



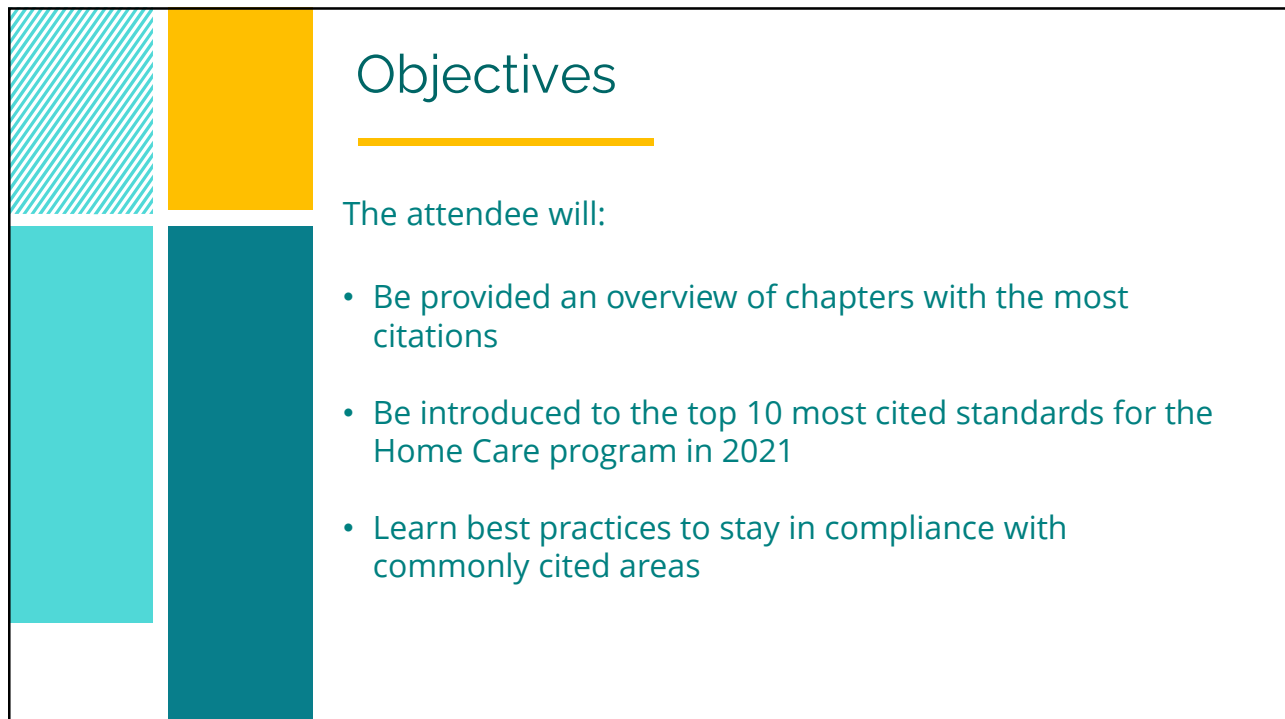
**Home Care
TOP 10
Deficiencies
2021**

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Objectives

The attendee will:

- Be provided an overview of chapters with the most citations
- Be introduced to the top 10 most cited standards for the Home Care program in 2021
- Learn best practices to stay in compliance with commonly cited areas

The slide features a central white area with teal and yellow decorative elements. On the left, there are two small images: the top one shows hands writing on a document, and the bottom one shows hands being held together. The right side has a vertical yellow bar with a teal hatched pattern at the top.

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		<p>Top 10 Deficiencies are in 6 of 8 Chapters Total Deficiencies / Required Actions in Top 10: 113</p>
		<ul style="list-style-type: none"> • HCPC - Home Personal Care Services <ul style="list-style-type: none"> ○ 51 Deficiencies / Required Actions • HCMG - Home Care Management and Governance <ul style="list-style-type: none"> ○ 15 Deficiencies / Required Actions • HCIC - Home Care Infection Prevention & Control <ul style="list-style-type: none"> ○ 22 Deficiencies / Required Actions • HCPS - Home Care Professional Services <ul style="list-style-type: none"> ○ 14 Deficiencies / Required Actions • HCCC - Client-Centered Care/Service <ul style="list-style-type: none"> ○ 7 Deficiencies / Required Actions • HCEP.2 - Home Care Emergency Preparedness <ul style="list-style-type: none"> ○ 4 Deficiencies / Required Actions

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HCEP.2 - Home Care Emergency Preparedness **4 Required Actions**

There is evidence that staff are trained in the emergency preparedness plan and understand their responsibilities.

Example:

Policy - Emergency Management Plan: Education will be provided during orientation and annually.

In 4 of 4 (100%) employee files, there was no evidence of annual training. #1 lacked any evidence of emergency preparedness training, #2/3- training expired 1/2021, #4 expired 11/2020.

