



**NC-F-16B**

**Home Environmental Safety Assessment**

<b>Form Number:</b>	NC-F-16B	<b>Effective Date:</b>	March 1, 2026
<b>Version:</b>	1.0	<b>Related Policy:</b>	NC-16 Patient Safety & Fall Prevention

# Home Environmental Safety Assessment

**NobleCare Home Health LLC**

**Form NC-F-16B** | Per Policy NC-16 -- Patient Safety & Fall Prevention

Complete this assessment at admission, annually, and when a patient's functional status changes. Conduct a room-by-room evaluation of the patient's home for safety hazards and fall risks.

Patient Information

**Patient Name**

**Medical Record #**

**Address**

**Date of Assessment**

**Assessor Name / Credentials**

**Rating Key:** S = Safe | NA = Needs Attention | C = Corrected During Visit | N/A = Not Applicable

## General Home Safety

Item	S	NA	C	N/A	Notes
Adequate lighting throughout home					
Flooring in good repair (no loose tiles, torn carpet)					
Pathways clear of clutter and obstacles					
Smoke detectors present and functional					
Carbon monoxide detectors present and functional					
Fire extinguisher accessible					
Emergency numbers posted / accessible					
Home address clearly visible from street					
Pest / infestation concerns					
Temperature regulation adequate					

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## Entrance / Entryway

Item	S	NA	C	N/A	Notes
Steps in good repair					
Handrails present and secure					
Threshold even (no trip hazard)					
Adequate exterior lighting					
Door locks functional					
Doorway width adequate for equipment					

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## Living Areas

Item	S	NA	C	N/A	Notes
Furniture stable, not wobbly					
Electrical cords out of walkways					
Throw rugs removed or secured with non-slip backing					
Clear pathways between rooms					
Outlets not overloaded					
Chair height appropriate for patient					

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## Kitchen

Item	S	NA	C	N/A	Notes
No fire hazards (items near stove, grease buildup)					
Sharp objects stored safely					
Food stored properly (no expired items)					
Appliances in safe working order					
Frequently used items within reach					
Floor clean and dry (no spill hazards)					

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## Bathroom

Item	S	NA	C	N/A	Notes
Grab bars installed (tub/shower and toilet)					
Non-slip mat or strips in tub/shower					
Toilet height accessible for patient					
Water temperature safe (below 120F)					
Adequate lighting					
Shower chair / bench if needed					
Medications stored safely					
Floor dry and non-slip					

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## Bedroom

Item	S	NA	C	N/A	Notes
Bed height appropriate (patient can get in/out safely)					
Nightlight present					
Phone / call device within reach from bed					
Clear path from bed to bathroom					
Bed rails secure (if applicable)					
Adequate lighting at bedside					

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Stairs (if applicable)

Item	S	NA	C	N/A	Notes
Handrails on both sides					
Treads in good condition (no loose carpet, worn edges)					
Adequate lighting (top and bottom)					
Light switch accessible at top and bottom					
Safety gate if needed					
Items not stored on stairs					

Exterior

Item	S	NA	C	N/A	Notes
Walkway even and in good repair					
Adequate exterior lighting					
Steps and ramp in good condition					
Seasonal hazards addressed (ice, leaves, snow)					
Mailbox accessible					

Summary

**Overall Risk Rating:**

- Low Risk -- Home environment is safe; standard precautions
- Moderate Risk -- Some hazards identified; modifications recommended
- High Risk -- Significant hazards present; immediate action needed

**Total Items Assessed:** \_\_\_\_\_ | **Safe:** \_\_\_\_\_ | **Needs Attention:** \_\_\_\_\_ | **Corrected:** \_\_\_\_\_ | **N/A:**

\_\_\_\_\_

Recommendations

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Follow-Up

**Follow-up needed?**

**Follow-up date**

**Referrals made (PT, OT, DME, other)**

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Assessor Signature

Assessor

Signature Credentials Date

Patient / Caregiver Signature

(acknowledging recommendations) Printed Name Date