TOP 10 **HOME HEALTH** DEFICIENCIES-2025

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CHAP Community Health Accreditation Partner

	Standard	G Tag	Standard Content
①	APC.10	G574	Content of the individualized plan of care
②	APC.14	G614	The organization provides the patient and caregiver(s) with a copy of written instructions including a visit schedule, including frequency of visits by HHA personnel and contractors
③	APC.23	G1022	Clinical record includes transfer and/or discharge summaries within the required time frame with evidence of date sent
④	PCC.2	G442	Patients have the right to receive written notice in advance of care being furnished, if there is possibility of not-covered care, or in advance of reducing or terminating ongoing care
⑤	APC.8	G536	The comprehensive assessment includes a medication regimen review
⑥	CDT.9	G710	Skilled professionals follow plan of care including following physician orders
⑦	IPC.8	G682	Bags used to carry equipment or supplies into patient's homes follows agency's policy to prevent the spread of infections and communicable diseases
⑧	IPC.6	G682	Hand hygiene performed when indicated
⑨	APC.12	G572	The individualized plan of care is periodically reviewed and revised by the physician or allowed practitioner who is responsible for the home health plan of care and the home health organization as frequently as the patient's condition or needs require, but no less frequently than once every 60 days, beginning with the start-of-care date
⑩	CDT.15	G808	If home health aide services are provided to a patient, a registered nurse or other appropriately skilled professional must complete a supervisory assessment of the aide services being provided no less frequently than every 14 days.

Standard Domain Deficiency Analysis, Key Actions, and Performance Improvement Focus

The following is a structured analysis of the standards deficiencies organized into major domains. It identifies what each item is intended to accomplish and highlighted system-level issues these actions address. This gives you a clear, professional-quality evaluation suitable for Quality Assessment Performance Improvement (QAPI), compliance reviews, or internal performance improvement planning.

Analysis	Key Actions	Performance Improvement Planning

Intended purpose of the standard
The comprehensive assessment is the foundation of all home health care. When problems, interventions, and goals are not accurately derived from assessments—or when the POC is not individualized or updated—patient outcomes, regulatory compliance, and care coordination are compromised.
 	
System level issues for assessment
• Inconsistent assessment-to-plan-of-care linkage
• Poor interdisciplinary communication
• Delays in physician order processing
• Lack of standardized POC review workflows
• Insufficient oversight of individualized care planning
	• Educate all disciplines on linking problems, interventions, and goals to the comprehensive and ongoing assessments.
	• Ensure the POC is updated promptly when patient status or care needs change.
	• Emphasize individualization of the POC to reflect each patient's unique needs.
	• Conduct final POC reviews for accuracy (allergies, medications, interventions, emergent care, hospitalization risk).
	• Audit POC updates for timeliness and physician review/signature.
	• Educate physicians and allowed practitioners on the requirement to review/revise the POC at least every 60 days.
	• Establish tracking mechanisms for POC updates and physician order turnaround.
		• Develop QAPI indicators measuring:
		  ○ Individualization of problems, interventions, and goals
		  ○ Timeliness of POC updates
		  ○ Physician signature turnaround times
		• Use audit data to identify trends and retrain staff.

Visit Frequency, Scheduling, and Patient Notification Requirements

Analysis	Key Actions	Performance Improvement Planning

Intended purpose of the standard
Visit frequencies must match the physician ordered POC and that patients receive written information about visit schedules, changes in services, and potential payment liability. Failure in these areas creates compliance risk and undermines patient trust.
 	
System level issues for assessment
• Lack of standardized visit schedule communication
• Inconsistent documentation of patient notifications
 	
• Gaps between ordered and completed visit frequencies
• Poor oversight of service changes and patient rights compliance
	• Educate all disciplines—including contractors—on completing and communicating visit schedules at SOC and throughout the episode.
	• Document provision of visit schedule information in the clinical note.
	• Conduct home observation visits to ensure visit schedules are current and accurate.
	• Audit visit frequencies against actual visits completed.
	• Audit documentation to ensure clinicians follow the POC.
	• Ensure staff provide written notice of potential payment liability at admission.
	• Audit discharge processes to confirm patients were informed of service reduction/termination.
		• Develop QAPI indicators for:
		  ○ Visit frequency compliance
		  ○ Written patient notification compliance
		  ○ Accuracy of visit schedule documentation
		• Use supervisory visits and chart audits to validate adherence.
		• Implement corrective action plans for staff with repeated deficiencies.