Administrator stated, "This training is done every two years. We will revise the policy."


6



Tips for Compliance

- Ensure that Management and Staff understand the Agency Policy.
- Audit to ensure Agency is following the policy.
- If policy is stricter than regulations, consider revisions.

7



HCPS.5 - Home Care Professional Services

5 Required Actions

It is required that Organization policy and procedure defines:

1. Who develops /documents plan of care based on the current assessment;
2. How client and client's physician or another licensed practitioner are involved in care planning;
3. Minimum plan content to include:
 - a) The scope and frequency of care and intervention;
 - b) Drugs and treatments to manage client symptoms;
 - c) Medical equipment and supplies needed in care delivery;
 - d) Education to facilitate the client & caregiver's role and responsibilities
 - e) Other items per law or regulation;
4. Communication with client's physician or other licensed practitioner to review, revise, and authorize the client's plan of care:
 - a) As frequently as the client's condition requires; or
 - b) At least every 90 days or more frequently per state law or regulation.

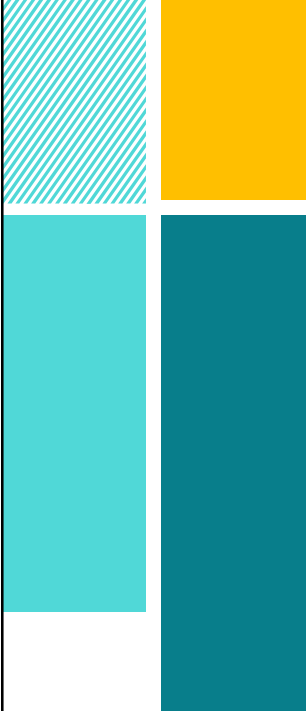
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HCPS.5	Examples
	<p>Ex#1: POC did not include: The scope and frequency of care and intervention; Drugs and treatments to manage client symptoms; Medical equipment and supplies needed in care delivery.</p> <p>Record #7: The POCs did not include the current service being provided (SN) and the service hours to be provided.</p> <p>Record #9: The POC included orders for nurse to perform pulmonary hygiene 4 times a day, apply hand splints 24 hours/day on 2 hours, off 2 hours.</p> <p>On home visit, the nurse stated the pulmonary hygiene was performed 3 times a day, and the hand splints were applied at night only.</p>
	<p>DPS stated the POC was not up to date with the most current order changes.</p>

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HCPS.5	Examples
	<p>Ex 2: 1 of 2 (50%) the POC did not include: Drugs and treatments to manage client symptoms; medical equipment and supplies needed in care delivery.</p> <p>#1: On Home visit with RN, the equipment of Hoyer lift and standing frame was in the patient care area.</p> <p>The RN was interviewed during home visit, and reported the patient wears a back brace daily when in the wheelchair, and AFO brace on her legs at night, and the standing frame is used for standing the patient on days she does not go out. Hoyer lift is used as necessary.</p> <p>POC did not include the DME- AFO leg braces, back brace, standing frame, and Hoyer lift.</p>
	<p>Nursing visit notes were reviewed and documented application of the AFO braces to bilateral lower extremities and application of the back brace.</p>


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Tips for Compliance

- Ensure that the Plan of Care is current with all drugs/ treatment/ equipment, etc., and is revised as necessary.
- Educate clinicians on the requirements for plan of care (orders).
 - Ensure understanding that nothing can be done that is not on the plan of care.
 - Reinforce physician notification for any discrepancies.
- Audit plan of care/ interim orders and visit notes regularly to ensure compliance.

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HCPC.15- Home Personal Care Services

6 Required Actions

- It is required that 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.

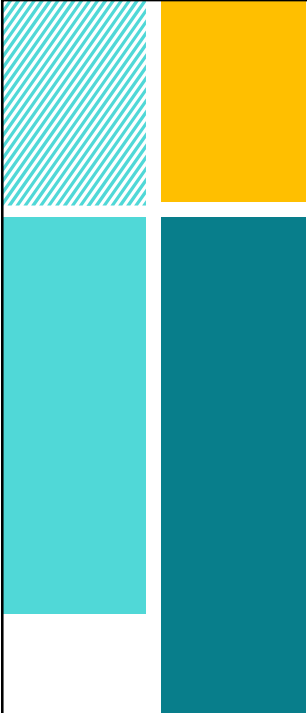
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		<h2 style="margin: 0;">HCPC.15 Example</h2> <p>Ex 1: 1 of 1 (100%) records of clients who were discharged revealed that the policy and procedure for end of personal care services were not followed.</p> <p>Policy Discharge/Transfers: Professional will complete a discharge summary within a timely manner after discharge or transfer to another healthcare provider.</p> <p>The summary will include: the client's physical condition and psychosocial status at the time of the Agency termination; a summary of services provided; progress toward achievement of goals; and specific medical, psychosocial or other problems needing continued care or intervention and any plans for such continuing care needs to be met by or for the client.</p> <p>Record #4: Patient discharged on 10/1/21. Discharge summary did not include the status at discharge, the client's plan to meet further needs (if any), a summary and instructions of care and care needs. The items were left blank on the form.</p>
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		<h2 style="margin: 0;">HCPC.15 Examples</h2> <p>Ex 2: Agency policy manual does not include a policy for the process to end personal care services including documentation of the reason for stopping services and the date services are DC'd.</p> <p>Administrator stated they were not aware of this new policy requirement.</p> <p>Ex 3: The last Personal Care Aide (PCA) visit was documented 12/2/2021. There was no documentation in the record regarding the reason or date for discharge, or any communication with the patient or family regarding the reason for discharge, attempts to resolve the situation, or that information was provided regarding other sources of care.</p> <p>There was no discharge summary on file. The Supervising nurse stated the patient requested their discharge, and a discharge summary was not completed.</p>
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Tips for Compliance

