

Top Survey Deficiencies for Home Health and How to Avoid Them

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How surveys gather evidence

Why documentation-to-care consistency matters

<p>Home visits + patient interviews</p> <p>Direct observation in the home. Does care match the plan? Is teaching evident? Are infection-control practices followed?</p>	<p>Clinical record review</p> <p>Assessment + Plan of Care + Orders + Visits + Notes. Do all parts tell one consistent story? Are required elements present and timely?</p>	<p>Staff interviews + other docs</p> <p>How does the agency run the process? Policies, contracts, competencies, complaint log—reviewed when concerns arise.</p>
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"Surveyors don't just read notes — they triangulate: what the patient says, what staff say, what they observe, and what the record proves."

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Accrediting Body Deficiencies

Same core themes, different packaging

Shared themes

What keeps coming up

- Individualized plan of care (content + 60-day review/revision)
- Assessment accuracy (including medication regimen review)
- Care delivered as ordered (visit frequency, disciplines, treatments)
- Patient written information / rights / notices
- Infection prevention and control
- Aide oversight and supervision
- Documentation that proves the above

CHAP + ACHC (public trend reporting)

CHAP publishes a ranked "Top 10" list. ACHC highlights documentation-heavy findings, especially in provision of care + record management.

CMS + Joint Commission (survey process lens)

CMS is the CoP foundation and survey protocol. Joint Commission's deemed HHA survey process aligns with CMS revisions and uses tracer-style validation.

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Deficiency #3: Transfer / discharge summaries (timely and sent)

Survey lens

What surveyors look for

Summary includes necessary clinical information for a safe transition, and the record shows it was sent (date/recipient).

Common triggers

Late or missing summary; no evidence it was transmitted; missing key information (current course, treatments, goals, meds, safety concerns).

How to avoid it (practical controls)

- Discharge summary template + required fields
- "Days-to-send" tracker with accountability
- EHR hard stop: discharge can't close without summary
- Audit: 5 random discharges/month for timeliness + proof sent
- Teach clinicians what "necessary information" means



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Deficiency #4: Advance written notice for non-covered care / reducing / terminating care

Survey lens

What surveyors look for

Patients receive required written notices and understand changes in coverage, reductions, or terminations; records show the notice was provided in advance.

Common triggers

Missing notice; notice given after the fact; inconsistent documentation of patient understanding; staff uncertain when notice is required vs routine communication.

How to avoid it (practical controls)

- Standard decision tree: "When is advance written notice required?"
- Train intake + clinicians on triggers
- Centralized form control + version management
- Audit: 5 terminations/reductions per month
- Include notice review in discharge huddle



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Deficiency #5: Medication regimen review as part of the comprehensive assessment

Survey lens

What surveyors look for

Medication review is completed, reconciled, and communicated as needed; medication instructions match the current regimen; documentation supports decisions.

Common triggers

Missing reconciliation; discrepancies between POC, visit note, and med list; changes not communicated; abbreviations and unclear instructions; incomplete high-risk med monitoring.

How to avoid it (practical controls)

- Standard med rec workflow at SOC + transitions
- Discrepancy log and required physician notification
- Teach "plain language" med instructions
- Audit: compare med profile to last two visit notes
- High-risk med flags + monitoring checklist



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Deficiency #6: Care delivered per physician orders / plan of care

Survey lens

What surveyors look for

Visits, treatments, and disciplines match orders; variances are documented and communicated; services align with accepted standards of practice.

Common triggers

Missed or reduced visit frequencies; disciplines ordered but delayed/not provided; treatments administered without a clear order; no documentation of physician notification for variance.

How to avoid it (practical controls)

- Weekly visit frequency variance report
- Escalation rule: variance -> same-day manager review
- "Order-to-visit" reconciliation at case conference
- Document physician communication consistently
- Audit: 10 cases/month for frequency compliance



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Deficiency #7: Bag technique / equipment transport to prevent infection spread

Survey lens

What surveyors look for

Policies exist and field practice matches them; equipment/supplies are handled to minimize contamination in the home setting.

Common triggers

Clinician practice doesn't match policy; bag placed on contaminated surfaces; reusable equipment not cleaned between patients; inconsistent documentation of infection-control practices.

How to avoid it (practical controls)

- Field competency validation (bag technique)
- Standard clean barrier supplies in every kit
- Observation audits (ride-alongs or home observation visits)
- Reprocessing/cleaning checklist for reusable devices
- Retaining triggers after any infection-control finding



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Deficiency #8: Hand hygiene performed when indicated

Survey lens

What surveyors look for

Hand hygiene is performed at the right moments in the home and during care tasks; staff training and monitoring support consistent practices.

