

TOP 10 NJ HCSF DEFICIENCIES COMPARISON

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

Ranking (1-10)	CY 2025	CY 2024	CY 2023
1.	<p>Standard: NJAC.13 The Health Care Service Firm (HCSF) maintains a record for each client receiving care/services that includes all required elements of the standard.</p>	<p>Standard: NJHR.4 Certified Homemaker-Home Health Aide (CHHA) provides care/services under the supervision of a registered nurse include assistance with activities of daily living, reporting changes, and other supportive tasks.</p>	<p>Standard: NJHR.2 The Health Care Service Firm (HCSF) requires personnel information prior to hire that addresses all required elements in the standard.</p>
2.	<p>Standard: NJHR.2 The Health Care Service Firm (HCSF) requires personnel information prior to hire that addresses all required elements in the standard.</p>	<p>Standard: NJAC.3 The plan of care addresses all required elements in the standard.</p>	<p>Standard: NJAC.13 The Health Care Service Firm (HCSF) maintains a record for each client receiving care/services that includes all required elements of the standard.</p>
3.	<p>Standard: NJAC.4 The Health Care Practitioner Supervisor reviews the plan of care not less than once each 30-day period and more often if client's care changes, condition or needs of client changers, other regulatory standards requires otherwise.</p>	<p>Standard: NJHR.6 In the event that the Health Care Practitioner Supervisor determines that the CHHA is not performing tasks per the plan of care, there is evidence that the Health Care Service Firm (HCSF) takes immediately corrective action.</p>	<p>Standard: NJAC.4 The Health Care Practitioner Supervisor reviews the plan of care not less than once each 30-day period and more often if client's care changes, condition or needs of client changers, other regulatory standards requires otherwise.</p>
4.	<p>Standard: NJAC.8 The Health Care Practitioner Supervisor makes an on-site, in-home evaluation of the plan of care not less than once during each 60-day period that the HCSF has placed a health care practitioner to provide care/services.</p>	<p>Standard: NJPS.2</p> <ul style="list-style-type: none"> • There is a plan of care for clients receiving skilled healthcare professional services from an employee of a Health Care Service Firm (HCSF). • The plan of care is developed by an appropriate healthcare professional, in consultation with the client and includes required elements in the standard. • The plan of care is signed and dated by the physician, as are any updates. 	<p>Standard: NJIP.2 The HCSF staff use "standard precautions" while providing care, including hand hygiene, use of gloves, safe handling of equipment likely to be contaminated with body fluids, soiled items, sharp devices and other requirements per state law and regulation.</p>

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		The written plan of care is reviewed at least every two months by physician, or as often as the client's condition requires.	
5.	<p>Standard: NJPS.2</p> <ul style="list-style-type: none"> There is a plan of care for clients receiving skilled healthcare professional services from an employee of a Health Care Service Firm (HCSF). The plan of care is developed by an appropriate healthcare professional, in consultation with the client and includes required elements in the standard. The plan of care is signed and dated by the physician, as are any updates. <p>The written plan of care is reviewed at least every two months by physician, or as often as the client's condition requires.</p>	<p>Standard: NJIP.2</p> <p>The HCSF staff use "standard precautions" while providing care, including hand hygiene, use of gloves, safe handling of equipment likely to be contaminated with body fluids, soiled items, sharp devices and other requirements per state law and regulation.</p>	<p>Standard: NJHR.4</p> <p>Certified Homemaker-Home Health Aide (CHHA) provides care/services under the supervision of a registered nurse include assistance with activities of daily living, reporting changes, and other supportive tasks.</p>
6.	<p>Standard: NJAC.11</p> <p>The certified homemaker-home health aide only performs tasks:</p> <ol style="list-style-type: none"> That are evaluated/delegated by the Health Care Practitioner Supervisor/RN; or As directed by the Health Care Practitioner Supervisor 	<p>Standard: NJIP.4</p> <p>Health Care Service Firm (HCSF) staff at risk for occupational exposure to tuberculosis (TB), as defined by the Centers for Disease Control and Prevention (CDC), are screened for TB, with appropriate follow-up conducted when TB risk is identified.</p>	<p>Standard: NJIP.4</p> <p>Health Care Service Firm (HCSF) staff at risk for occupational exposure to tuberculosis (TB), as defined by the Centers for Disease Control and Prevention (CDC), are screened for TB, with appropriate follow-up conducted when TB risk is identified.</p>
7.	<p>Standard: NJIP.2</p> <p>The HCSF staff use "standard precautions" while providing care, including hand hygiene, use of gloves, safe handling of equipment likely to be contaminated with body fluids, soiled items, sharp devices and other requirements per state law and regulation.</p>	<p>Standard: NJPS.1</p> <p>Client records are maintained for each client receiving care from a skilled healthcare professional, include documentation of components in the standard.</p>	<p>Standard: NJAC.3</p> <p>The plan of care addresses all required elements in the standard.</p>