- Ensure policy for discharge and transfer is up to date.
- Educate staff on the DC/Tx policy.
- QAPI - Audit Discharge and Transfer summaries for compliance.

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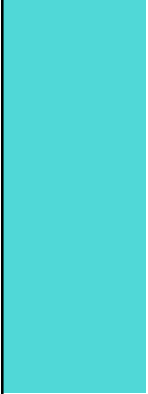

HCCC.1 - Client-Centered Care/Service

7 Required Actions



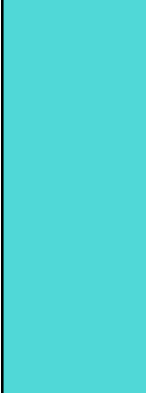

The Organization has a Client Bill of Rights. The Bill of Rights addresses the following. The client has the right to:

1. Be involved in developing and revising the plan of care/service;
2. Receive information about the scope of care/services the Organization provides and any limitations on those services;
3. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse or exploitation, and the misappropriation of client property by anyone furnishing services on behalf of the Organization;
4. Have their person and property treated with respect by anyone who provides services on behalf of the Organization;
5. Voice complaints to the Organization, CHAP, and the state;
6. Be ensured of a confidential record per state and federal privacy law and regulation;
7. Be informed of their financial liability at the start of care/services and changes in payment liability while receiving care/services, including healthcare plan coverage;
8. Refuse care/service; and
9. 9. Other items per state law and regulation.

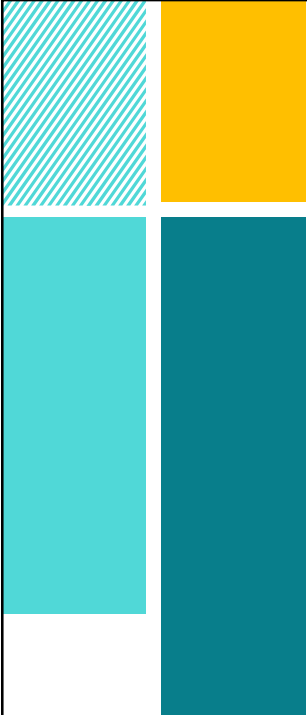
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		HCCC.1	Example
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		<p>Ex 1: In the agency's admission folder - the organization's Client Bill of Rights statement did not include the client's right to receive information about the scope of care/services the Organization provides and any limitations of those services.</p>	
		<p>The Patient/Client Rights and Responsibilities acknowledgement of rights form also in the admission folder did not include this as a client right.</p>	
		<p>The organization's policy "Accredited-Patient/Client Rights and Responsibilities" does not include documentation of this as part of the client rights.</p>	

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		HCCC.1	Example
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		<p>Ex 2: 2 of 2 (100%) patients who received a home visit revealed that the Bill of Rights in their home folder did not address the rights to:</p>	
		<ul style="list-style-type: none"> • Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse or exploitation, and the misappropriation of client property by anyone furnishing services on behalf of the Organization; • Refuse care/service. 	

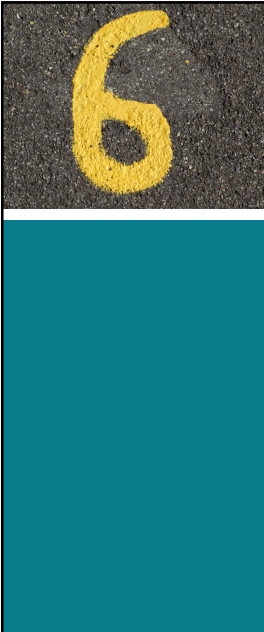
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Tips for Compliance

- Ensure policy has all items addressed in the standard.
- Ensure all client rights and responsibility forms and documentation complies to items in the policy.
- Educate the clinicians that all items in the rights and responsibility must be communicated to the patient/ and caregiver as applicable and documented as such.

