

# Printable Orange County Assisted Living Safety Checklist

*A tour-ready safety checklist for Orange County assisted living communities*

## How to use this checklist

Use this checklist during your tour, not after. Safety features are most accurately evaluated in person and in real time. Bring a pen and make notes beside any item that requires follow-up.

*Raya's Paradise | 101 Avenida Calafia, San Clemente, CA | (949) 420-9898 | rayasparadise.com*

## Tour Details

Community name: _____	Tour date: _____	Staff member: _____
Address / city: _____	Phone / email: _____	Follow-up contact: _____
Primary safety concern: _____	Resident mobility needs: _____	Next step: _____

## Safety Snapshot

Strongest safety positives: _____	Safety concerns to follow up on: _____
Questions deferred by staff: _____	Documents or records to request: _____
Second visit needed? _____	Decision impact: _____

## Fall Prevention and Flooring

Done	Safety item	Notes / follow-up
<input type="checkbox"/>	Bathtub and shower floors have slip-resistant mats, strips or flooring in good condition	_____

<input type="checkbox"/>	Flooring throughout hallways and common areas observed for condition and trip hazards	_____
<input type="checkbox"/>	No large rugs, runners or loose mats observed	_____
<input type="checkbox"/>	Handrails or appropriate support features present where needed	_____
<input type="checkbox"/>	Bathroom safety supports present where needed	_____
<input type="checkbox"/>	Adequate lighting in all areas including overnight	_____
<input type="checkbox"/>	Clear, unobstructed pathways throughout	_____
<input type="checkbox"/>	Fall risk assessment process explained specifically	_____
<input type="checkbox"/>	Fall documentation and family notification process explained	_____
<b>Section notes / follow-up needed:</b>		
_____		
_____		

## Medication Support

Done	Safety item	Notes / follow-up
<input type="checkbox"/>	Medications stored securely and inaccessible to other residents	_____
<input type="checkbox"/>	Medication assistance documentation process explained specifically	_____
<input type="checkbox"/>	Documentation of medication assistance interactions confirmed according to facility policy	_____

<input type="checkbox"/>	Protocol for missed doses and errors confirmed	_____
<input type="checkbox"/>	Refrigerated and controlled substance storage confirmed	_____
<input type="checkbox"/>	Physician contact list current and accessible to staff	_____
<input type="checkbox"/>	For dementia residents: behavioral medication decision-making and documentation process confirmed	_____
<b>Section notes / follow-up needed:</b>		
_____		
_____		

## Emergency Preparedness

Done	Safety item	Notes / follow-up
<input type="checkbox"/>	Emergency disaster and mass casualty plan on file; community asked to explain it and whether a summary is available	_____
<input type="checkbox"/>	Date of most recent Emergency Disaster Plan review or update confirmed	_____
<input type="checkbox"/>	Evacuation routes clearly marked throughout the facility	_____
<input type="checkbox"/>	Wildfire evacuation plan specific to this community's location	_____
<input type="checkbox"/>	Wildfire plan accounts for I-5 corridor and road closure scenarios	_____
<input type="checkbox"/>	Evacuation protocols for residents with mobility limitations	_____
<input type="checkbox"/>	Evacuation protocols for residents with dementia	_____

<input type="checkbox"/>	Earthquake preparedness protocol included	_____
<input type="checkbox"/>	Power outage management plan confirmed	_____
<input type="checkbox"/>	Most recent emergency drill date and content confirmed	_____

**Section notes / follow-up needed:**

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\_\_\_\_\_

## Fire Safety

Done	Safety item	Notes / follow-up
<input type="checkbox"/>	Smoke detectors visible in resident rooms, hallways and common areas	_____
<input type="checkbox"/>	Fire extinguishers present with current inspection tags	_____
<input type="checkbox"/>	Emergency exit signs illuminated and clearly visible	_____
<input type="checkbox"/>	Most recent local fire clearance or inspection date and outcome confirmed	_____
<input type="checkbox"/>	Firearm policy disclosed in admission agreement per Health and Safety Code Section 1569.282	_____
<input type="checkbox"/>	No open flames or prohibited heating devices observed	_____
<input type="checkbox"/>	Kitchen and utility areas appear safely maintained	_____

