

# TOP 10 HOME CARE DEFICIENCIES COMPARISON

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

Ranking (1-10)	CY 2025	CY 2024	CY 2023
1.	<p><b>Standard: HCPC.9</b> Staff provide personal care services per the current service plan. Reasons for exceptions to the service plan are documented.</p>	<p><b>Standard: HCIC.3</b> 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.</p>	<p><b>Standard: HCPC.9</b> Staff provide personal care services per the current service plan. Reasons for exceptions to the service plan are documented.</p>
2.	<p><b>Standard: HCIC.3</b> 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.</p>	<p><b>Standard: HCPC.9</b> Staff provide personal care services per the current service plan. Reasons for exceptions to the service plan are documented.</p>	<p><b>Standard: HCPC.5</b> 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.</p>
3.	<p><b>Standard: HCCC.1</b> 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.</p>	<p><b>Standard: HCPC.5</b> 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.</p>	<p><b>Standard: HCMG.8</b> Staff personnel records include evidence of meeting job description qualification, orientation and training, competency and evaluation, health reports, background checks as defined per state law/policy.</p>

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4.	<p><b>Standard: HCPC.3</b> The evaluation of personal care services includes the elements in the standard.</p>	<p><b>Standard: HCMG.8</b> Staff personnel records include evidence of meeting job description qualification, orientation and training, competency and evaluation, health reports, background checks as defined per state law/policy.</p>	<p><b>Standard: HCIC.3</b> 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.</p>
5.	<p><b>Standard: HCPC.5</b> 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.</p>	<p><b>Standard: HCIC.3</b> 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.</p>	<p><b>Standard: HCPC.7</b> Organization policy and procedure must define:</p> <ol style="list-style-type: none"> <li>1. Who prepares and provides instructions for personal care staff according to the service plan;</li> <li>2. How the instructions are provided;</li> <li>3. When the instructions are provided.</li> </ol> <p>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.</p>
6.	<p><b>Standard: CP.1</b> The organization has a compliance program with a designated officer and committee who are responsible for its operation.</p>	<p><b>Standard: HCMG.9</b> Content of the client record: assessment/evaluation, plan of care, services provided.</p>	<p><b>Standard: HCIC.4</b> There is a documented TB control plan that requires that staff be screened and tested per local or state law or regulation or per Organizational policy. In the absence of Organization-defined risk or applicable local or state law and regulation, the Organization screens and tests staff per current CDC guidelines.</p>
7.	<p><b>Standard: HCIC.4</b> There is a documented TB control plan that requires that staff be screened and tested per local or state law or regulation or per Organizational policy. In the absence of Organization-defined risk or applicable local or state law and regulation, the Organization screens and tests staff per current CDC guidelines.</p>	<p><b>Standard: HCCC.1</b> 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</p>	<p><b>Standard: HCPS.5</b> 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</p>

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		anyone furnishing services; refuse care/service.	least every 90 days or more frequently per state law or regulation.
8.	<p><b>Standard: HCMG.8</b> Staff personnel records include evidence of:</p> <ol style="list-style-type: none"> <li>1. Meeting the qualifications of their job description;</li> <li>2. Orientation and training according to policy timelines;</li> <li>3. Competency and evaluation as per the organization's policies and procedures;</li> <li>4. Evidence of health reports, background checks, and other items as defined in policy and procedure.</li> </ol>	<p><b>Standard: HCMG.7</b> Human Resource policy and procedure addresses the following:</p> <ol style="list-style-type: none"> <li>1. Job descriptions</li> <li>2. Conditions of employment</li> <li>3. Staff orientation and staff training</li> <li>4. Staff competency assessment, process, and frequency</li> <li>5. Staff performance evaluation</li> <li>6. Health reports, background checks, and other information as required by state or federal law and regulation</li> </ol> <p>Personnel and health record content</p>	<p><b>Standard: HCCC.1</b> 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.</p>
9.	<p><b>Standard: HCPS.5</b> 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.</p>	<p><b>Standard: HCPC.4</b> A re-evaluation of a client's need for personal care services occurs at least every 12 months or more frequently when required by state law, when requested by the client, or when indicated by reported changes</p>	<p><b>Standard: HCMG.9</b> Content of the client record: assessment/evaluation, plan of care, services provided.</p>
10.	<p><b>Standard: HCPC.7</b> Organization policy and procedure must define:</p> <ol style="list-style-type: none"> <li>1. Who prepares and provides instructions for personal care staff according to the service plan;</li> <li>2. How the instructions are provided;</li> <li>3. When the instructions are provided.</li> </ol> <p>This standard ensures that there is clear organizational direction regarding the</p>	<p><b>Standard: HCCC.3</b> The organization provides information to the client and/or representative that identifies:</p> <ol style="list-style-type: none"> <li>1. The scope of care/services available to clients.</li> <li>2. The business hours and contact information; and,</li> </ol> <p>How to contact the organization after business hours, on weekends, and on holidays</p>	<p><b>Standard: HCPS.6</b> Each client has a current plan of care based on an assessment authorized by their physician or other licensed practitioner in accordance with state law and regulation.</p>

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	preparation and communication of instructions to personal care staff so they can effectively deliver services according to the individual client's service plan.		