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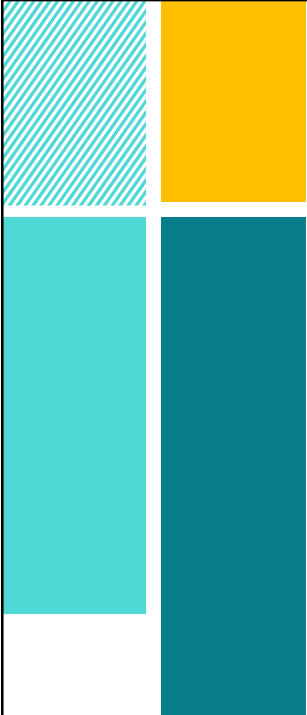
HCIC.4 - Home Care Infection Prevention & Control

9 Required Actions

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.

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HCIC.4 Examples

Ex 1: 1 of 4 (25%) staff files reviewed lacked evidence a TB screen/test was completed per organizational policy.

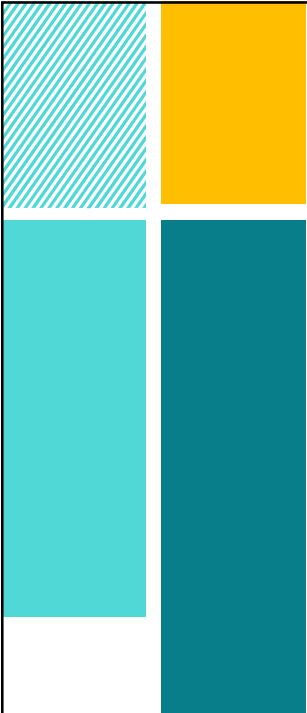
The policy, TB Screening Program stated the Agency is in a low risk area, thus allowing agency to use a TB exposure questionnaire on those employees having a previous negative PPD skin test.

All employees will fill out an annual Tuberculosis questionnaire.

Staff #2: RN with date of hire 10/2018, with prior negative PPD Tuberculin Skin Test.

The staff health file was reviewed: there was no annual TB symptom screen on file for 2020.

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HCIC.4 Examples

Ex 2: Organization failed to conduct TB screening and tests per current CDC guidelines. Organizational policy requires "current TB tests" to be on file.

The organizational policy does not address the need for pre-employment and annual TB testing as required under CDC guidelines. It also does not address an area risk assessment to eliminate the need for TB testing.

Administrator stated the organization requires pre-employment and annual TB testing. In 3 of 3 cases (100%), there was no evidence of pre-employment TB testing.

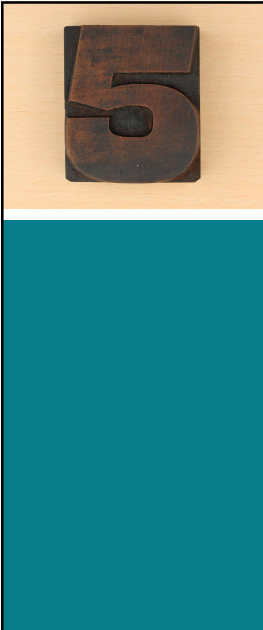
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Tips for Compliance

- Ensure all current local or state law or regulations and CDC guidelines are known by agency.
- Ensure Policy is current to regulations.
- Audit regularly to ensure that policy is being followed.

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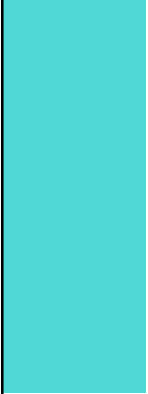

HCPS.7 - Home Care Professional Services

10 Required Actions



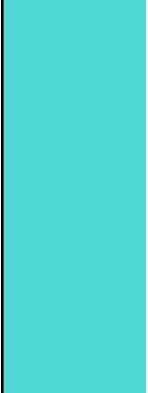

It is required that professional care services provided are consistent with:

1. Accepted standards of professional practice;
2. The client's plan of care;
3. Orders of a physician or other licensed practitioner;
and
4. Applicable state law and regulation.

