

**UTAH DEPARTMENT OF HEALTH
DIVISION OF MEDICAID & HEALTH FINANCING
NEW CHOICES WAIVER PROGRAM**

**SELF-ADMINISTERED SERVICES
HOME SAFETY CHECKLIST**

(Adapted with permission from Advocates for Independence)

This checklist is to be completed before initiating SAS and should be saved to the participant's case management file.

Participant Name: _____ Designee/Representative: _____

Date of Visit: _____ CM/RN Conducting Visit: _____

ACCESSIBILITY/ HALLWAYS/ STAIRWELLS				Immediate Need	
Yes	No	N/A		Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the home wheelchair accessible	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do thresholds and doorways have proper coverings	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do stairs have reflective strips	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the pathways in good repair	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there sturdy and easy to grip handrails when entering the house	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there adequate locks on all outside doors	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a peephole in the front door	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are windows and screens easy to open and close	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the garage floors free from clutter, grease, and oil	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the client's home properly heated and cooled	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the thermostat easily readable and accessible	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do carpets and mats lie flat without wrinkles or curled edges	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do loose mats have a slip resistant backing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are hallways and stairwells free of clutter	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all cords safely away from walkways	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are floor surfaces non-slip	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the client able to see the edges of steps clearly	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a light switch at the top and bottom of stairs	<input type="checkbox"/>	<input type="checkbox"/>

KITCHEN				Immediate Need	
Yes	No	N/A		Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are sinks and counters at an appropriate level	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the kitchen free of clutter	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the fire extinguisher easily accessible	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the client able to reach things easily in the kitchen without climbing or bending	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are cleaning supplies kept in the appropriate setting	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there level handle faucets and pull out spray features	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the faucets appropriately marked hot and cold	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are appliances in good working condition	<input type="checkbox"/>	<input type="checkbox"/>

LIVING ROOM				Immediate Need	
Yes	No	N/A		Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the furniture at a good height for easy movement on or off	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the furniture arranged to provide ample space	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the furniture securely fastened to the floor to prevent moving when leaned on	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the living room free of clutter	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the client have an automatic chair lift	<input type="checkbox"/>	<input type="checkbox"/>

BATHROOM and LAUNDRY ROOM				Immediate Need	
Yes	No	N/A		Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a walk-in shower without a high lip	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the bathroom free of clutter	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are toiletries easy to access	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are mats or non-slip adhesive strips located in the shower or tub	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are bathmats securely fastened to the bathroom floor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the bathroom door open into the bathroom	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there adequate handrails located near the shower, tub, and toilet areas	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there level handle faucets and pull out spray features	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a handheld shower head	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a raised toilet seat	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a bath bench or stool	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are cleaning supplies kept in the appropriate setting	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the washer and dryer easily accessible	<input type="checkbox"/>	<input type="checkbox"/>

BEDROOM				Immediate Need	
Yes	No	N/A		Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the bedroom located near the bathroom	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there easy access to the telephone in the bedroom	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the bed at a good height for easy movement on or off	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there rails and handles for the bed	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the bedroom free of clutter	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the nightstand free of clutter	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the client able to reach clothes easily	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If walking aides are used, are they easy to reach before leaving the bed	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL SAFETY / PREVENTION				Immediate Need	
Yes	No	N/A		Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are emergency numbers located near telephones	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are guns and knives kept appropriately	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there clocks with large numbers located throughout the house	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there telephones with speed dialing and large numbers	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there appropriate magnifying glasses around the house	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there telephone or electrical cords kept tidy and in good repair	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is oxygen tubing kept tidy to prevent falling	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there CO alarms in the house	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the CO alarms in proper working order	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there fire alarms throughout the house	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the fire alarms in proper working order	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there an escape route planned in case of fire	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a personal emergency response system in place	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there flashlights located in primary locations	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are nightlights positioned around the house	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the water temperature appropriate and also regulated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a first aid kit available and easy to access	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the home free of throw rugs throughout the house	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overall is the home inside and out adequately lit	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS

Recommendations:

Hazard	Objective	Solution
1.		
2.		
3.		

4.		
5.		
6.		

COMPLETED BY: _____ Date: _____