



In Home - Safety, Medical Equipment & Supplies Evaluation

Re: Always-Care Client (Name Printed) _____ AC Client # _____

Dear Client, Thank you for choosing Always Care for your home care needs. As part of your initial assessment, we perform a complementary In Home - Safety, Medical Equipment and Supplies Evaluation. **THE ITEMS MARKED BELOW ARE SUGGESTIONS YOU MAY WISH TO CONSIDER.** Although these items may make your convalescence easier, you are under no obligation to rent or purchase them.. **However: Non-sterile gloves are required!** Also **Sharps Containers are also required if you receive any injections!** **BOTH OF THESE ITEMS NEED TO BE SUPPLIED BY THE CLIENT!** There are several reliable Medical Equipment Suppliers listed in the Yellow Pages of your telephone book. Always Care Nursing Service does not rent or sell any supplies or equipment noted below - nor do we endorse or recommend any specific medical equipment supply company. However we will be happy to assist you in attaining any items which you may need.

I. General Adaptive Equipment

1. Wheelchair, Powered or Non-powered
2. Wheelchair Adapted Van
3. Walker with Basket
4. Quad or Regular Cane
5. Lift, Transfer, Gait Belt
6. Transfer Board
7. E-Z Reacher Type Grabber / Tong
8. Weekly Pill Organizer
9. Pill Cutter / Crusher
10. Playing Card Holder
11. Lighter Magnifier, Stand or Handheld
12. Tableware with Built-up Handles or Steps
13. Built-up Plates or Plate Guards
14. Medical Alarm System

II. Living / Family Room

1. Power Recliner
2. Foot Stool to Elevate Feet
3. Sturdy Chairs
4. Carpets & Rugs Tacked Down
5. Telephone with Large, Lighted Numbers
6. List of Emergency Contact Numbers In Large Print by Telephone
7. Smoke & Carbon Monoxide Detector
8. Electrical Cords & Obstacles Out of Walkway
9. Increased Lighting
10. Fireplace Screen & Flame Resistant Rug

III. Bedroom

1. Increased Lighting
2. Powered Hospital Bed with Side Rails
3. Adjustable Bed Side Table / Stand
4. Disposable Bed Liners
5. Powered Hydraulic Lift
6. Bell or Audible Signal Device
7. Telephone with Large, Lighted Numbers In Reach from Bed
8. List of Emergency Contact Numbers in Large Print by Telephone
9. Smoke & Carbon Monoxide Detector
10. Carpets & Rugs Tacked Down
11. Electrical Cords & Obstacles Out of Walkway
12. Bedside Commode

IV. Residence Exterior

1. Wheelchair Ramp with Non-skid Surface
2. Hand Rails
3. Non-skid Treads on Steps
4. "Peep Hole" in Main Entrance Door
5. Motion Sensor Lighting
6. Dead Bolt Locks on All Doors
7. Slide Chain on Main Entrance Door
8. Large, Illuminated House Numbers Visible from Street

V. Hallways & Stairways

1. Increased Lighting
2. Handrails
3. Steps Painted In Easily Seen Colors
4. Non-skid Treads on Stair Steps
5. Carpets & Rugs Tacked Down
6. Electrical Cords & Obstacles Out of Walkway

VI. Bathroom

1. Grab Bars In Shower & Around Toilet
2. Shower/Tub Bench/Seat
3. Handheld Shower Sprayer
4. Non-Skid Treads on Shower or Tub Floor
5. Water & Skid Resistant Mats by Tub/Shower & Sink
6. High Rise Toilet Seat
7. Wheelchair Accessible Sink
8. Hand Soap & Paper Towels by Sink

VII. Kitchen / Dining Room

1. Increased Lighting
2. Sturdy Table & Chairs
3. Non-slip Jar Opener
4. ABC Type Fire Extinguisher
5. List of Emergency Contact Numbers Posted on Refrigerator
6. List of Home Health Aid Tasks Specific to Your Needs
7. Hand Soap & Paper Towels by Sink
8. Carpets & Rugs Tacked Down

Signature: _____ RN LPN

Date: ____/____/____

Always-Care Employees:

Please note the areas of concern so that you may be aware of your surroundings. This is for your safety and that of your client. Notify your Always-Care Supervisor if you feel that there is any immediate safety hazard.

Comments: _____

Copy: To Client/Representative (Name) _____

Client/Representative (Initials) _____