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		HCPS.7	Examples
		<hr style="border: 1px solid yellow;"/>	
		<p>Ex 1: 4 of 4 (100%) applicable records of patients receiving professional home care services are missing all orders for care.</p>	
		<p>There is a Plan Of Care but it is not sent to the physician for review and signature, and there are no other orders sent or received from physicians.</p>	
		<p>The Administrator verified that he did not realize that physician orders for patients receiving home care services were required.</p>	

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		HCPS.7	Examples
		<hr style="border: 1px solid yellow;"/>	
		<p>Ex 2: Physician orders were not followed as ordered on the Plan of Care.</p>	
		<p>Record #1: POC includes "SN to assess weight 1xmonth, may be done by caregiver. Notify physician of weight loss of >2lbs in a month".</p>	
		<p>The nursing visit notes and RN assessments of dates for 2 certification periods did not document weight.</p>	
<p>Manager confirmed the findings, and stated that they usually do not take weights, and the order should not have been on the Plan of Care.</p>			

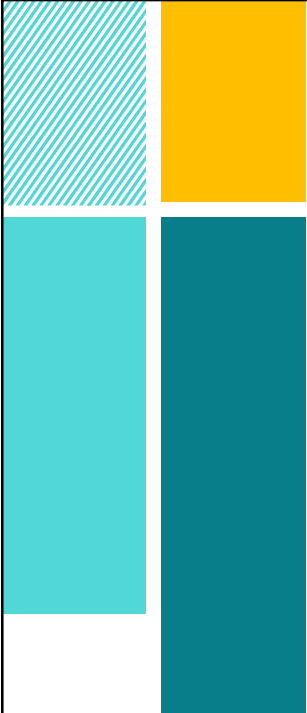
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		<h2>HCPS.7</h2>	<h2>Examples</h2>
		<p>Ex 3: 1 of 1 (100%) professional care services record has 4 Physicians Order forms without evidence of a date the orders were written.</p>	
		<p>The Organization Policy - Verification of Physician Orders – “Orders will be documented on a form provided by the agency, dated and signed by the professional receiving the order.”</p>	
		<p>Record #1 contains physician orders that were not dated by the registered nurse. The orders were sent to the physician and the physician signed them on</p>	

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		<h2>HCPS.7</h2>	<h2>Examples</h2>
		<p>Ex 4: 3 of 4 (75%) records revealed visit frequencies are not followed as ordered on the care plan.</p>	
		<p>Record #1 - Pt with PT ordered 2-3 x/week x 60 days on ... Pt received 1 PT visit week of 5/21 and no PT visits during the week of 5/28. PT documentation contained no explanation for the missed visits.</p>	
		<p>2 other records also had PT visits that were not performed to the physician's orders. There was no documentation of why visits were missed and/or that physician was notified.</p>	
<p>These findings were verified with the Administrator, who also looked through a "Missed Visits Report" but could not find evidence of the reasons for the missed visits.</p>			

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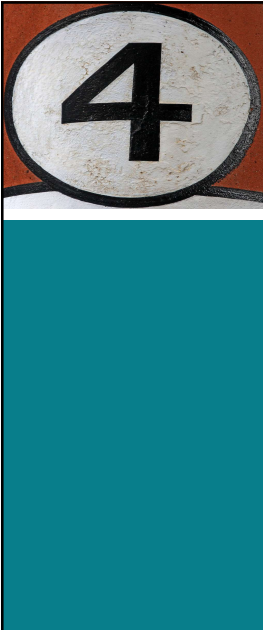


Tips for Compliance

Following physician orders- Variety of issues:

- Ensure all staff understand that *all* care that is done requires a physician order and *nothing* can be done without a physician order.
- Education to clinicians on following physician orders, and updating as physician's orders change.
- Audit visits to ensure physician ordered frequencies are adhered to.

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HCPC.5 - Home Personal Care Services

10 Required Actions

It is required that organization policy and procedure defines: the minimum plan content, to include: how often services are provided.

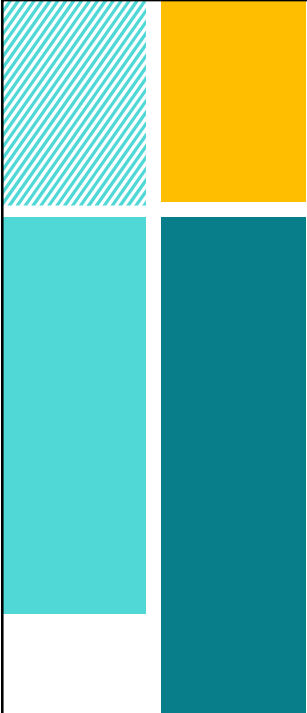
Service plan policy and procedure complies with applicable law and regulation.

Ex 1: HH Aide plans of care did not include how often services are to be provided.

#1: HHA plan of care included the assigned tasks of: incontinence care, dressing/grooming, foot care, nail care, skin care, toileting walking with device, medication assistance, exercise active and passive, food shopping, errands and laundry.

There were no instructions on how often the services should be provided.


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Tips for compliance

- Ensure policy states that Aide care plan has how often services are provided.
- Educate aides that they must follow the frequency that is on the plan.
- Audit for compliance.

