

TOP 10 **HOME CARE** DEFICIENCIES COMPARISON

The chart below includes the top ten CHAP home care survey deficiencies ranked 1-10 by Standard for the last three calendar years.

Ranking (1-10)	CY 2025	CY 2024	CY 2023
1.	Standard: HCPC.9 Staff provide personal care services per the current service plan. Reasons for exceptions to the service plan are documented.	Standard: HCIC.3 Organization staff have access to PPE and use standard precautions appropriate to client(s), care/service provided, precautions recommended by the Centers for Disease Control (CDC), and directives of the state or county health department.	Standard: HCPC.9 Staff provide personal care services per the current service plan. Reasons for exceptions to the service plan are documented.
2.	Standard: HCIC.3 Organization staff have access to PPE and use standard precautions appropriate to client(s), care/service provided, precautions recommended by the Centers for Disease Control (CDC), and directives of the state or county health department.	Standard: HCPC.9 Staff provide personal care services per the current service plan. Reasons for exceptions to the service plan are documented.	Standard: HCPC.5 Organization policy and procedure defines who develops and documents the personal care service plan based on the client evaluation or re-evaluation, how the client is involved in developing the plan, minimum plan content, documentation of consent to initiate or change services, service plan policy and procedure complies with applicable law and regulation.
3.	Standard: HCPC.3 The evaluation of personal care services includes the elements in the standard.	Standard: HCPC.5 Organization policy and procedure defines who develops and documents the personal care service plan based on the client evaluation or re-evaluation, how the client is involved in developing the plan, minimum plan content, documentation of consent to initiate or change services, service plan policy and procedure complies with applicable law and regulation.	Standard: 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.

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4.	Standard: HCPC.5 Organization policy and procedure defines who develops and documents the personal care service plan based on the client evaluation or re-evaluation, how the client is involved in developing the plan, minimum plan content, documentation of consent to initiate or change services, service plan policy and procedure complies with applicable law and regulation.	Standard: 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.	Standard: HCIC.3 Organization staff have access to PPE and use standard precautions appropriate to client(s), care/service provided, precautions recommended by the Centers for Disease Control (CDC), and directives of the state or county health department.
5.	Standard: HCPS.5 Organization policy and procedure defines development and documentation of client's plan of care, client's physician or another licensed practitioner are involvement in care planning, minimum plan of care content, communication with the client's physician or other licensed practitioner to review, revise, and authorize the client's plan of care as frequently as the client's condition requires or at least every 90 days or more frequently per state law or regulation.	Standard: HCIC.3 Organization staff have access to PPE and use standard precautions appropriate to client(s), care/service provided, precautions recommended by the Centers for Disease Control (CDC), and directives of the state or county health department.	Standard: HCPC.7 Professional care services provided are consistent with: <ol style="list-style-type: none"> 1. Accepted standards of professional practice; 2. The client's plan of care; 3. Orders of a physician or other licensed practitioner; and 4. Applicable state law and regulation.
6.	Standard: HCPC.14 Policy and procedure defines the process and documentation requirements to end care delivery, whether client-requested or organization-initiated, and complies with applicable state law and regulation.	Standard: HCMG.9 Content of the client record: assessment/evaluation, plan of care, services provided.	Standard: HCIC.4 There is a documented TB control plan that requires that staff be screened and tested per local or state law or regulation or per Organizational policy. In the absence of Organization-defined risk or applicable local or state law and regulation, the Organization screens and tests staff per current CDC guidelines.
7.	Standard: HCPC.15 Policy and procedure defines the process to end personal care services, whether if client-requested or Organization-initiated, including documentation of the reason for stopping services and the date services are stopped. The	Standard: HCCC.1 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	Standard: HCPS.5 Organization policy and procedure defines development and documentation of client's plan of care, client's physician or another licensed practitioner are involvement in care planning, minimum plan of care content, communication with the client's physician or other licensed practitioner to

