TOP 10 HOME CARE DEFICIENCIES

STANDARD	STANDARD CONTENT	TIPS FOR COMPLIANCE
1 HCPC.9	Staff provide personal care services per the current service plan. Reasons for exceptions to the service plan are documented.	• Educate Aides re: following Aide care plan/ assignment. Reinforce that the Aide must notify responsible staff member prior to making any changes. Ensure responsible staff member is revising plan as changes occur. Audit to ensure compliance.
2 HCIC.3	It is required that staff have access to PPE and use standard precau- tions appropriate to: The client, care/service provided, CDC and the state or county health department.	 Ongoing training on revisions by CDC, public health, etc. Competencies for handwashing, bag technique, donning and doffing PPE, proper PPE. Supervisory home visits to ensure compliant infection control techniques.
3 HCMG.8	Staff personnel records include evidence of meeting job description qualification, orientation and training, competency and evaluation, health reports, background checks as defined per state law/policy.	 Ensure on hire and ongoing personnel checklists are up to date. Utilize tracking systems to ensure compliance. Audit personnel files quarterly. Ensure Aide competency and supervisory visits are compliant.
4 HCIC.4	There is a TB control plan that requires staff be screened/tested per local/state law or per policy. In the absence of organization-defined risk or local or state law, the organization screens/tests staff per current CDC guidelines.	 Ensure all current local or state law or regulations and CDC guidelines are known by agency. Ensure Policy is current to regulations. Audit regularly to ensure that policy is being followed.
5 HCPC.5	Organization policy and procedure defines: Who develops and documents personal care service plan based on evaluation. How client is involved and how consent to initiate or change service occurs. Minimum content includes types of personal care services, how often, length of time staff member is present.	Ensure the service plan for personal care includes the required elements. Documentation should reflect participation of the client in plan development.
6 HCPS.5	It is required that organization policy defines: minimum plan of care content to include scope, frequency and intervention; drugs and treatments to manage client symptoms; medical equip-ment and supplies needed in care delivery.	 Ensure that the Plan of Care is current with all drugs/treatment/equipment and is revised as necessary. Educate clinicians on the requirements for plan of care. Reinforce physician notification for any discrepancies. Audit plan of care/ interim orders to ensure compliance.
7 HCPS.7	It is required that professional care services provided are consistent with the client's plan of care and orders of a physician or other licensed practitioner and state law.	 Ensure all staff understand that all care that is done requires a physician order and nothing can be done without a physician order. Educate clinicians on following physician orders, and updating as physician's orders change.
8 HCQA.1	The organization documents area(s) for monitoring and improving performance and identifies: An expected threshold of performance, how performance is assessed including the data source and frequency of measurement; how action to improve is developed, approved, executed and re-assessed	Include quality activities as a scheduled time on the organization calendar. Consistently update information regarding incidents, audit results, complaints. Develop a template to document need for improvement, plan, ongoing monitoring, and data collection and analysis.
9 HCQA.2	The organization documents analysis of data about the area(s) selected. The findings are compared to the performance threshold. if not achieved, findings are used to identify, support and document the implementation of at least one plan annually	 Schedule routine quality activities analyze quality indicators such as complaints, compliance with service plan, or documentation as examples. Evaluate data and determine at least one project on an annual basis, document efforts
\bigcirc	The organization has a Client Bill of Rights addressing the right to: Receive information about the scope of care/services the organization provides and any limitations on those services; be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse or exploitation, and the misappropriation of client property by anyone furnishing services; refuse care/service.	Ensure all elements are present in the Client Bill of Rights. Educate clinicians that all elements must be communicated to the patient/caregiver, as applicable and documented as such. 01192023 © Copyright CHAP