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HCIC.3 - Home Care Infection Prevention & Control

14 Required Actions

It is required that organization staff have access to PPE and use standard precautions appropriate to:

1. The assigned client(s);
2. The care/service provided;
3. Precautions recommended by the Centers for Disease Control (CDC); and
4. Directives of the state or county health department.

Example:

1. This standard was not met as evidenced by observation during a home visit of a Physical Therapist who placed his visit bag on the floor.

Agency Policy states "Never place visit bag on floor." The Administrator who was at this home visit with site visitor validated this deficient practice.

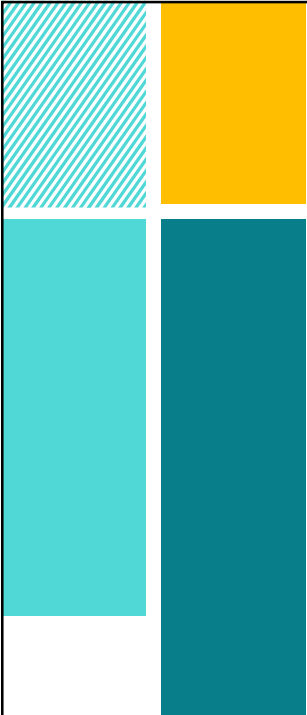
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		HCIC.3	Examples
		<p>Ex 2: This standard was not met as evidenced by home visit observation and policy review. The clinician did not complete hand hygiene according to agency policy.</p>	
		<p>Agency policy, Hand Hygiene, stated: Using soap and water, wash hands thoroughly for 15 seconds, rinse hands under running water, dry hands with clean paper towel, turn off faucets with used paper towel and discard.</p>	
<p>Home visit observation- The Aide was observed washing hands. The Aide turned the faucet off with her wet hand, and dried her hands with patient's damp dishcloth.</p>		<p>Paper towels were not evident in the vicinity of the sink and the Aide did not have a supply of paper towels.</p>	

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		HCIC.3	Examples
		<p>Ex 3: Universal Precautions Policy – "...Wash your hands before and after providing patient care and after removing gloves. Bag Technique Policy- Wash hands prior to entering the interior of the nursing bag every time."</p>	
		<p>On home visit, the nurse observed that the client had a new open wound on her left knee. The nurse assessed the wound by direct palpation to the area around the wound. She did not wash her hands nor apply gloves prior to palpating the area.</p>	
<p>The nurse then washed her hands, donned gloves and prefilled four medication boxes. She then checked the client's vital signs and cleaned her equipment.</p>		<p>She did not clean her hands prior to cleaning the equipment and returning the equipment to the bag. She also did not clean her hands prior to leaving the client's home.</p>	

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Tips for Compliance

For Infection Prevention and Control compliance, Recommend:

- Frequent and ongoing training on various aspects and all changes/updates by CDC, public health, etc.
- Competencies for basic techniques such as handwashing, bag technique, donning and doffing PPE, proper PPE to use in what circumstances, etc.
- Supervisory home visits to ensure compliant infection control techniques
- QAPI – Quality indicator for areas of noncompliance

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HCMG.8 - Home Care Management & Governance

15 Required Actions

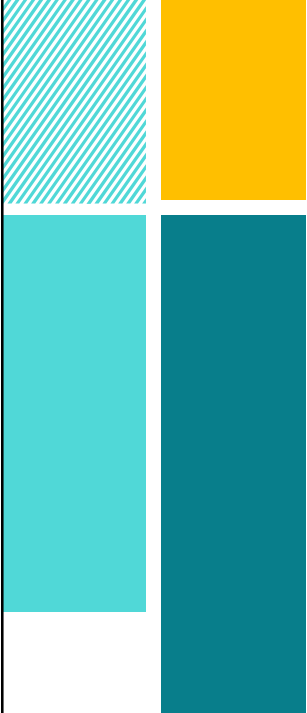
Staff personnel records include evidence of:

1. Meeting the qualifications of their job description
2. Orientation and training per policy timelines
3. Competency and evaluation per Organizational policy and procedure
4. Evidence of health reports, background checks, and other items as defined in policy and procedure.

Examples:
Ex 1: This standard was not met as evidenced by observation and interview. There were no personnel records completed for the 3 of 3 (100%) existing employees.

During interview with the Administrator, it was revealed they have not put together any formal employee records to date for existing employees, as they currently have only 3 employees - the Administrator, the Alternate Administrator and the DON.

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HCMG.8 Examples

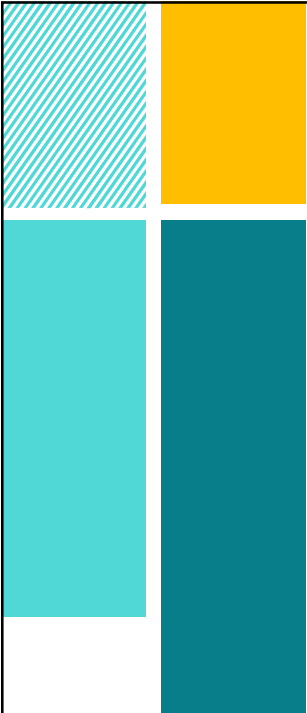
Ex 2: 2 of 4 (50%) employee files failed to include proper orientation and competency documents.

