

ADVOCATE'S CHECKLIST- HOME SETTING

Resident's Name: _____ Advocate's Name: _____

Week of: _____

| | Mon. | Tues | Wed. | Thur. | Fri. | Sat. | Sun. |
|--|------|------|------|-------|------|------|------|
| Each Visit | | | | | | | |
| Are living spaces cleaned and straightened? | | | | | | | |
| Is the bed clean, dry and straightened? | | | | | | | |
| Are there any noticeable odors in the house? | | | | | | | |
| Are there dishes in the sink? | | | | | | | |
| Are there signs of safety issues such as burnt pots, unlocked doors? | | | | | | | |
| Is the temperature of the home appropriate for the season? | | | | | | | |
| Is the person clean and comfortable? | | | | | | | |
| Is clothing being worn appropriate for the season? | | | | | | | |
| Are clothes clean and free of stains? | | | | | | | |
| Are there signs of food being eaten such as trash in the can, less food than last visit? | | | | | | | |
| Is fluid intake adequate? | | | | | | | |
| *Are there any sudden changes in cognition? | | | | | | | |
| *Are there any sudden changes in mood or behavior? | | | | | | | |
| Have there been any falls? | | | | | | | |
| Are there any signs of swelling, bruises, abrasions, redness of the skin? | | | | | | | |
| Are medications in their regular place? | | | | | | | |
| Are medications being taken as prescribed? | | | | | | | |
| Weekly | | | | | | | |

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| Is the laundry being done? | | | | | | | |
| Is there unopened mail? | | | | | | | |
| Is there plenty of nutritious food in the house? | | | | | | | |
| Is the food in the home fresh and/or not expired? | | | | | | | |
| <u>If receiving services from an agency</u> | | | | | | | |
| Are the services coming as scheduled? | | | | | | | |
| Are they performing duties agreed upon in care plan? | | | | | | | |



| | Mon. | Tues | Wed. | Thur. | Fri. | Sat. | Sun. |
|--|------|------|------|-------|------|------|------|
| Monthly | | | | | | | |
| Are the bills being paid? | | | | | | | |
| Are medical appointments being scheduled and attended? | | | | | | | |
| Is follow up from medical appointments being done (i.e., tests, appointments for specialists)? | | | | | | | |
| Are prescriptions being filled? | | | | | | | |
| Has there been weight loss? | | | | | | | |
| Is there any indication that there may be issues with safety and driving such as unexplained scratches on the car or reports of getting lost or confused when driving? | | | | | | | |
| <u>If person is receiving care</u> | | | | | | | |

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|---|--|--|--|--|--|--|--|
| <u>from an agency</u> | | | | | | | |
| Is there a meeting with the agency representative and/or home care aide scheduled to acknowledge efforts and review any issues noted by the client, aid or care giver? | | | | | | | |
| Have you gotten and given updates about the physical and emotional conditions of the client? | | | | | | | |
| Have you developed a plan to address any issues and concerns noted including who will do what and by when? | | | | | | | |
| <p>Other tips</p> <p>Remember to provide positive feedback as well as stating concerns.</p> <p>Conduct the meeting in a positive manner.</p> <p>Offer instruction rather than complaint, i.e., my father prefers his vegetables cooked soft or please take your time when cleaning the toilet.</p> | | | | | | | |

^[4]Sudden changes in cognition, mood or behavior may be an indicating that there is a medical issue that should be addressed by a physician.