Appendix 31 ▪ Safety and Special Equipment Checklist

Participant/Resident: _____ MSSP ID: _____ Date: _____

Care Manager Name/Title: _____

Discuss safety and special equipment with the participant and indicate what type of equipment they have and if certain equipment is needed.

NOTE: Not required if already completed on the IPSA. Required for Reassessments.

Environmental Safety Special Equipment Checklist	Does Participant Have?	Does Participant Use? (Optional)	Does Participant Need?	Comments
Tub	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Shower	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Hand-held shower	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Bath bench/chair	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Bathmats, shower/tub	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Non-slip floor mats	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Grab bars, toilet	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Grab bars, shower	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Grab bars, tub	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Raised toilet seat	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Bed cane/rail	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Bedside commode	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Incontinence supplies	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Ambulation aids, cane	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Ambulation aids, walker	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Ambulation aids, wheelchair	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Ambulation aids, scooter	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Ambulation aids, other	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Ramp	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Emergency response system	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Smoke alarm	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Carbon monoxide alarm	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Other (Explain)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	