Emp #4- did not contain the agency Orientation Checklist. Interview with the DPS states the checklist was done and returned to the previous Director of Nursing, but no one knows where she stored it.

Private Duty Policy - Home Health Aide Supervision. RN will make a supervisory visit once every 2 months.

Record #1: SOC 5/1/21. The only Supervisory Visit for the HHA #6 was done on 8/23/2021. Interview with the Director of Nursing confirmed this was not in compliance with policy.

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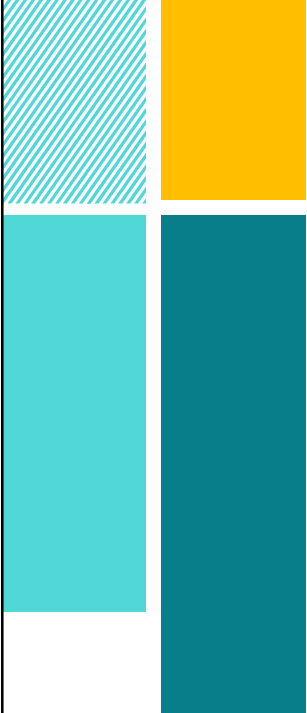
HCMG.8 Examples

Ex 3: 3 of 3 (100%) personnel records are missing job descriptions, or the personnel do not have the qualifications required by the job description as follows:

#1- Administrator/RN is functioning as the RN in addition to the Administrator. The personnel file is missing a job description for RN.

#2- Nursing Supervisor and Alternate Administrator. The personnel record contains both signed job descriptions. Job description for Nursing Supervisor requires 2 years experience in a home care setting for an RN without a baccalaureate degree. RN has an Associate degree and experience since 2007 in a LTC facility.

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HCMG.8 Examples

Ex 4: Policy -Annual Performance Evaluation
Evaluations will be completed annually on a calendar year.

Personnel record review revealed that 6 of 8 (75%) records are missing documented annual performance evaluations.

Ex5: 2 of 2 (100%) applicable records are missing evidence of competency evaluations - Administrator and Personal Care Aide.


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Tips for Compliance

- Ensure that the On Hire Personnel Checklist and the Ongoing Personnel Checklist are up to date- review annually.
- Utilize tracking systems for items in checklist.
- Audit Personnel file audits - quarterly recommended.
- Ensure competency and supervisory visits for Aides are compliant.

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HCPC.9 - Home Personal Care Services

26 Required Actions

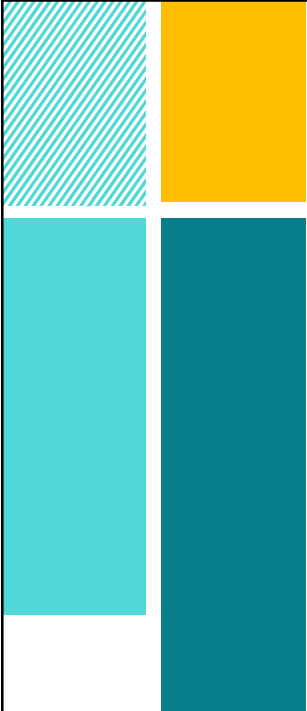
Staff provide personal care services per the current service plan. Reasons for exceptions to the service plan are documented.

Evidence:
Client Record Review: Services are provided per the service plan or noted exceptions.

Interview/Observation: Has the client experienced missed visits, shifts or other variances in service delivery? How did the Organization meet their needs?

Guidance: Trends in service exceptions do not place the client at risk for safety or injury.

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HCPC.9

Examples

Ex 1: 3 of 3 (100%) personal care services patient records revealed that services were not provided per the current service plans and no exceptions to the service plans were documented.

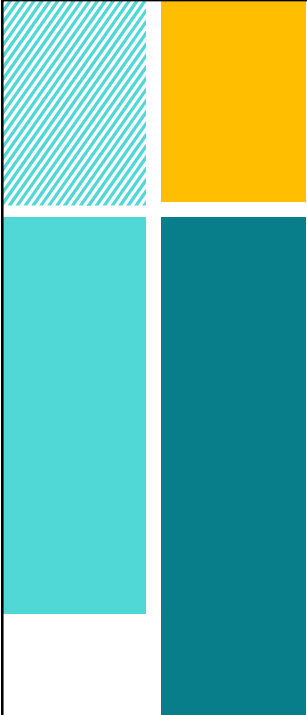
Record #1: HHA plan of care dated 8/5 included a shower. Aide visit notes dated ...(*multiple dates for 2 months*)...did not include a shower nor documentation of exceptions.

