TOP 10 **NJ HCSF** DEFICIENCIES COMPARISON

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

Ranking (1-10)	CY 2025	CY 2024	CY 2023
1.	**Standard: NJAC.13** The Health Care Service Firm (HCSF) maintains a record for each client receiving care/services that includes all required elements of the standard.	**Standard: NJHR.4** Certified Homemaker-Home Health Aide (CHHA) provides care/services under the supervision of a registered nurse include assistance with activities of daily living, reporting changes, and other supportive tasks.	**Standard: NJHR.2** The Health Care Service Firm (HCSF) requires personnel information prior to hire that addresses all required elements in the standard.
2.	**Standard: NJAC.11** The certified homemaker-home health aide only performs tasks: 1. That are evaluated/delegated by the Health Care Practitioner Supervisor/RN; or 2. As directed by the Health Care Practitioner Supervisor	**Standard: NJAC.3** The plan of care addresses all required elements in the standard.	**Standard: NJAC.13** The Health Care Service Firm (HCSF) maintains a record for each client receiving care/services that includes all required elements of the standard.
3.	**Standard: NJAC.4** The Health Care Practitioner Supervisor reviews the plan of care not less than once each 30-day period and more often if client's care changes, condition or needs of client changers, other regulatory standards requires otherwise.	**Standard: NJHR.6** In the event that the Health Care Practitioner Supervisor determines that the CHHA is not performing tasks per the plan of care, there is evidence that the Health Care Service Firm (HCSF) takes immediately corrective action.	**Standard: NJAC.4** The Health Care Practitioner Supervisor reviews the plan of care not less than once each 30-day period and more often if client's care changes, condition or needs of client changers, other regulatory standards requires otherwise.
4.	**Standard: NJCC.1** The Health Care Service Firm (HCSF) has a written Client Bill of Rights and a copy of A Consumer's Guide to Homemaker-Home Health Aide (CHHA) within 24 hours of start of care/service, unless a waiver is agreed to that the client receive this prior to provision	**Standard: NJPS.2** • There is a plan of care for clients receiving skilled healthcare professional services from an employee of a Health Care Service Firm (HCSF). • The plan of care is developed by an appropriate healthcare professional, in	**Standard: NJIP.2** The HCSF staff use "standard precautions" while providing care, including hand hygiene, use of gloves, safe handling of equipment likely to be contaminated with body fluids, soiled items, sharp devices and other requirements per state law and regulation.

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	of care/service. The HCSF protects and promotes the exercise of the client's rights.	consultation with the client and includes required elements in the standard. • The plan of care is signed and dated by the physician, as are any updates. • The written plan of care is reviewed at least every two months by physician, or as often as the client's condition requires.	
5.	**Standard: NJHR.4** Certified Homemaker-Home Health Aide (CHHA) provides care/services under the supervision of a registered nurse include assistance with activities of daily living, reporting changes, and other supportive tasks.	**Standard: NJIP.2** The HCSF staff use "standard precautions" while providing care, including hand hygiene, use of gloves, safe handling of equipment likely to be contaminated with body fluids, soiled items, sharp devices and other requirements per state law and regulation.	**Standard: NJHR.4** Certified Homemaker-Home Health Aide (CHHA) provides care/services under the supervision of a registered nurse include assistance with activities of daily living, reporting changes, and other supportive tasks.
6.	**Standard: NJIP.2** The HCSF staff use "standard precautions" while providing care, including hand hygiene, use of gloves, safe handling of equipment likely to be contaminated with body fluids, soiled items, sharp devices and other requirements per state law and regulation.	**Standard: NJIP.4** Health Care Service Firm (HCSF) staff at risk for occupational exposure to tuberculosis (TB), as defined by the Centers for Disease Control and Prevention (CDC), are screened for TB, with appropriate follow-up conducted when TB risk is identified.	**Standard: NJIP.4** Health Care Service Firm (HCSF) staff at risk for occupational exposure to tuberculosis (TB), as defined by the Centers for Disease Control and Prevention (CDC), are screened for TB, with appropriate follow-up conducted when TB risk is identified.
7.	**Standard: NJPS.1** Client records are maintained for each client receiving care from a skilled healthcare professional, include documentation of components in the standard.	**Standard: NJPS.1** Client records are maintained for each client receiving care from a skilled healthcare professional, include documentation of components in the standard.	**Standard: NJAC.3** The plan of care addresses all required elements in the standard.
8.	**Standard: NJPS.2** There is a plan of care for clients receiving skilled healthcare professional services from an employee of a Health Care Service Firm (HCSF), and is developed by an appropriate healthcare professional, in consultation with the client and includes the components in the standard. The written plan of care is signed and dated by the	**Standard: NJAC.13** The Health Care Service Firm (HCSF) maintains a record for each client receiving care/services that includes all required elements of the standard.	**Standard: NJHR.3** The Health Care Service Firm (HCSF) has an application for each applicant seeking employment. The application includes all elements as described in the New Jersey Administrative Code Title 13:45B-13 & 14. Each application form contains the following executed authorization:

