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HOME CARE
Compassionate Care That Lasts.

GUIDE 02 FOR FAMILIES

Preparing for Care at Home

Before a caregiver ever walks through the door, a few hours of practical preparation makes the difference between a difficult first week and a calm one. Here is exactly what to do, room by room.

INSIDE THIS GUIDE

- Preparing the person, not just the house
- A 52-point room-by-room safety checklist
- The six decisions to settle before day one
- What a good first visit looks like
- The first month, honestly

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Serving families throughout Bergen County, New Jersey

BEFORE ANYTHING ELSE

Prepare the person, not just the house

The physical preparation in this guide is the easy part. The harder part is that someone is about to accept help they may not want, in the one place where they have always been in charge. Handled badly, the first week sets a tone that takes months to undo.

Three things help more than any grab bar. Tell your loved one before the caregiver arrives, not on the day. Let them have real decisions — which days, what gets done first, what stays private. And be present for the first visit if you possibly can, then leave the room, so the relationship is theirs and not yours.

Expect resistance and do not treat it as failure. Nearly everyone protests at first, and most people are quietly relieved within a month.

> *“She told me she absolutely did not want a stranger in the house. Six weeks later she was annoyed with me when the visit was rescheduled.”*

IF YOU ONLY DO FIVE THINGS

Grab bars by the toilet and in the shower. A nightlight on the route from bed to bathroom. Every loose rug removed. A written medication list on the fridge. A phone within reach of both the bed and the main chair. Those five prevent the majority of what sends people to hospital from their own homes.

THE WALKTHROUGH

52 things worth checking

Take this through the house one room at a time and check off as you go. Anything left unchecked is your to-do list.

ENTRANCE AND HALLWAYS

Where most falls happen on the way in

- ☐ Outside steps and path are even, with no loose bricks or lifted slabs
- ☐ There is a secure handrail on every outdoor step
- ☐ The porch or doorway light works and is bright enough at night
- ☐ The door lock can be operated easily with arthritic or weak hands
- ☐ A key is accessible to the caregiver by an agreed arrangement
- ☐ Hallways are clear of shoes, boxes, umbrellas and bags
- ☐ Loose runners and mats are removed or fixed down on all four edges
- ☐ There is somewhere to sit near the door to take shoes off

LIVING AREAS

Clear routes and a chair that works

- ☐ There is a clear walking path at least the width of a walker through the room
- ☐ Extension cords and phone chargers are not crossing any walkway
- ☐ The main chair is firm, high enough to rise from, and has solid arms
- ☐ Frequently used items are within reach without stretching or bending low
- ☐ A working phone is reachable from the chair without getting up
- ☐ Nothing needed daily is stored above shoulder height
- ☐ Floor lamps are stable and cannot be pulled over

BATHROOM

The single highest-risk room in the house

- [ ] Grab bars are fitted by the toilet and inside the shower or bath
- [ ] Grab bars are screwed into studs, not suction-mounted
- [ ] A non-slip mat or strips are in the tub or shower base
- [ ] There is a shower chair or bath bench if standing is tiring
- [ ] A handheld shower head is fitted, or can be
- [ ] The water heater is set no higher than 120°F to prevent scalds
- [ ] Towels and soap can be reached from a seated position
- [ ] The door opens outward, or can be opened from outside if someone falls against it
- [ ] There is a nightlight or motion light on the route from bed to bathroom

BEDROOM

Getting in and out safely, day and night

- [ ] The bed is at a height where feet reach the floor when seated on the edge
- [ ] A lamp or light switch can be reached from lying in bed
- [ ] The path from bed to bathroom is completely clear and lit
- [ ] A phone or call device is within arm's reach of the bed
- [ ] Clothes worn daily are stored between waist and shoulder height
- [ ] There is a firm chair for dressing while seated
- [ ] Any rugs beside the bed are removed

