

# Home Health Care Home Safety Assessment

Client Name

Home Address

Assessment Date

## Entry & Access

- ☐ Walkways clear and non-slip
- ☐ Adequate entry lighting
- ☐ Steps/stairs have handrails
- ☐ Locks easy to operate

## Living Areas

- ☐ Clutter free pathways
- ☐ Loose rugs secured
- ☐ Electrical cords secured
- ☐ Sufficient lighting

## Bathroom Safety

- ☐ Grab bars installed
- ☐ Non-slip mats in tub/shower
- ☐ Toilet seat height appropriate
- ☐ Easy access to bathroom supplies

## Bedroom Safety

- ☐ Easy access to bed
- ☐ Bedside lighting available
- ☐ Floor clear around bed
- ☐ Call/alarm system available

## Kitchen Safety

- ☐ Frequently used items accessible
- ☐ Appliances functioning properly
- ☐ Fire extinguisher available
- ☐ Electrical cords and outlets safe

Notes / Other Safety Concerns

Assessor Name

Signature