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	physician and is updated and reviewed at least every two months by physician, or as often as the client's condition requires.		"I, ... (Applicant)..., hereby authorize ... (HCSF) ... to request and receive from all prior employers within one year of the date of this application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination."
9.		**Standard: NJAC.11** The certified homemaker-home health aide only performs tasks: 1. That are evaluated/delegated by the Health Care Practitioner Supervisor/RN; or 2. As directed by the Health Care Practitioner Supervisor	**Standard: NJAC.11** The certified homemaker-home health aide only performs tasks: 1. That are evaluated/delegated by the Health Care Practitioner Supervisor/RN; or 2. As directed by the Health Care Practitioner Supervisor
10.		**Standard: NJAC.4** The Health Care Practitioner Supervisor reviews the plan of care not less than once each 30-day period and more often if client's care changes, condition or needs of client changers, other regulatory standards requires otherwise.	**Standard: NJAC.8** The Health Care Practitioner Supervisor makes an on-site, in-home evaluation of the plan of care not less than once during each 60-day period that the HCSF has placed a health care practitioner to provide care/services. The documentation of this 60-day evaluation and whether or not plan of care needs revision is in HCSF policy and maintained in the client record.

Home Care Deficiency 3-year Trend Analysis

Key Themes Across the Three Years

1. **Client Records & Documentation**
   Appears repeatedly across years (NJAC.13, NJPS.1).
   Themes include:
   - Maintaining complete and compliant client records
   - Ensuring documentation includes all required elements
   - Keeping records updated and accessible

   This is one of the most consistently cited issues across all three years.

2. **Plan of Care (POC) Development, Review & Oversight**
   Referenced in multiple standards (NJAC.3, NJAC.4, NJPS.2).
   Key elements:
   - POC includes all required components
   - POC is developed with appropriate professionals and client input
   - Regular review cycles (30-day RN review, 60-day in-home evaluation, 2-month physician review)
   - Documentation of updates and revisions

   This is another major recurring compliance theme.

3. **CHHA Scope of Practice & RN Supervision**
   Appears prominently (NJHR.4, NJAC.11, NJHR.6).
   Core issues:
   - CHHAs only perform tasks delegated/evaluated by an RN
   - CHHAs must follow the plan of care
   - Supervisors must intervene when CHHAs deviate from assigned tasks
   - RN oversight is central to compliance

   This theme shows up in nearly every year's top findings.

4. **Personnel Files & Hiring Requirements**
   Highlighted in standards like NJHR.2 and NJHR.3.
   Includes:
   - Required personnel information prior to hire
   - Complete employment applications with mandated authorization language

- Verification of prior employment

This theme reflects ongoing gaps in HR documentation and onboarding compliance.

5. **Infection Prevention & Standard Precautions**

Appears in NJIP.2 and NJIP.4.

Key points:

- Proper use of standard precautions (hand hygiene, gloves, sharps handling)
- TB screening for at-risk staff
- Documentation of follow-up when TB risk is identified

This theme is consistent across multiple years.

6. **Client Rights & Consumer Protections**

Referenced in NJCC.1.

Focus areas:

- Providing the Client Bill of Rights
- Delivering the Consumer's Guide within required timeframes
- Ensuring clients' rights are protected and promoted

This theme appears less frequently but remains important.

Overall Interpretation

- Over all three years, the compliance findings point to a consistent story: the organization delivers care, but the systems that support, document, and oversee that care are not operating with the reliability regulators expect. The issues are not random; they cluster around a few core operational weaknesses that repeat year after year.
- The most striking pattern is the dominance of documentation-related deficiencies. Whether it's client records, plan-of-care elements, supervisory reviews, or personnel files, the gaps consistently reflect *process execution*, not clinical capability. This suggests that staff generally know what to do, but the infrastructure that ensures compliance—forms, workflows, reminders, audits, training, and oversight—is not consistently enforced.
- A second major thread is supervisory oversight, especially around RN responsibilities and CHHA task delegation. These findings imply that supervisory processes are stretched, fragmented, or inconsistently monitored. When RN reviews, in-home evaluations, or corrective actions show up repeatedly as findings, it signals that the supervisory model may not be aligned with workload, staffing patterns, or operational expectations.
- Infection prevention and HR-related findings add another layer: onboarding and ongoing competency processes are not fully standardized or reinforced. These are typically "checklist" areas, so recurring issues suggest turnover, inconsistent training, or gaps in monitoring.
- Taken together, the data paints a picture of an organization where care delivery is happening, but the operational scaffolding around that care needs upgrading and stronger discipline. The patterns point to systemic issues.