Record #2: HHA plan of care dated 12/20 included assignment of a shower 3 days a week; and personal care daily. The HHA visit note ...on multiple dates...documented that tub bath and/or a sponge bath was given, but did not document personal care provided.

Record #3: HHA plans of care included the assigned tasks of VS, comb hair, shampoo, dressing/grooming, skin care, and medication reminder.

HHA visit notes dated...multiple dates...did not include documentation of any of the above tasks provided as assigned.

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HCPC.9

Examples

Ex 2: 3 of 4 (75%) client records for patients receiving personal care services, revealed the service care plans were not followed by the aides.

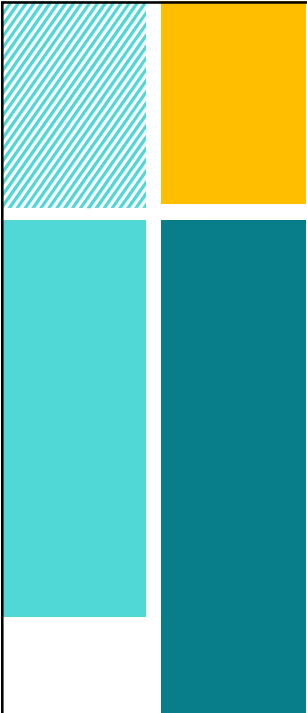
Record #1: Personal Care Aide Plan does not order the aide to provide the activities of Ambulate/Position, ROM, Record Appetite, Fluids, Toileting/Incontinence Care.

Personal Care Flow Sheets document that the aide provided these tasks at every visit.

Record #2: Personal Care Aide Plan does not direct the aide to provide Oral Hygiene, Record Appetite or Remind to take scheduled meds.

Personal Care Flow Sheets contain documentation that the aide provided oral hygiene, recorded the appetite and reminded to take scheduled meds.

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HCPC.9

Examples

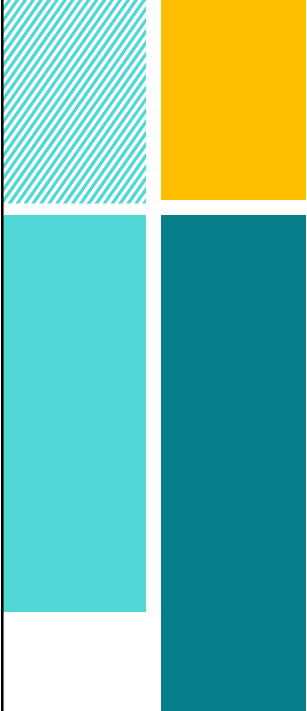
Ex 3: 1 of 1 (100%) of patients receiving aide services is missing documentation of services provided.

Patient received aide services 2x/week since admission on 5/15/21. There is no documentation found in the EMR or a paper record of aide services provided.

During interview, the Administrator stated that all documentation is still with the aide and has not been turned in yet. Note, on 8/1/21 during site visit, the aide turned in documentation of services provided for all dates of service since 5/15/21.

Care plan orders a bed bath without any other aspects of personal care. Foley catheter care is not ordered. Documentation submitted by the PCA includes checking multiple aspects of care that are not specifically ordered on the care plan - chair/sponge bath, nail care, shampoo, skin care/lotion, oral care, Foley catheter care - for services provided 2 times per week since 5/15/21.

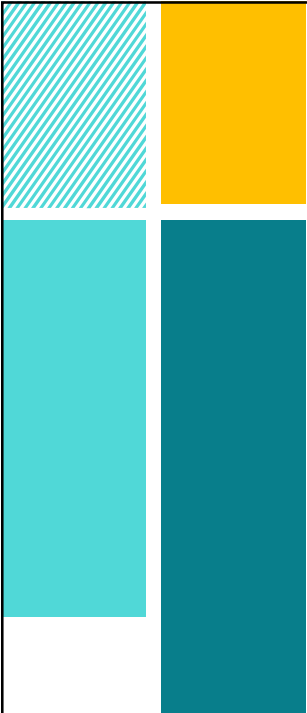
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Tips for Compliance

- Continued on-going education to Aides re: following the Aide care plans/ assignment sheets.
- The Aide must do everything on the assignment and cannot do anything not on the assignment.
- Reinforce that the Aide must notify the Supervisor and/or assigned responsible staff member prior to making any changes.
- Responsible staff member must ensure that Aide care plan is revised as changes occur.
- Audit to ensure compliance.


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Conclusion

- Areas of non compliance do not change significantly - so focus on vulnerable areas, such as personnel files, aides following aide care plans, etc.
- Education must be ongoing
- Utilize your QAPI program to achieve and sustain compliance.

COMPLIANCE



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