

# TOP 10 HOME CARE DEFICIENCIES-2025

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	<b>Standard</b>	<b>Standard Content</b>
①	HCPC.9	Staff provide personal care services per the current service plan. Reasons for exceptions to the service plan are documented.
②	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.
③	HCPC.3	The evaluation for personal care services includes at a minimum: <ul style="list-style-type: none"><li>The client's degree of dependence on equipment and/or assistance in the following activities: Ambulation and exercise; ADLs, transfers, meal prep, activity restrictions (if any), safety of the home environment, equipment used in personal care activities (if any), assistance with medications (as needed), communication and guidance of personal care staff in tasks, cognitive observation, identification of other support services requested, including shopping, meal preparation, laundry, etc., client preferences in service delivery, identification of an emergency contact, Advance directives (if any) and , other content per state law or regulation.</li></ul>
④	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.
⑤	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.
⑥	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.
⑦	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 policy and procedure complies with applicable state law and regulation.
⑧	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	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.
⑩	HCCE.9	Staff provide services per the current service plan. Reasons for exceptions to the service plan are documented.

## 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.

## Care Planning & Aide Service Delivery

Analysis	Key Actions	Performance Improvement Planning
<p><u>Intended purpose of the standard</u></p> <p>Care plans are the foundation of safe, consistent, and individualized care. When aides do not follow the care plan, or when responsible staff fail to update it, the organization risks non-compliance, safety events, and inconsistent service delivery.</p> <p><u>System-level issues for assessment</u></p> <ul style="list-style-type: none"><li>• Lack of standardized communication pathways between aides and supervisors.</li><li>• Inconsistent or delayed care plan updates.</li><li>• Insufficient oversight mechanisms to detect deviations.</li><li>• Documentation practices that do not support required compliance.</li></ul>	<ul style="list-style-type: none"><li>• Educate Aides on following the Aide Care Plan/assignment.</li><li>• Educate Aides to notify responsible staff before making any changes.</li><li>• Ensure responsible staff revise the plan as changes occur.</li><li>• Conduct supervisory home visits to observe aide performance and adherence.</li><li>• Educate oversight staff to compare aide documentation with the Aide Care Plan.</li><li>• Audit care records to ensure compliance.</li></ul>	<ul style="list-style-type: none"><li>• Develop a standardized care plan change notification workflow.</li><li>• Implement mandatory refresher training on care plan adherence.</li><li>• Create a supervisory visit checklist focused on care plan compliance.</li><li>• Track audit findings monthly and trend deviations for targeted intervention.</li><li>• Establish accountability metrics for responsible staff (timeliness of updates, documentation completeness).</li></ul>
<p><b>Infection Prevention &amp; Control (IPC)</b></p> <p><b>Analysis</b></p> <p><u>Intended purpose of the standard</u></p> <p>IPC failures pose direct risk to clients and staff. There are standard requirements for ongoing training, competency validation, and supervisory oversight to ensure safe practices in the home environment.</p> <p><u>System-level issues for assessment</u></p> <ul style="list-style-type: none"><li>• Gaps in staff competency validation processes.</li><li>• Lack of structured, recurring IPC education.</li><li>• Inconsistent supervisory oversight of field practices.</li><li>• Failure to integrate updated CDC guidance into practice.</li></ul>	<p><b>Key Actions</b></p> <ul style="list-style-type: none"><li>• Provide ongoing training on standard precautions and CDC/public health updates.</li><li>• Confirm competencies for:<ul style="list-style-type: none"><li>◦ Handwashing</li><li>◦ Bag technique</li><li>◦ Donning/doffing PPE</li><li>◦ Proper PPE use</li></ul></li></ul>	<p><b>Performance Improvement Planning</b></p> <ul style="list-style-type: none"><li>• Implement annual and mid-year IPC competency assessments.</li><li>• Create a centralized IPC training calendar with mandatory attendance tracking.</li><li>• Develop a standardized IPC observation tool for supervisory visits.</li><li>• Establish a rapid-update protocol for disseminating CDC/public health revisions.</li><li>• Monitor IPC audit results and correlate with incident reports (e.g., infections, exposures).</li></ul>