**Section notes / follow-up needed:**

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\_\_\_\_\_

## Staff Response and Overnight Safety

Done	Safety item	Notes / follow-up
<input type="checkbox"/>	Emergency call systems confirmed in all resident rooms and bathrooms	_____
<input type="checkbox"/>	Response time to emergency calls confirmed: day, evening and overnight	_____
<input type="checkbox"/>	Awake overnight staff presence and circumstances requiring awake-night staffing explained	_____
<input type="checkbox"/>	Weekend staffing levels confirmed	_____
<input type="checkbox"/>	Absence coverage plan confirmed	_____
<input type="checkbox"/>	Medical emergency protocol confirmed	_____
<input type="checkbox"/>	Family notification for nighttime incidents confirmed	_____
<input type="checkbox"/>	Proximity to nearest hospital or urgent care confirmed	_____
<b>Section notes / follow-up needed:</b>		
_____		
_____		

## Resident Room and Bathroom Safety

Done	Safety item	Notes / follow-up
<input type="checkbox"/>	Bathroom safety supports present beside toilet and in shower or tub	_____
<input type="checkbox"/>	Safe shower or tub entry (walk-in or transfer bench)	_____

<input type="checkbox"/>	Bathroom flooring slip-resistant and in good condition	_____
<input type="checkbox"/>	Emergency call accessible from the bathroom floor or staff can explain how help is summoned after a fall	_____
<input type="checkbox"/>	Doorways wide enough for walker or wheelchair where needed	_____
<input type="checkbox"/>	Room lighting adequate throughout	_____
<input type="checkbox"/>	Room free of clutter; clear pathways	_____
<input type="checkbox"/>	No unsafe electrical cord use observed	_____
<input type="checkbox"/>	For dementia residents: room orientation cues and wayfinding confirmed	_____

**Section notes / follow-up needed:**

\_\_\_\_\_

\_\_\_\_\_

## Outdoor Spaces

Done	Safety item	Notes / follow-up
<input type="checkbox"/>	Outdoor areas accessible and actively used by residents	_____
<input type="checkbox"/>	Pathways slip-resistant, even and free of trip hazards	_____
<input type="checkbox"/>	Seating stable and accessible for residents with limited mobility	_____
<input type="checkbox"/>	Boundaries secured for residents with wandering risk	_____

<input type="checkbox"/>	Gate or door security confirmed	_____
<input type="checkbox"/>	Shade structures or covered seating available	_____
<input type="checkbox"/>	Outdoor lighting adequate	_____
<input type="checkbox"/>	Staff supervision of outdoor areas confirmed	_____

**Section notes / follow-up needed:**

\_\_\_\_\_

\_\_\_\_\_

### Using This Checklist

Mark each item during your tour. For any item where the answer is unclear, unsatisfactory or deferred for follow-up, note it and follow up before making a final decision. A community that answers safety questions clearly and specifically, or provides timely follow-up when needed, is demonstrating an operational safety culture that goes beyond what the physical environment alone can show. Use this checklist alongside the full Orange County Assisted Living Evaluation Checklist for a complete community assessment.

**Final follow-up questions before deciding:**

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## Important Disclaimer

This checklist is provided for general informational and organizational purposes only. It is not medical, legal, financial, clinical, regulatory, emergency or other professional advice.

It should not replace a personalized care plan, physician evaluation, licensed professional guidance, legal or financial advice, facility-specific documentation, regulatory verification or emergency services. Assisted living safety needs, medication-related processes, care options, emergency risks, licensing requirements and family circumstances vary by individual, community and time.

Families should verify current safety practices, inspection history, fire safety requirements, Emergency Disaster Plan details, medication support procedures, staffing practices, room safety features and regulatory requirements directly with each community and through the California Department of Social Services before making a decision.

For sudden confusion, chest pain, serious injury, suspected stroke symptoms, suicidal statements or immediate danger, call 911 or seek urgent medical care. For concerns about falls, medication safety, cognitive decline, wandering risk, elder abuse, licensing, fire safety, emergency planning or care placement, speak with a qualified healthcare professional, licensed care provider, appropriate agency, attorney or other qualified professional.

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**Assisted Living • Memory Care • Respite Care • Hospice Support**

Raya's Paradise is a licensed senior living community in San Clemente, CA, serving Orange County families with assisted living, memory care, respite care and hospice support. Boutique coastal care with more than 30 years of experience behind it.

**(949) 420-9898 | [info@rayasparadise.com](mailto:info@rayasparadise.com) | <https://rayasparadise.com>**

**101 Avenida Calafia, San Clemente, Orange County, CA 92672**