or arrange for homemaking services.

**Additional Comments or Items of Concern:** \_\_\_\_\_

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# Checklist 7: **Bathroom**

The bathroom is another potentially dangerous area that can easily result in falls and other health hazards. It must be kept clean and dry, as well as provide all the necessary tools to improve safety while using the facilities. Below are 12 of the most common items to evaluate safety in the bathroom.

POTENTIAL SAFETY ISSUES	SELECT ONE	IF NO, WE RECOMMEND...
1. Is the bathroom easily accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure the bathroom is easily accessible.
2. Is the bathroom floor clear of clutter, throw rugs and extension cords?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure bathroom floor is clear and free of clutter.
3. Is the bathroom floor clean and dry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If regularly wet and/or dirty, provide cleaning assistance.
4. Is the toilet clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If regularly dirty, provide cleaning assistance.
5. Is the shower/tub clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If regularly dirty, provide cleaning assistance.
6. Are handrails present around the toilet and tub/shower?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide handrails around toilet and tub/shower.
7. Are non-slip surfaces present in the tub/shower?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Add non-slip appliqués, treads or surface treatments to the floor of the tub/shower.
8. Are hot and cold running water readily available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure hot and cold running water is working properly.
9. Is hot water a safe temperature to reduce the risk of burns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure the hot water is at a safe temperature.
10. Are clean bath towels, soap and shampoo readily available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure clean bath towels, soap and shampoo are available.
11. Are clean hand towels and/or paper towels readily available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure clean bath towels and/or paper towels are available.
12. Are appropriate assistive devices present? <ul style="list-style-type: none"> <li>• Hand held shower head/sprayer</li> <li>• Tub bench or shower seat</li> <li>• Raised toilet seat</li> <li>• Walk-in shower</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide any devices that are needed.

If the individual is unable to perform tasks independently, consider providing a family caregiver or arrange for in-home personal care or homemaking services.

**Additional Comments or Items of Concern:** \_\_\_\_\_

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# Checklist 8: **Kitchen Area**

While the kitchen is often the favorite part of the home, it can also be the most dangerous. Below are 15 of the most common items to evaluate the safety of the kitchen.

POTENTIAL SAFETY ISSUES	SELECT ONE	IF NO, WE RECOMMEND...
1. Is adequate lighting present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clean existing lights. Change light bulb wattage. Install light fixtures.
2. Is the kitchen floor clean and dry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance.
3. Is the eating area or table clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance.
4. If no air conditioning, are fans available to cool the home in the summer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	To help keep the kitchen cool, add floor or ceiling fans where appropriate, or install a room air conditioner.
5. Is the food preparation area clean? Is the stovetop clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance in the kitchen.
6. Is there a ventilation fan above the stove?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Install a vent hood above the stove to ensure proper ventilation.
7. Are dishes clean and put away?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance.
8. If there is a microwave, is it clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance.
9. If there is a toaster oven, is it free of flammable objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clear the area around the toaster to ensure safety.
10. Is the refrigerator clean, with no outdated or moldy food?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance.
11. Is food stored properly in the cupboards, refrigerator or freezer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance in meal preparation and clean-up, or arrange for delivered meals.
12. Are hot and cold running water readily available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure hot and cold running water is working properly.
13. Is the hot water at a safe temperature to reduce the risk of burns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure the hot water is at a safe temperature.
14. Are clean dish cloths and soap available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure clean dish cloths and soap are available.
15. Are clean hand towels and/or paper towels available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure clean hand towels and/or paper towels are available.

If the individual is unable to perform tasks independently, consider providing a family caregiver or arrange for in-home personal care or homemaking services.

**Additional Comments or Items of Concern:** \_\_\_\_\_

# **Checklist 9: Mobility**

To remain living independently at home, all mobility issues must be properly addressed to enable the individual to move around the home with ease. Below are 9 of the most common mobility issues that seniors face on a daily basis.