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	policy and procedure complies with applicable state law and regulation.	physical abuse or exploitation, and the misappropriation of client property by anyone furnishing services; refuse care/service.	review, revise, and authorize the client's plan of care as frequently as the client's condition requires or at least every 90 days or more frequently per state law or regulation.
8.	Standard: HCCC.1 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.	Standard: HCMG.7 Human Resource policy and procedure addresses the following: <ol style="list-style-type: none"> 1. Job descriptions 2. Conditions of employment 3. Staff orientation and staff training 4. Staff competency assessment, process, and frequency 5. Staff performance evaluation 6. Health reports, background checks, and other information as required by state or federal law and regulation 7. Personnel and health record content 	Standard: HCCC.1 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.
9.	Standard: HCCC.2 The Client Bill of Rights statement is provided to the client and/or their representative that complies with required by law and regulation. There is evidence in the client's record of having been provided with the Client Bill of Rights and any other information mandated by state law or regulation prior to or at the time of initiating care/services.	Standard: HCPC.4 A re-evaluation of a client's need for personal care services occurs at least every 12 months or more frequently when required by state law, when requested by the client, or when indicated by reported changes	Standard: HCMG.9 Content of the client record: assessment/evaluation, plan of care, services provided.
10.	Standard: HCCE.9 Staff provide services per the current service plan. Reasons for exceptions to the service plan are documented.	Standard: HCCC.3 The organization provides information to the client and/or representative that identifies: <ol style="list-style-type: none"> 1. The scope of care/services available to clients. 2. The business hours and contact information; and, 	Standard: HCPS.6 Each client has a current plan of care based on an assessment authorized by their physician or other licensed practitioner in accordance with state law and regulation.

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		3. How to contact the organization after business hours, on weekends, and on holidays	

Home Care Deficiency 3-year Trend Analysis

Key Themes Across the Three Years

1. Personal Care Service Delivery (HCPC.9, HCPC.5, HCPC.7, HCPC.4)

These standards appear repeatedly in the top rankings across all years.

Interpretation:

This is a **core operational issue**. It affects client safety, regulatory compliance, and quality of care. The recurrence suggests:

- Training gaps
- Ineffective oversight
- Inconsistent documentation practices
- Possible workload or staffing challenges

2. Infection Control (HCIC.3, HCIC.4)

Infection control standards appear prominently in CY 2023 and CY 2024 and remain present in CY 2025.

Interpretation:

- PPE access and use may be inconsistent.
- TB screening and documentation may not meet regulatory expectations.

3. Human Resources & Personnel Records (HCMG.7, HCMG.8, HCMG.9)

These appear in mid-rank positions across all years.

Interpretation:

- Personnel files may be missing required elements (training, competency, background checks).
- HR policies may not be consistently followed.
- Client records may lack required documentation.
- Possible ineffective administrative processes

4. Client Rights (HCCC.1, HCCC.2, HCCC.3)

Client rights standards appear in the lower half of the rankings but consistently across all years.

Interpretation:

- Bill of Rights may not always be provided or documented.
- Clients may not receive required information about services or after-hours contact.

Overall Interpretation

1. The Care Must Be Delivered Exactly as Planned — and Plans Must Be Current

Service plan or plan of care is the central organizing process and document.

The organization must ensure:

- Evaluations and re-evaluations occur on schedule.
- Plans are developed by qualified personnel.
- Plans reflect client needs and physician/licensed practitioner authorization when required.
- Staff follow the plan consistently.
- Any deviation is documented with a clear reason.

Interpretation:

The service plan is the legal and clinical anchor. Everything else revolves around it.

2. Infection Control Is a Core Responsibility, Not an Add-on

Repeated references to PPE, standard precautions, and TB screening show that:

- Infection control is expected in every client interaction.
- Staff must have access to PPE and know how to use it.
- Policies must align with CDC and state/local directives.
- Compliance must be documented.

Interpretation:

Infection control is treated as a foundational safety requirement, not a situational one.

3. Staff Competency, Training, and HR Compliance Are Required

Personnel files must demonstrate:

- Qualifications
- Orientation
- Ongoing training
- Competency assessments

- Performance evaluations
- Background checks
- Health screenings

Interpretation:

The organization must prove that every staff member is competent, safe, and legally eligible to provide care.

4. Documentation Is the Evidence of Compliance

Every standard ties back to documentation:

- Service plans
- Evaluations
- Client rights acknowledgments
- Communication with physicians
- Exceptions to the plan
- Termination of services
- Personnel records

Interpretation:

Auditors and reviewers judge the organization not by what it *says* it does, but by what it can *prove* through documentation.

5. Client Rights and Communication Are Central to Compliant and Ethical Care

The organization must:

- Provide the Client Bill of Rights.
- Document that the client received it.
- Protect clients from abuse, neglect, and exploitation.
- Clearly communicate service scope, limitations, and contact information.

Interpretation:

Client autonomy, safety, and informed participation are essential pillars of compliance.