

TOP 10 HOME HEALTH DEFICIENCIES-2025

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| | 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 | APC.8 | G536 | The comprehensive assessment includes a medication regimen review |
| 5 | 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 |
| 6 | CDT.9 | G710 | Skilled professionals follow plan of care including following physician orders |
| 7 | IPC.6 | G682 | Hand hygiene performed when indicated |
| 8 | 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 |
| 9 | 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 |
| 10 | CDT.6 | G580 | CDT.6 - Drugs, services, and treatments are administered only as ordered by a physician or allowed practitioner |

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 |
|---|---|---|
| <p><u>Intended purpose of the standard</u> 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—Drugs and service not provided as ordered, patient outcomes, regulatory compliance, and care coordination are compromised.</p> <p><u>System level issues for assessment</u></p> <ul style="list-style-type: none"> • Inconsistent assessment-to-plan-of-care linkage • Poor interdisciplinary communication • Delays in physician order processing • Lack of a standardized process for receiving, verifying, and documenting physician orders • Lack of standardized POC review workflows • Insufficient oversight of individualized care planning | <ul style="list-style-type: none"> • 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. • Maintain clear, legible, and complete orders for every medication, treatment, and service. • Verify that orders are entered promptly into the MAR/TAR and EHR. | <ul style="list-style-type: none"> • Develop QAPI indicators measuring: <ul style="list-style-type: none"> ○ Individualization of problems, interventions, and goals ○ Timeliness of POC updates ○ Physician signature turnaround times • Use audit data to identify trends and retrain staff. • Develop a standardized order verification protocol for all new, changed, or discontinued orders. • Require read-back verification for all verbal and telephone orders. |

Visit Frequency, Scheduling, and Patient Notification Requirements

| Analysis | Key Actions | Performance Improvement Planning |
|---|---|--|
| <p><u>Intended purpose of the standard</u> 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.</p> <p><u>System level issues for assessment</u></p> <ul style="list-style-type: none"> • Lack of standardized visit schedule communication • Inconsistent documentation of patient notifications • Gaps between ordered and completed visit frequencies | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • Develop QAPI indicators for: <ul style="list-style-type: none"> ○ 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. |

- Poor oversight of service changes and patient rights compliance
- Audit discharge processes to confirm patients were informed of service reduction/termination.

Medication Management & Reconciliation

| Analysis | Key Actions | Performance Improvement Planning |
|---|--|---|
| <p><u>Intended purpose of the standard</u> 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.</p> <p><u>System level issues for assessment</u></p> <ul style="list-style-type: none"> • Fragmented communication among disciplines • Inconsistent medication reconciliation practices • Lack of oversight of medication profile accuracy • Delayed physician notification of medication changes | <p>Key Actions</p> <ul style="list-style-type: none"> • 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. | <p>Performance Improvement Planning</p> <ul style="list-style-type: none"> • Develop QAPI indicators for: <ul style="list-style-type: none"> ○ 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 |
|--|--|--|
| <p><u>Intended purpose of the standard</u> 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.</p> <p><u>System-level issues for assessment</u></p> <ul style="list-style-type: none"> • Inconsistent infection control practices across staff • Lack of competency validation • Insufficient supervisory oversight | <p>Key Actions</p> <ul style="list-style-type: none"> • 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. | <p>Performance Improvement Planning</p> <ul style="list-style-type: none"> • Add QAPI indicators for: <ul style="list-style-type: none"> ○ Bag technique compliance ○ Hand hygiene adherence ○ Standard precautions competency • Use observation data to drive targeted retraining and corrective action. |

- Variability in adherence to CDC and organizational policies

Home Health Aide (HHA) Supervision

| Analysis | Key Actions | Performance Improvement Planning |
|--|---|--|
| <p><u>Intended purpose of the standard</u> Supervisory visits are required every 14 days for patients receiving HHA services. Noncompliance jeopardizes patient safety and regulatory standing.</p> <p><u>System-level issues for assessment</u></p> <ul style="list-style-type: none"> • Lack of tracking for supervisory visit deadlines • Inconsistent documentation of supervision • Insufficient clinician understanding of supervision requirements | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • 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.