POTENTIAL SAFETY ISSUES	SELECT ONE	IF NO, WE RECOMMEND...
1. Is the individual able to walk independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with walking. Contact a doctor for mobility concerns or equipment.
2. Does the individual appear to be steady on his/her feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up with a doctor to discuss physical therapy needs.
3. Is the individual able to transfer to and from the chair independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Consider using a gait belt.
4. Is the individual able to transfer to and from the bed independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Consider using a gait belt.
5. Is the individual able to transfer to and from the toilet independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Consider using a gait belt.
6. If walker present, is the individual able to use it independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with walking. Contact a doctor for mobility concerns or equipment.
7. If cane present, is the individual able to use it independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with walking. Contact a doctor for mobility concerns or equipment.
8. If lift chair present, is the individual able to operate it independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with lift chair.
9. If powered wheelchair/scooter present, is the individual able to use and keep it charged independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with the wheelchair/scooter.

If the individual is unable to perform tasks independently, consider providing a family caregiver or arrange for in-home personal care services.

**Additional Comments or Items of Concern:** \_\_\_\_\_

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# Checklist 10: Hygiene and Dressing



Is the individual having difficulty with various daily personal tasks such as hygiene and getting dressed? Below are 11 of the most common items to help evaluate personal care needs.

POTENTIAL SAFETY ISSUES	SELECT ONE	IF NO, WE RECOMMEND...
1. Does the individual appear clean and well-groomed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with hygiene, clothing and hair.
2. Is the individual dressed appropriately for the weather?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with clothing.
3. Is the individual able to wash hands and face independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with hygiene.
4. Is the individual able to clean adequately and safely after using the toilet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with hygiene.
5. Is the individual able to brush teeth/dentures independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with hygiene.
6. Is the individual able to safely shower or bathe independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with bathing or showering.
7. Is the individual able to shampoo hair independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with hygiene.
8. Is the individual able to comb/brush hair?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with hygiene.
9. Is the individual able to dress and undress independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with dressing.
10. Is the individual able to manage buttons, zippers, hooks, snaps, etc. independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with dressing.
11. Is the individual able to put on and take off shoes and socks independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with shoes and socks.

If the individual is unable to perform tasks independently, consider providing a family caregiver or arrange for in-home personal care services.

**Additional Comments or Items of Concern:** \_\_\_\_\_  
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# **Checklist 11: General Safety**

Ask the individual (or evaluate on your own) about their ability to perform the following tasks and how they feel about their general safety in the home.

POTENTIAL SAFETY ISSUES	SELECT ONE	IF NO, WE RECOMMEND...
1. Do you know who to call for a medical or fire emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide easy access to emergency phone numbers.
2. Do you know who to call in case of a break-in, robbery or other emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide easy access to emergency phone numbers.
3. Will you be able to safely exit the home during a fire or if the front door was blocked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arrange for emergency exits in all major areas and remove any obstacles.
4. Are you able to keep the home comfortably warm in the winter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance when needed.
5. Are you able to cool your home comfortably in the summer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance when needed.
6. Are medications kept out of reach of children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance when needed.
7. Are medications set-up each week by someone you trust to do it correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with medications.
8. Do you always feel safe in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If needed, follow-up with Adult Protective Services or consider counseling services.
9. Do you always feel safe when around the people in your life?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If needed, follow-up with Adult Protective Services or consider counseling services.

If the individual is unable to manage safety issues independently, consider providing a family caregiver or arrange for in-home personal care services. If medications are an issue, consider arranging for Skilled Nursing services to do medication set-up and/or education.

**Additional Comments or Items of Concern:** \_\_\_\_\_

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# **Checklist 12: Oxygen**

When oxygen is in the home, there are precautions that must be taken to ensure safety. Below are 10 of the most common issues with oxygen in the home. (If oxygen is NOT present in the home, you can skip this checklist.)

