

In-home safety assessment

One of the benefits of Priority Health Medicare Advantage plans is an in-home safety assessment. Following is a sample form with minimum requirements for the assessment.

A critical element to the success of this initiative is relaying your findings to Priority Health to ensure the care team is able to follow up on the recommendations and care needs. When complete, please fax the "In-home safety assessment summary" at the end of this form to the Priority Health Healthcare Coordinator within Care Management at 616.942.0024.

Home entrance:		<u>Ba</u>	Bathroom:	
	Lack of handrails		Difficulty getting on/off toilet	
	Poor outdoor lighting		Difficulty getting in/out of tub	
	Unsafe/broken steps		Grab bars not present	
	Raised threshold		Tub door instead of curtain	
	Lack of ramp		Slippery or wet floors	
	Uneven/Cracked pavement		Inaccessible tub/shower	
	Environmental issues		Lack of non-skid floor/mat in tub	
	Other:		Doorway too narrow	
			Poor lighting	
Liv	<u>ring room:</u>		Clutter	
	Soft, low chair		Throw rugs	
	Swivel/rocking chair		Lack of adaptive equipment	
	Obstructing furniture		Other:	
	Extension cords in walking path			
	Accessing light switches	<u>Be</u>	<u>droom</u> :	
	Poor lighting		Rolling beds	
	Poor lighting Throw rugs		Rolling beds Bed too low/high	
_		_	Bed too low/high Difficulty managing bed linens or trip	
	Throw rugs	_	Bed too low/high Difficulty managing bed linens or trip hazard	
	Throw rugs Clutter Other:	_	Bed too low/high Difficulty managing bed linens or trip hazard Poor lighting	
	Throw rugs Clutter Other:		Bed too low/high Difficulty managing bed linens or trip hazard	
 	Throw rugs Clutter Other: chen: Unsafe appliances		Bed too low/high Difficulty managing bed linens or trip hazard Poor lighting	
 	Throw rugs Clutter Other: chen: Unsafe appliances Inability to access items		Bed too low/high Difficulty managing bed linens or trip hazard Poor lighting Throw rugs Thick rug edge/threshold No clear path to bathroom (or no	
 	Throw rugs Clutter Other: chen: Unsafe appliances Inability to access items Difficulty carrying items		Bed too low/high Difficulty managing bed linens or trip hazard Poor lighting Throw rugs Thick rug edge/threshold No clear path to bathroom (or no bedside commode, if needed)	
 	Throw rugs Clutter Other: chen: Unsafe appliances Inability to access items Difficulty carrying items Poor lighting		Bed too low/high Difficulty managing bed linens or trip hazard Poor lighting Throw rugs Thick rug edge/threshold No clear path to bathroom (or no bedside commode, if needed) Difficulty getting in/out of bed	
	Throw rugs Clutter Other: chen: Unsafe appliances Inability to access items Difficulty carrying items		Bed too low/high Difficulty managing bed linens or trip hazard Poor lighting Throw rugs Thick rug edge/threshold No clear path to bathroom (or no bedside commode, if needed)	
	Throw rugs Clutter Other: chen: Unsafe appliances Inability to access items Difficulty carrying items Poor lighting		Bed too low/high Difficulty managing bed linens or trip hazard Poor lighting Throw rugs Thick rug edge/threshold No clear path to bathroom (or no bedside commode, if needed) Difficulty getting in/out of bed	
	Throw rugs Clutter Other: chen: Unsafe appliances Inability to access items Difficulty carrying items Poor lighting Throw rugs		Bed too low/high Difficulty managing bed linens or trip hazard Poor lighting Throw rugs Thick rug edge/threshold No clear path to bathroom (or no bedside commode, if needed) Difficulty getting in/out of bed No telephone by bed	



Patient name:	Patient DOB:	
Stairs:	Telephone:	
□ Cannot negotiate	☐ Difficult to reach	
☐ No handrails	☐ Difficulty hearing ring	
☐ Loose rugs	☐ Difficulty holding receiver	
☐ Difficult to see	☐ Difficulty dialing numbers	
☐ Unable to use walker on stairs	 □ Does not know emergency numbers 	
☐ Steps to steep	☐ Unable to answer the phone	
□ Poor lighting	☐ Unable to make a call	
☐ Clutter	☐ Other:	
☐ Other:	□ Other.	
- Other.	Other safety:	
Home management:	☐ Difficulty locking doors	
☐ Inaccessible laundry area	☐ Difficulty opening/closing windows and	
☐ Difficulty getting mail	shades	
☐ Difficulty with meal prep	□ Lack of smoke detectors	
☐ Difficulty with light housework/cleaning	 Can't hear alarms, smoke detectors, phone ringing or doorbell 	
☐ Difficulty accessing dishwasher	☐ Access to emergency exit	
☐ Unable to take out trash	☐ Poor lighting	
☐ Insects/Rodents	☐ Emergency numbers not posted	
☐ Other:	 □ Does not have appropriate footwear 	
·· ·	☐ Unsafe oxygen use	
Medication management:	☐ Unsafe smoking	
☐ Has outdated medications	☐ Cognitive issues noted putting patient at	
 Medication list doesn't match medications in home 	risk for safety issues	
☐ Difficulty reading label	□ Lack of outside support	
☐ Difficulty opening bottles	☐ Other:	
 Difficulty obtaining medications ordered by physician 		
 Difficulty understanding when/how to take medications 		
 Difficulty remembering when to take medications 		
 Difficulty using medication dispensing devices 		
 Difficulty seeing medications in bottle or dropped on floor 		
☐ Other:		



Patient name:	Patient DOB:	
Fall assessment (standard MAHC):		



In-home safety assessment summary

Ag	ency:					
Da	te of assessment:PT/OT/RN					
Pa	tient name:Patient DOB:					
	nen completed, please fax form to Priority Health Healthcare Coordinator within Care inagement at 616.942.0024.					
Fo	For questions, please contact 800.998.1037, ext. 68911 or 616.464.8818, ext. 68911. No safety problem noted					
Sa	fety recommendations as follows:					
1						
2						
3						
Du	rable Medical Equipment (DME) recommendations:					
	3-in-1 commode □ Grab bar □ Tub seat □ Tub transfer bench					
Fal	Il assessment:					
	nsider: Skilled homecare for SN PT OT SP MSW Private duty care Telemonitoring Supplemental medication reconciliation RN home visit Referral for Comprehensive Mediation Review (CMR) Personal emergency response system Referral to social or behavioral health due to:					
	Referral to additional resources including: Adding Priority Health/PCP Outpatient Care Manager					



Other comments:			
Clinician Signature	 Date		