KITCHEN

Small changes that prevent burns and falls

- [ ] Everyday dishes, pans and food are between waist and shoulder height
- [ ] There is no need to use a step stool for anything used regularly
- [ ] The stove has automatic shut-off, or there is a plan if it does not
- [ ] A fire extinguisher is present and in date
- [ ] Spills can be cleaned without kneeling on the floor
- [ ] There is a sturdy chair if standing to prepare food is tiring
- [ ] Sharp knives are stored safely but accessibly

STAIRS AND LEVELS

Worth honest scrutiny

- [ ] Handrails run the full length of the stairs on at least one side
- [ ] Every step is clear of stored items
- [ ] Stair carpet is secure with no lifted or worn edges
- [ ] Light switches exist at both the top and bottom of the stairs
- [ ] Top and bottom steps are marked with contrasting tape if depth perception is poor
- [ ] You have considered whether living on one floor is now safer

PAPERWORK AND INFORMATION

What the caregiver needs on day one

- [ ] A written list of all medications, doses and times is on the fridge or in a folder
- [ ] Emergency contacts are written down, not only stored in a phone
- [ ] The doctor's name and number is readily available
- [ ] Any allergies are recorded clearly
- [ ] Health insurance details are in the folder
- [ ] Advance directive or living will is accessible if one exists
- [ ] The house routine is written down — mealtimes, bedtime, favorite TV shows
- [ ] A note on what your loved one likes to be called

PRACTICALITIES

Decisions to make before day one

A handful of small logistics cause most of the friction in a first week, and all of them are easier to settle in advance than to negotiate at the door.

- **Entry.** How does the caregiver get in? A key, a lockbox, a code, or someone home to answer. Agree it in writing, and never leave a key under a mat.
- **Parking.** Where should they park, and is a permit needed? In parts of Bergen County this matters more than people expect.
- **Pets.** A friendly dog is still a trip hazard and an unknown to a new person. Decide where the animal will be during personal care.
- **Private areas.** Say plainly which rooms, drawers and cupboards are off limits. It protects everyone.

- **Food and supplies.** Who buys groceries and cleaning products, and how is money handled? Never leave this informal.
- **The care log.** Where will the caregiver's notes live, so any family member can read them? A folder on the kitchen counter works better than an app nobody opens.

THE FIRST VISIT

What a good first day looks like

A first visit should be unhurried and slightly under-ambitious. The goal is not to complete a task list — it is for two people to meet properly and for your loved one to discover that this is survivable.

Expect introductions, a walk through the home, a review of the plan of care, and a conversation about preferences: how they like their tea, when they nap, what they would rather do themselves. Personal care on the very first visit is sometimes necessary but is rarely the best opening if it can wait a day.

Before the caregiver leaves, there should be a written note of what was done. That record is not bureaucracy — it is how a family that cannot all be present stays honest with each other about how things are actually going.

WHEN TO SPEAK UP STRAIGHT AWAY

Tell the agency immediately if the caregiver arrives late without warning, if tasks in the plan are being skipped, if your loved one seems uneasy after visits, or if anything about money feels wrong.

Raising something early is not a complaint — it is how a plan gets fixed while it is still small. Any agency that makes you feel awkward for asking has told you something important about itself.

SETTLING IN

The first month, honestly

Week one is polite and slightly stiff. Week two is when small irritations surface, and when most families wrongly conclude it is not working. By week four, if the match is right, it has usually become simply part of the week.

If it genuinely is not working by then, say so and ask for a different caregiver. A mismatch of personality is common, nobody's fault, and a reasonable agency will change it without drama. Persisting with a bad match out of politeness is the most frequent mistake we see families make.

TALK TO A PERSON, NOT A CALL CENTER

Questions About Care at Home

Every inquiry is read personally and held in confidence. There is no obligation, and we will tell you honestly if we are not the right fit for your family.

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Continue reading. Questions to Ask Any Agency is available at hearthlinecare.com/#/resources, along with our other family guides.

This guide is general information for families and is not medical advice or a clinical assessment. Only a nurse or physician who has assessed your loved one can determine the care they need. Hearthline Home Care LLC provides non-medical home care; our New Jersey Health Care Service Firm registration is in progress.