POTENTIAL SAFETY ISSUES	SELECT ONE	IF NO, WE RECOMMEND...
1. Is an "Oxygen in Use" sign clearly posted at the front door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Post an "Oxygen in Use" sign at the front door.
2. Is there at least 6 inches of clearance around the oxygen concentrator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Maintain a clearance area of at least 6 inches around the oxygen concentrator.
3. Is all oxygen equipment and tubing at least 10 feet from any source of open flame?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Make sure all flame sources are away from the oxygen equipment, including pilot light, fireplace, candles, incense burners, lighters, etc.
4. Are all smoking materials at least 10 feet from all oxygen equipment and tubing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Remove all smoking materials from around oxygen equipment/tubing.
5. Is all oxygen equipment and tubing at least 10 feet away from any aerosol cans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Remove aerosol cans from around oxygen equipment/tubing.
6. Is the individual's face and all oxygen equipment free of petroleum-based lubricants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Remove skin products and other products that are petroleum-based.
7. Is the oxygen concentrator plugged directly into the wall socket?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Avoid using extension cords with the oxygen concentrator.
8. Is an alternate power source (generator) available, or are oxygen cylinders available in case of a power outage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure the availability of an alternate power source or oxygen cylinders.
9. Is the individual able to manage oxygen tubing independently for safe mobility in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure the oxygen is easily maneuvered throughout the home. Provide assistance when needed.
10. Are oxygen cylinders stored securely?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure safe and proper storage of the oxygen cylinders.

If you have not yet done so, you may want to attend an oxygen safety class. If the individual is unable to perform tasks independently, consider providing a family caregiver or arrange for in-home personal care services.

**Additional Comments or Items of Concern:** \_\_\_\_\_

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# Checklist 13: **Pet Care**

While pets provide great companionship for seniors, there are potential safety issues that must be addressed. Below are 7 of the most common issues seniors face with pet care. (If pets are NOT present in the home, you can skip this checklist.)

POTENTIAL SAFETY ISSUES	SELECT ONE	IF NO, WE RECOMMEND...
1. Is the home free of significant pet odor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with cleaning.
2. Is the home free of obvious pet excrement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Consider leashing the pet outside. Provide assistance with pet care.
3. Do pets appear to be clean and well-groomed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with pet care.
4. Do pets appear to be fed and watered appropriately?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide assistance with pet care.
5. Do pets appear to respect the client (not pose an obvious safety threat to the client)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If troublesome, consider removing the pet from the home.
6. Do pets avoid getting underfoot and tripping the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If troublesome, consider removing the pet from the home.
7. Does the individual verbalize feeling safe with the pet(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If troublesome, consider removing the pet from the home.

If the individual is unable to perform tasks independently, consider providing a family caregiver or arrange for homemaking services.

**Additional Comments or Items of Concern:** \_\_\_\_\_

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## Contact Us

We proudly provide in-home services throughout most of Michigan and we continue to expand our service area daily within the state.

Please feel free to contact us at **877-308-1212** or **www.CompassionateCareMi.com** with any questions, concerns or a request for a free in-home assessment.

A Compassionate Care representative is available by phone 24 hours a day, 7 days a week to answer your needs because your care is our priority.

## Next Steps

Now that you've completed the checklists, use the results from this guide to:

1. Immediately fix issues you can handle on your own, such as trimming trees, moving the oxygen concentrator, changing light bulbs, etc.
2. Hire contractor(s) to remedy physical or structural issues that need to be adjusted, such as hand rails, a vent hood over the stove, or a new air conditioner.
3. Identify areas in which your loved one needs additional assistance or outside support with homemaking, personal care or nursing. If you identify needs that your family or friends will not be able to provide, consider hiring a home health care agency to help.

Should you decide that Compassionate Care Home Health Services, Inc. is the right choice for in-home personal care, homemaking, nursing services, respite care or therapy for your family, friend or neighbor, contact us for a free in-home assessment.

Remember that as your loved one ages, their needs can change. Therefore, it is important to regularly assess the home with these checklists to identify any new problem areas and solutions to ensure continued safety in the home.

## Compassionate Care for Your In-Home Care Needs

Compassionate Care Home Health Services, Inc. is a leader in providing home health care for Michigan residents and their families. We are dedicated to providing high-quality, personalized home health services including personal care, private duty nursing services, respite care, homemaking, therapies and more.

Whether your loved one is suffering from Alzheimers, Dementia, cancer, COPD, stroke, diabetes and/or other illnesses, or needs some other form of support, Compassionate Care Home Health Services, Inc. is there for you. We take pride in building relationships of trust and compatibility between our caregivers and clients. Our caregivers are specifically trained to meet the individual needs of each client to ensure safety and comfort, wherever they call home.