

TOP 10 HOME HEALTH DEFICIENCIES

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STANDARD	CFR L TAG	STANDARD CONTENT	TIPS FOR COMPLIANCE
1 APC.7.I.M2	G574	Content of the individualized plan of care	Perform final review of Plan of Care for accuracy including allergies, interventions, medications, emergent care and hospitalization risk.
2 APC.8.I.M3	G614	Visit schedule, including frequency of visits by HHA personnel and contractors	Educate all disciplines, including contractors, that they must complete the visit schedule in the home at SOC and continuing through discharge. Perform home supervisory visits to ensure visit schedule is current and complete.
3 CDT.7.I.M2	G710	Skilled professionals follow plan of care including following physician orders	Develop process for validation of visits to orders. Implement a quality indicator to perform focused clinical record audits on problematic order types not followed, ex: wound care, missed visits. Provide targeted education to field staff.
4 APC.11.I.M3	G1022	Clinical record includes transfer &/or discharge summaries within the required time frame with evidence of date sent	Develop process for tracking days to ensure timeliness. Educate clinicians on elements and time frame. Audit to ensure timeliness.
5 PCC.2.I.M1	G442	Patient's 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	Ensure that staff provide patients with information related to potential payment liability at time of admission. Audit discharge processes to ensure patients were informed of reduction or termination of services
6 IPC.3.I.M1	G682	Hand hygiene performed when indicated	Provide frequent infection control in-services and competencies. Perform home supervisory visits to validate compliance.
7 APC.6.I.M1	G536	Comprehensive assessment includes medication regimen review	Perform home supervisory visits to ensure medication reconciliation in the home is occurring on an on-going basis. Develop PIP for medication management. Educate clinicians with scenarios found in audits.
8 IPC.4.I.M1	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	Provide frequent education and competency to field staff on Bag Technique policies and procedures. Perform frequent home supervisory visits to observe staff in the home in order to assess compliance.
9 CDT.7.I.M7	G800	Aide provides services as ordered and consistent with the aide's demonstrated competencies	Ensure training to RN and Aide includes communication at minimum every 2 weeks when supervisory visit completed to discuss duties and potential revisions. Ensure that education to Aide includes that Aide must follow the Aide care plan exactly as written and must report any changes to RN or other skilled professional.
10 APC.9.I.M3	G590	The agency must promptly alert the relevant physician(s) to any changes in the patient's condition or needs that suggest the plan of care should be altered.	Audit records to validate that changes in the patient's condition were reported to the relevant physician. Use hospitalization/incident/emergency room logs to identify records in which patients likely had changes in their condition.