Two assessment that can determine if a client is safe in their living environment, home safety evaluation and functional independence measure (FIM). The home safety evaluation is usually conducted by a health care professional who is visiting the patient in their home. Using the home safety checklist, we can identify hazards such as poor lighting, handrails, clutters, unsafe flooring/rugs things that can lead to a fall or injury (Riva, 2024). The FIM is a tool used asses the clients level of disability and determine the amount of assistance needed for performing activities of daily living (ADLS). It is mainly targeted for people with traumatic brain injury, geriatrics, multiple sclerosis, orthopedic conditions, spinal cord injury, and stroke patients. It helps determine if the client can safely manage in their current living environment or if they need additional support or a more supervised setting (*Functional Independence Measure (FIM)*, n.d.).

If a client experiences a decline in functional ability, they may require assistance with their IADLs/ADLs, such as cooking, cleaning, bathing, dressing, and managing their medications. A decline in cognitive function or memory can impair decision-making and compromise their safety, leading to risks such as leaving the stove on, wandering off, or dressing inappropriately for the weather. Lastly, patients with recurrent falls or hospitalizations may reflect poor health or an inability to properly care for themselves.

In a study done by Mileski et al., (2020), they found that using NPs as primary care providers leads to fewer unnecessary hospitalizations, better access to healthcare, and improved health outcomes. NPs play a crucial role in building relationships with residents and families, offering valuable information to support decision-making. It is the NP's job to ensure that clients are safe within their home or community. NPs need to identify if the patient is at risk through assessments conducted directly with the patient or through information gathered from family members. Once a risk is identified, the NP should develop an appropriate plan of care based on the client's needs. The care plan should involve the patient and their family members, ensuring they are well-informed and understand the type of assistance they will receive. NPs should also address any concerns or issues raised by the patient and family members to ensure a smooth transition and alleviate any worries.

Referral to home health service can be done by any health care professional such as a NP. This service can provide nursing care, physical therapy, home health aide and other supportive services that allow clients to remain safely at home with additional assistance (*Types of Home Health Care Services*, 2020). A referral to assisted living facility, these type of facility provides support to those elderly who require some minimal support with their I/ADLs, but offers less support than a nursing home (*What Is Assisted Living?,* n.d.). First, the NP should conduct their assessment face-to-face with the patient or a family member (if the patient has cognitive impairment). Communication with other healthcare providers is essential to ensure nothing is missed that another provider may be aware of. Following up with the patient or family member is important to ensure the transition was smooth and to address any concerns. Lastly, the NP can use tools such as electronic health records to track progress and update care plans as needed.

In Connecticut, programs such as the Connecticut Home Care Program for Elders (CHCPE) are state-funded and provide resources like home health services, home health aides, and adult day care. The goal of CHCPE is to help elderly clients remain safe in their homes and avoid hospitals or nursing homes by providing assistance with their daily IADL/ADL needs. However the criteria to be eligible for this program, the client must be 65 years of age or older, be a Connecticut resident, be at risk of nursing