### Home Care Deficiency 3-year Trend Analysis

#### Key Themes Across the Three Years

#### 1. Personal Care Service Plan Compliance (HCPC.9, HCPC.5, HCPC.7, HCPC.3, HCPC.4)

Appears in all three years and in multiple ranking positions. This is your most persistent theme.

Patterns include:

- Staff do not follow the service plan (HCPC.9)
- Missing or incomplete service plan development documentation (HCPC.5)
- Missing instructions for personal care staff (HCPC.7)
- Incomplete evaluations or re-evaluations (HCPC.3, HCPC.4)

**Why it matters:** This cluster represents the core of personal care delivery — and repeated findings suggest systemic process gaps.

#### 2. Infection Control & PPE Compliance (HCIC.3, HCIC.4)

Appears in all three years.

Patterns include:

- PPE access and proper use (HCIC.3)
- TB screening and testing compliance (HCIC.4)

**Why it matters:** These findings indicate ongoing infection control vulnerabilities, often tied to training, documentation, or supply chain consistency.

#### 3. Human Resources & Personnel File Compliance (HCMG.7, HCMG.8, HCMG.9)

Appears in all three years.

Patterns include:

- Missing qualifications, orientation, training, competency, or evaluations (HCMG.8)
- HR policy completeness (HCMG.7)
- Missing required client record documentation (HCMG.9)

**Why it matters:** This theme reflects organizational infrastructure issues — onboarding, competency, and documentation processes.

#### 4. Client Rights & Communication (HCCC.1, HCCC.3)

Appears in all three years.

Patterns include:

- Missing or incomplete Client Bill of Rights (HCCC.1)
- Missing required client information on services, hours, and contact procedures (HCCC.3)

**Why it matters:** These findings point to communication and transparency gaps that affect client trust and regulatory compliance.

#### 5. Plan of Care Requirements (HCPS.5, HCPS.6)

Appears in CY 2023 and CY 2024, and indirectly in 2025 via related standards.

Patterns include:

- Missing physician involvement
- Missing or outdated plan of care
- Missing required content
- Missing 90-day reviews

**Why it matters:** This theme reflects clinical oversight and coordination issues.

#### 6. Compliance Program Infrastructure (CP.1)

Appears only in CY 2025 but ranked #6.

**Why it matters:** This suggests a newer or emerging area of focus, possibly due to updated regulatory expectations.

### Overall Interpretation

The three-year trend shows a pattern of recurring, foundational compliance weaknesses that point to systemic process gaps, inconsistent staff competency, and documentation practices that need structural redesign rather than incremental fixes.

#### 1. The same themes appear every year → systemic, not situational

The recurrence of the same standards (HCPC.9, HCIC.3, HCMG.8, HCCC.1, etc.) across all three years indicates that the organization's challenges are not due to isolated events, individual staff behavior, or one-off oversights.

Instead, they point to:

- Weak or inconsistent processes
- Insufficient oversight
- Policies that exist on paper but aren't operationalized
- Training that doesn't translate into practice

- Documentation systems that don't support compliance

This is the hallmark of system-level gaps.

## 2. **Personal care service plan compliance is the most chronic vulnerability**

This theme appears in nearly every ranking position across all three years.

That means:

- Service plans aren't consistently followed
- Staff instructions aren't consistently provided
- Evaluations and re-evaluations aren't timely
- Documentation is incomplete or missing

This is the core of personal care delivery. When this area is unstable, everything else downstream becomes unstable.

## 3. **Infection control remains a persistent compliance risk HCIC.3 and HCIC.4 appear every year.**

This suggests:

- PPE access and usage are inconsistent
- TB screening/testing processes are not reliably maintained

Given the regulatory environment, this is a high-visibility risk that surveyors will always scrutinize.

## 4. **HR and personnel file issues reflect deeper organizational discipline problems HCMG.7, HCMG.8, and HCMG.9 show up repeatedly.**

This means the following are not consistently completed or maintained:

- Staff qualifications
- Orientation
- Competency
- Evaluations
- Background checks
- Health documentation

When HR files are weak, it usually signals:

- Lack of standardized onboarding
- Poor tracking systems
- Inconsistent accountability

## 5. **Client rights and communication issues point to cultural and operational gaps HCCC.1 and HCCC.3 appear every year.**

This suggests:

- Clients may not be consistently informed of their rights
- Required communication materials may be incomplete or inconsistently provided

These findings often reflect:

- Weak intake processes
- Staff not trained to emphasize client rights
- Documentation not built into workflow

## **6. Plan of care issues show inconsistent clinical oversight**

### **HCPS.5 and HCPS.6 appear in multiple years.**

This indicates:

- Physician involvement may be inconsistent
- Plans of care may not be updated on time
- Required content may be missing

This is a coordination-of-care problem, which can be tied to workflow design.

## **7. The appearance of compliance program issues in 2025 suggests rising expectations**

CP.1 showing up in 2025 likely reflects:

- Newer regulatory emphasis
- Increased scrutiny
- A need to modernize the compliance infrastructure

This is an emerging risk, not yet chronic — but it will be if not addressed.