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8.	<p>Standard: NJIP.4 Health Care Service Firm (HCSF) staff at risk for occupational exposure to tuberculosis (TB), as defined by the Centers for Disease Control and Prevention (CDC), are screened for TB, with appropriate follow-up conducted when TB risk is identified.</p>	<p>Standard: NJAC.13 The Health Care Service Firm (HCSF) maintains a record for each client receiving care/services that includes all required elements of the standard.</p>	<p>Standard: NJHR.3 The Health Care Service Firm (HCSF) has an application for each applicant seeking employment. The application includes all elements as described in the New Jersey Administrative Code Title 13:45B-13 & 14. Each application form contains the following executed authorization: “I, ... (Applicant)..., hereby authorize ... (HCSF) ... to request and receive from all prior employers within one year of the date of this application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination.”</p>
9.		<p>Standard: NJAC.11 The certified homemaker-home health aide only performs tasks:</p> <ol style="list-style-type: none"> 1. That are evaluated/delegated by the Health Care Practitioner Supervisor/RN; or • As directed by the Health Care Practitioner Supervisor 	<p>Standard: NJAC.11 The certified homemaker-home health aide only performs tasks:</p> <ol style="list-style-type: none"> 1. That are evaluated/delegated by the Health Care Practitioner Supervisor/RN; or As directed by the Health Care Practitioner Supervisor
10.		<p>Standard: NJAC.4 The Health Care Practitioner Supervisor reviews the plan of care not less than once each 30-day period and more often if client's care changes, condition or needs of client changes, other regulatory standards requires otherwise.</p>	<p>Standard: NJAC.8 The Health Care Practitioner Supervisor makes an on-site, in-home evaluation of the plan of care not less than once during each 60-day period that the HCSF has placed a health care practitioner to provide care/services. The documentation of this 60-day evaluation and whether or not plan of care needs revision is in HCSF policy and maintained in the client record.</p>

Key Themes Across the Three Years

1. Plan of Care Development, Review, and Oversight

This is the strongest and most consistent theme across all three years.

It includes:

- Plan of care missing required elements (NJAC.3, NJPS.2)
- RN/Health Care Practitioner Supervisor not reviewing the plan every 30 days (NJAC.4)
- Physician not reviewing/signing every 60 days or 2 months (NJPS.2)
- In-home supervisory visits are not completed every 60 days (NJAC.8)

What it means: The plan-of-care process is not reliably executed or documented. This is a core regulatory requirement and a major survey focus.

2. Client Record Documentation

Appears repeatedly across all three years.

Includes:

- Missing required elements in client records (NJAC.13)
- Missing documentation for skilled services (NJPS.1)

What it means: Recordkeeping systems are inconsistent, incomplete, or not standardized. Documentation gaps are systemic, not isolated.

3. Personnel Hiring, Application, and Pre-Hire Requirements

A recurring theme across all years.

Includes:

- Missing required personnel information prior to hire (NJHR.2)
- Missing required application elements (NJHR.3)

What it means: Hiring and onboarding processes are not consistently capturing required regulatory documentation.

4. CHHA Supervision and Delegation

Appears in all three years.

Includes:

- CHHAs performing tasks without proper delegation (NJAC.11)
- CHHAs not consistently supervised by RN (NJHR.4)
- Lack of corrective action when CHHA performance deviates from plan (NJHR.6)

What it means: Supervision and delegation workflows need strengthening, including documentation and follow-up.

5. Infection Prevention & Standard Precautions

A consistent theme across all years.

Includes:

- Staff not consistently using standard precautions (NJIP.2)
- TB screening not completed or documented (NJIP.4)

What it means: Infection control practices and documentation remain a persistent compliance risk.

Overall Interpretation

1. Plan of Care Oversight Is the Most Persistent and Systemic Weakness

This is the dominant theme across all three years.

The organization repeatedly falls short in:

- Developing complete plans of care
- Ensuring RN/Health Care Practitioner Supervisor reviews every 30 days
- Completing required 60-day in-home supervisory visits
- Ensuring physician review and signature every 60 days or 2 months
- Updating plans when client condition changes

Interpretation: The plan-of-care workflow is not reliably executed or documented. This is a core regulatory requirement, and the repeated findings show that the process is not embedded into daily operations.

2. Documentation Systems Are Not Supporting Compliance

Client records and skilled service documentation appear in multiple years.

This includes:

- Missing required elements in client files
- Missing documentation for skilled services
- Incomplete or inconsistent recordkeeping

Interpretation: Documentation gaps are systemic, not occasional. This suggests that an organization's recordkeeping processes, templates, and audits are not strong enough to ensure compliance.

3. Hiring and Pre-Hire Requirements Are Inconsistently Followed

Personnel file issues appear every year.

This includes:

- Missing required pre-hire information
- Incomplete applications
- Missing required authorizations

Interpretation: The hiring and onboarding process is not standardized or enforced consistently. This creates regulatory risk and undermines workforce quality.

4. CHHA Supervision and Delegation Processes Are Weak

Across all three years, findings show:

- CHHAs performing tasks without proper delegation
- Supervisors not documenting oversight
- Lack of corrective action when CHHAs deviate from the plan of care

Interpretation: Supervision is not consistently documented or enforced. This is a direct risk to client safety and regulatory compliance.

5. Infection Prevention Practices Are Not Consistently Implemented

Findings include:

- Staff do not consistently use standard precautions
- TB screening not completed or documented

Interpretation: Infection control practices are not reliably embedded into daily operations. This is a high-risk area for surveyors and a potential safety concern.