Visit Frequency, Scheduling, and Patient Notification Requirements

Analysis	Key Actions	Performance Improvement Planning
Intended purpose of the standard Timely transfer and discharge summaries are required to ensure continuity of care. Delays or incomplete summaries create patient safety risks and regulatory exposure. System level issues for assessment • Lack of standardized workflows for transfer/discharge documentation • Inadequate tracking of timeliness • Insufficient clinician understanding of required summary elements	• Establish a process for documenting transfer/discharge summaries within CMS time frames. • Create a tracking system to monitor days to completion. • Educate clinicians on required elements of summaries and deadlines. • Audit transferred/discharged patient records for compliance.	• Add QAPI indicators for transfer/discharge summary timeliness and completeness. • Use audit findings to drive targeted education and workflow redesign.

Medication Management & Reconciliation

Analysis	Key Actions	Performance Improvement Planning

Intended purpose of the standard
Medication discrepancies are a leading cause of adverse events in home health. A review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.
 	
System level issues for assessment
• Fragmented communication among disciplines
• Inconsistent medication reconciliation practices
• Lack of oversight of medication profile accuracy
• Delayed physician notification of medication changes
	• Conduct medication reconciliation at every nursing or primary clinician visit.
	• Reconcile medications with external settings (ALFs, group homes, etc.).
	• Educate all disciplines to report medication changes to the RN/primary clinician.
	• Educate RNs/primary clinicians to notify physicians and obtain updated orders.
	• Verify medication accuracy during supervisory visits.
	• Audit records to ensure all prescribed and OTC medications are included in the profile.
		• Develop QAPI indicators for:
		  ○ Medication reconciliation accuracy
		  ○ Timeliness of physician notification
		  ○ Completeness of medication profiles
		• Implement targeted retraining and competency checks for clinicians with recurring errors.

Infection Prevention & Control (Bag Technique, Hand Hygiene, Standard Precautions)

Analysis	Key Actions	Performance Improvement Planning

Intended purpose of the standard
Infection control failures increase patient risk and expose the organization to significant regulatory penalties. Bag technique and hand hygiene are high-visibility compliance areas during surveys.
 	
System-level issues for assessment
• Inconsistent infection control practices across staff
• Lack of competency validation
• Insufficient supervisory oversight
• Variability in adherence to CDC and organizational policies
	• Provide frequent education on bag technique and evaluate competency.
	• Conduct ongoing training on standard precautions and CDC-aligned hand hygiene practices.
	• Perform routine home supervisory visits to observe infection control compliance.
	• Conduct field observations to validate adherence to infection control processes.
		• Add QAPI indicators for:
		  ○ Bag technique compliance
		  ○ Hand hygiene adherence
		  ○ Standard precautions competency
		• Use observation data to drive targeted retraining and corrective action.

Home Health Aide (HHA) Supervision

Analysis	Key Actions	Performance Improvement Planning
Intended purpose of the standard Supervisory visits are required every 14 days for patients receiving HHA services. Noncompliance jeopardizes patient safety and regulatory standing. System-level issues for assessment • Lack of tracking for supervisory visit deadlines • Inconsistent documentation of supervision • Insufficient clinician understanding of supervision requirements	• Educate clinicians on completing HHA supervision every 14 days and documenting outcomes. • Encourage best practice: RN/primary clinician conducts supervision during each home visit for skilled patients. • Establish a tracking mechanism for supervision visit timeliness. • Conduct regular audits of HHA supervision documentation.	• Add QAPI indicators for HHA supervision timeliness and documentation quality. • Use audit findings to guide targeted education and workflow improvements.

Cross-Cutting Themes Across All Domains

1. Documentation Accuracy & Timeliness

Nearly every deficiency relates to incomplete, inaccurate, or delayed documentation. Strengthening documentation workflows will improve compliance across all domains.

2. Interdisciplinary Communication

Breakdowns in communication—between clinicians, contractors, physicians, and external facilities—drive many of the identified issues.

3. Staff Education & Competency Validation

Recurrent need for education suggests:

- inconsistent onboarding
- lack of ongoing competency checks
- variable understanding of regulatory requirements

4. Tracking & Monitoring Systems

Multiple domains require:

- tracking mechanisms
- audit processes
- timely follow-up

The absence of reliable tracking is a root cause of many deficiencies.

5. QAPI Integration

Each domain requires performance indicators and PIPs, highlighting the need for:

- a more robust QAPI infrastructure
- better use of data to drive improvement
- consistent follow-through on corrective actions

6. Supervisory Oversight

Supervisory visits, field observations, and chart audits are essential to ensuring sustained compliance.