

TOP 10 HOME CARE DEFICIENCIES-2025

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	Standard	Standard Content
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	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.
4	HCPC.3	The evaluation for personal care services includes at a minimum: <ul style="list-style-type: none"> 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.
5	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.
6	CP.1	The organization has a compliance program with a designated officer and committee who are responsible for its operation.
7	HCIC.4	Home care personnel at risk for occupational exposure to tuberculosis (TB) must be screened for TB upon hire (prior to patient contact) in accordance with state or local law and regulation. This screening process includes a risk assessment, symptom evaluation, and evidence of a TB blood test or TB skin test. If there are no applicable state or local laws or regulations, TB screening and testing must be conducted according to the Centers for Disease Control and Prevention (CDC) guidelines or the organization's policy that describes TB screening or testing as part of its infection control program. There must be evidence of appropriate follow-up when TB risk is identified.
8	HCMG.8	Staff personnel records include evidence of: <ol style="list-style-type: none"> Meeting the qualifications of their job description; Orientation and training according to policy timelines; Competency and evaluation as per the organization's policies and procedures; Evidence of health reports, background checks, and other items as defined in policy and procedure.
9	HCPC.5	<ul style="list-style-type: none"> Standard HCPC.5 requires the organization to have policy and procedure that defines: <ol style="list-style-type: none"> 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; The minimum content of the plan, which must include: a) The types of personal care services to be provided; b) How often the services are provided; c) The length of time the staff member is present (e.g., hours per day or days per week); How consent to initiate or change services occurs and is documented. The service plan policy and procedure must comply with applicable law and regulation.
10	HCPC.7	Organization policy and procedure must define: <ol style="list-style-type: none"> Who prepares and provides instructions for personal care staff according to the service plan;

2. How the instructions are provided;
3. When the instructions are provided.

This standard ensures that there is clear organizational direction regarding the preparation and communication of instructions to personal care staff so they can effectively deliver services according to the individual client's service plan.

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 & Service Delivery

Analysis

Intended purpose of the standard

Care plans are the foundation of safe, consistent, and individualized care. When staffs 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.

System-level issues for evaluation

- Lack of standardized communication pathways between staff and supervisors.
- Inconsistent or delayed care plan updates.
- Staff trained on how to interpret and follow service plans.
- Insufficient oversight mechanisms to detect deviations.
- Documentation practices that do not support required compliance.

Key Actions

- Educate staff on following the Care Plan/assignment.
- Educate staff to notify responsible staff before making any changes.
- Ensure responsible staff revise the plan as changes occur.
- Conduct supervisory home visits to observe aide performance and adherence.
- Educate oversight staff to compare aide documentation with the Aide Care Plan.
- Audit care records to ensure compliance.

Performance Improvement Planning

- Develop a standardized care plan change notification workflow.
- Implement mandatory refresher training on care plan adherence.
- Create a supervisory visit checklist focused on care plan compliance.
- Track audit findings monthly and trend deviations for targeted intervention.
- Establish accountability metrics for responsible staff (timeliness of updates, documentation completeness).
- Audit for gaps in key actions and develop performance improvement projects as applicable.

Infection Prevention & Control (IPC)

Analysis

Intended purpose of the standard

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.

Key Actions

- Provide ongoing training on standard precautions and CDC/public health updates.
- Confirm competencies for:
 - Handwashing
 - Bag technique

Performance Improvement Planning

- Implement annual and mid-year IPC competency assessments.
- Create a centralized IPC training calendar with mandatory attendance tracking.

System-level issues for evaluation

- Gaps in staff competency validation processes.
- Lack of structured, recurring IPC education.
- Inconsistent supervisory oversight of field practices.
- Failure to integrate updated CDC guidance into practice.
- Inconsistent PPE availability.
- Staff not trained or not compliant with PPE use.
- TB screening integrated into onboarding.
- Documentation stored in personnel files.
- Annual review of TB risk.

- Donning/doffing PPE
- Proper PPE use
- Ensure TB screening occurs before patient contact, that screening must follow state law or CDC guidelines, and follow-up required for positive or high-risk results.

- Develop a standardized IPC observation tool for supervisory visits.
- Establish a rapid-update protocol for disseminating CDC/public health revisions.
- Monitor IPC audit results and correlate with incident reports (e.g., infections, exposures).
- Audit for gaps in key actions and develop performance improvement projects as applicable.

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 planned, developed, and evaluated according to standards. Missing required elements or failing to document client participation and clear communication between staff and client undermines quality, compliance, and person-centered care.</p>	<ul style="list-style-type: none"> • Educate responsible staff on components of a personal care evaluation. • Ensure service plans include all required elements. • Confirm documentation reflects client participation in plan development. • Audit care records to ensure compliance and timely updates. <ul style="list-style-type: none"> ○ Instructions not documented. ○ Instructions not updated when service plans change. • Educate staff on who provides and documents instructions. 	<ul style="list-style-type: none"> • Train staff on person-centered documentation practices. • Implement quarterly service plan audits with corrective action follow-up. • Integrate prompts into documentation to ensure required elements are completed. • Audit for gaps in key actions and develop performance improvement projects as applicable.
<p><u>System-level issues for evaluation</u></p> <ul style="list-style-type: none"> • Inadequate staff knowledge of requirements for evaluations and service plans. • Missing or incomplete documentation of client involvement. • Lack of structured audit tools for personal care service plans. • Delayed updates when client condition changes. • Staff unclear on who provides instructions. • Instructions not documented. 		

Policies & Procedures & Compliance Program Gaps

Analysis	Key Actions	Performance Improvement Planning
<p><u>Intended purpose of the standard</u> 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>A structured compliance program to safeguard patient safety and privacy while eliminating fraud, waste, and abuse within healthcare organizations.</p> <p><u>System-level issues for evaluation</u></p> <ul style="list-style-type: none"> • Outdated or incomplete policies. • Lack of structured policy review cycles. • Insufficient staff awareness of policy expectations. • Ineffective linkage between policy and actual practice. • Compliance program exists on paper only. • No evidence of compliance program staff lead or committee activity. 	<ul style="list-style-type: none"> • Ensure policies/procedures contain required standard content. • Review policies/procedures per organizational schedule. • Educate all staff on policy/procedure content at orientation and ongoing. • Audit care records to ensure compliance with policy requirements. 	<ul style="list-style-type: none"> • Establish a policy review committee with defined timelines. • Create a policy change notification system for staff. • Integrate policy education into annual competency reviews. • Conduct policy-based audits to verify alignment between written policy and field practice. • Audit for gaps in key actions and develop performance improvement projects as applicable.

Client Rights & Communication Requirements

Analysis	Key Actions	Performance Improvement Planning
<p><u>Intended purpose of the standard</u> Client rights are a core requirement and a cornerstone of ethical care. Missing elements or lack of documentation that rights were communicated can result in significant deficiencies.</p> <p><u>System-level issues for evaluation</u></p> <ul style="list-style-type: none"> • Incomplete or outdated Client Bill of Rights documents. • Inconsistent communication practices across staff. 	<ul style="list-style-type: none"> • Ensure all required elements are present in the Client Bill of Rights. • Educate staff that all elements must be communicated to the client/caregiver. • Educate staff to document in the clinical record that the client received the Bill of Rights and other required information. • Audit to ensure compliance. 	<ul style="list-style-type: none"> • Update the Client Bill of Rights to meet all requirements. • Implement a standardized “Client Rights Acknowledgment” form. • Train staff on communication expectations and documentation requirements. • Conduct regular audits of new admissions for compliance.

- Documentation gaps that create compliance risk.
- Lack of standardized onboarding processes for new clients.

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.