## Personal Care Services Evaluation & Service Plan Requirements

Analysis	Key Actions	Performance Improvement Planning
<p><u>Intended purpose of the standard</u></p> <p>Personal care services must be evaluated and planned according to standards. Missing required elements or failing to document client participation undermines quality, compliance, and person-centered care.</p> <p><u>System-level issues for assessment</u></p> <ul style="list-style-type: none"><li>• Inadequate staff knowledge of requirements for evaluations and service plans.</li><li>• Missing or incomplete documentation of client involvement.</li><li>• Lack of structured audit tools for personal care service plans.</li><li>• Delayed updates when client condition changes.</li></ul>	<ul style="list-style-type: none"><li>• Educate responsible staff on components of a personal care evaluation.</li><li>• Ensure service plans include all required elements.</li><li>• Ensure documentation reflects client participation in plan development.</li><li>• Audit care records to ensure compliance and timely updates.</li></ul>	<ul style="list-style-type: none"><li>• Train staff on person-centered documentation practices.</li><li>• Implement quarterly service plan audits with corrective action follow-up.</li><li>• Integrate prompts into documentation to ensure required elements are completed.</li></ul>

## Policies & Procedures Compliance

Analysis	Key Actions	Performance Improvement Planning
<p><u>Intended purpose of the standard</u></p> <p>Policies and procedures guide consistent, compliant operations. When they lack required content or are not reviewed regularly, the organization risks deficiencies and inconsistent practice.</p> <p><u>System-level issues for assessment</u></p> <ul style="list-style-type: none"><li>• Outdated or incomplete policies.</li><li>• Lack of structured policy review cycles.</li><li>• Insufficient staff awareness of policy expectations.</li><li>• Ineffective linkage between policy and actual practice.</li></ul>	<ul style="list-style-type: none"><li>• Ensure policies/procedures contain required standard content.</li><li>• Review policies/procedures per organizational schedule.</li><li>• Educate all staff on policy/procedure content at orientation and ongoing.</li><li>• Audit care records to ensure compliance with policy requirements.</li></ul>	<ul style="list-style-type: none"><li>• Establish a policy review committee with defined timelines.</li><li>• Create a policy change notification system for staff.</li><li>• Integrate policy education into annual competency reviews.</li><li>• Conduct policy-based audits to verify alignment between written policy and field practice.</li></ul>

## Client Rights & Communication Requirements

Analysis	Key Actions	Performance Improvement Planning
<u>Intended purpose of the standard</u>	<ul style="list-style-type: none"><li>• Ensure all required elements are present in the Client Bill of Rights.</li><li>• Educate staff that all elements must be communicated to the client/caregiver.</li><li>• Educate staff to document in the clinical record that the client received the Bill of Rights and other required information.</li><li>• Audit to ensure compliance.</li></ul>	<ul style="list-style-type: none"><li>• Update the Client Bill of Rights to meet all requirements.</li><li>• Implement a standardized “Client Rights Acknowledgment” form.</li><li>• Train staff on communication expectations and documentation requirements.</li><li>• Conduct regular audits of new admissions for compliance.</li></ul>
<u>System-level issues for assessment</u>	<ul style="list-style-type: none"><li>• Incomplete or outdated Client Bill of Rights documents.</li><li>• Inconsistent communication practices across staff.</li><li>• Documentation gaps that create compliance risk.</li><li>• Lack of standardized onboarding processes for new clients.</li></ul>	

## **Cross-Cutting Themes Across All Domains**

### **1. Documentation Quality & Consistency**

Nearly every deficiency relates to incomplete, inaccurate, or inconsistent documentation.

### **2. Staff Education & Competency**

Ongoing training, competency validation, and reinforcement are essential across all domains.

### **3. Supervisory Oversight**

Supervisory home visits and audits are critical mechanisms for ensuring compliance.

### **4. Policy-to-Practice Alignment**

Policies must be current, comprehensive, and consistently implemented.

### **5. Communication Pathways**

Breakdowns between aides, supervisors, and responsible staff contribute to care plan and service delivery issues.

### **6. Compliance Readiness**

All domains reflect the need for a proactive, structured approach to meeting standards.

### **7. Continuous Quality Improvement**

A systematic, data-driven approach is needed to monitor compliance, identify trends, and implement corrective actions.