

Facility Name: Nananom Assisted Living Address: 210 E. Hunter Dr. Globe, AZ 85501	Date
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HOME SAFETY CHECKLIST for MEMORY CARE
QUARTERLY INSPECTION

SAFETY CRITERIA	YES	NO
ENTRANCE TO HOME		
• Are there outside lights covering the sidewalks and/or other entrance ways?		
• Are the steps & sidewalks in good repair and free from debris/material?		
• Are the railings on the steps secured?		
• Is there a functional peephole in the front door?		
• Does the door have a deadbolt lock that does not require a key to open it from the inside (unless client has a tendency to wander)?		
GENERAL		
• Is there an emergency plan in place?		
• Are working smoke detectors installed?		
• Is there a “ready-to-use” fire extinguisher(s) on the premises?		
• Are inside halls and stairways free of clutter/debris?		
• Are throw rugs removed?		
• Are there sturdy handrails or banisters by all steps and stairs?		
• Are electrical cords unfrayed and placed to avoid tripping?		
• Are electric outlets/switches overloaded (e.g. warm to the touch)?		
• Are rugs secured around the edges?		
• Are hazardous products labeled and kept in a secure place?		
• Is there a need for a stool to reach high shelves/cupboards?		
• Is smoking paraphernalia handled safely (e.g. cigarettes put out)?		
• Does anybody smoke in homes where oxygen is in use?		
• Are all animals, on site, controlled?		
• Is the home free from bugs, mice and/or animal waste?		
• Are materials stored safely and at a proper height?		
• Does the client wear an emergency response necklace/bracelet?		
MEDICATIONS		
• Are all medications marked clearly?		
• Are medications named?		
• Are medications dated?		
• Are instructions given as to <u>how</u> medications are to be taken?		
• Are instructions given as to <u>when</u> medications are to be taken?		
MEDICAL EQUIPMENT/SUPPLIES		
• Are used needles placed in a sharp container?		
• Is oxygen tubing kept off the walking path?		
• Is medical equipment properly stored?		
LIVING AREAS		
• Are doorways wide enough to carry loads through and get a wheelchair/walker through?		
• Are light switches accessible so they can be turned on/off without walking across a dark room?		

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SAFETY CRITERIA	YES	NO
• Are sofas & chairs high and firm enough for easy sitting and rising?		
• Is there a telephone in the room that is easily accessible from the bed?		
• Is list of emergency telephone numbers by the telephone?		
• Do telephone cords/electronic wires run across walking areas?		
• Are there castors or wheels on furniture?		
• Does sitting furniture have armrests which are strong enough for getting in and out?		
BATHROOM		
• Are there glass doors on the bathtub/shower?		
• Is there a non-skid surface/mat in the bathtub/shower?		
• Are there grab-bars on the bathtub/shower and adjacent to the toilet?		
• Is there a raised toilet seat (if client has trouble getting on/off toilet)?		
• Is the water temperature below scalding (e.g. below 120°)?		
• Is there a shower bench/bath seat with a hand-held shower wand available?		
• Does the bathroom have a night light?		
BEDROOM		
• Are there any scatter rugs?		
• Is the bed lower than “back-of-the-knee” height?		
• Is there a chair with armrests & firm seat (to reduce falls while dressing)?		
• Does furniture have castors or roll?		
• Is there a telephone in the room that is easily accessible from the bed?		
• Is list of emergency telephone numbers by the telephone?		
• Is there a flashlight, light switch or lamp beside the bed?		
• Is there a night light?		
KITCHEN		
• Is the floor waxed or otherwise slippery?		
• Are there any flammable items near the heat source?		
• Do the “ON” buttons work on all appliances?		
• Are items used the most stored between eye and knee level?		
• Is there an uncluttered work space near the cooking area (to avoid having to carry items)?		
LIGHTING		
• Is there adequate lighting in all stairways and hallways?		
• Is there a light switch at both the top and bottom of stairs?		
• Is there a light switch by the doorway of each room?		

Notes from the Manager/Designee:

Next Home safety Inspection Date: _____

Manager/Designee Signature: _____ Date: _____