Common triggers

Missed moments; lack of supplies in field; unclear expectations for home setting; inconsistent monitoring; documentation doesn't align with observed practice.

How to avoid it (practical controls)

- Field supplies standard (sanitizer, soap guidance, PPE)
- Teach "home-adapted" hand hygiene scenarios
- Observation audits + coaching
- Track compliance in QAPI
- Reinforce injection safety and device handling workflows



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Deficiency #9: POC reviewed/ revised at least every 60 days (and as condition changes)

Survey lens

What surveyors look for

Evidence the POC is reviewed/ revised on time and when needs change; updated plan is communicated and used by the team.

Common triggers

Recent due dates missed; changes in condition not reflected; therapy and nursing plans diverge; old frequencies remain; orders updated but POC not refreshed.

How to avoid it (practical controls)

- Recent tracker (due dates + owner)
- Case conferences: "What changed?" prompt
- Mandatory assessment-to-POC alignment check
- Physician signature workflow monitoring
- Audit: 10 recerts/month for timeliness and coherence



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Deficiency #10: Aide services supervision

Survey lens

What surveyors look for

Supervisory assessments are completed timely; RN (or appropriate skilled professional) verifies aide services match the aide care plan and patient needs.

Common triggers

Missed supervision intervals; supervision performed but not documented; aide plan not specific; aide tasks drift beyond ordered scope; concerns not followed by in-person observation.

How to avoid it (practical controls)

- Supervision calendar (14-day rule) with auto alerts
- RN compares aide documentation to aide care plan
- Observation process when concerns identified
- Aide competency verification + annual observation
- Audit: supervision timeliness + scope alignment



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Documentation errors that trigger citations

Some risks are not separate CoPs - they empty every CoP

Key points

- Missed signatures or unsigned verbal orders create doubt about whether care was authorized and reviewed
- Late entries without clear policy compliance raise questions about record integrity and timing
- Missing visit notes or incomplete narrative sections break the patient story and weaken proof of services delivered
- Copy-forward documentation can hide that the patient changed but the record did not

Operational takeaways

- Teach clinicians that documentation must prove the visit happened, what changed, what was taught, and what follow-up occurred
- Audit for record integrity, not just completed fields
- Use late-entry and addendum education proactively before surveyors see inconsistent habits



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Internal chart review tools and monitoring reports

Make survey readiness measurable

Key points

- Crosswalk audit tool: assessment + POC + orders + visits + notes + communication log
- Visit frequency variance report with reason, follow-up, and manager review
- Aide supervision tracker with due dates, overdue flags, and scope-assignment check
- Discharge summary timeliness report with proof sent validation

Operational takeaways

- OASIS timeliness dashboard by role and branch
- Medication discrepancy log with unprocessed items aging report
- Binder or written-instruction spot-check tool for home observation visits
- Use a single monthly review packet so QAPI sees trends instead of isolated anecdotes



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Mini case: find the survey risk

Use for group discussion (6-10 minutes)

Case summary

Patient with CHF + DM admitted.
 POC lists SN 3x/week x 2 weeks then 2x/week.
 PT eval ordered at SOC.
 Medication list in home binder shows old diuretic dose.
 Week 1: only 1 SN visit documented.
 PT eval completed day 12.
 No note shows physician was notified of missed frequencies.

Prompt

- 1) What deficiencies are most likely?
 - 2) What "proof" would surveyors look for?
 - 3) What simple controls would prevent recurrence?
- (Think: orders/frequency, written instructions, medication review, POC content, coordination.)



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Staff education and competency verification

Train to the top risks, not just annual topics

Key points

- Base staff education on recurring citation categories: assessment, POC linkage, medication review, notices, infection control, aide supervision, and record integrity
- Use short role-based modules for nurses, therapists, aides, and students instead of one generic compliance lecture
- Use case-based learning and documentation drills so staff practice what strong charting sounds like

Operational takeaways

- Validate competency through direct observation for aides, nurses, and therapists where workflow risk is highest
- Pair education with follow-up audits to confirm behavior change
- Use branch or team-level feedback so staff see recurring patterns, not isolated criticism



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Corrective action framework

Plan • Educate • Monitor • Sustain

Key points

- Plan: define the exact gap, owner, expected workflow, and measure of success
- Educate: teach the affected roles with examples of good and bad practice
- Monitor: audit at a short interval until the new process is reliable
- Sustain: move the measure into routine QAPI and leadership review

Operational takeaways

- Do not stop at policy revision - surveyors care whether the changed process is visible in practice
- Use repeat risk indicators to know when the issue is recurring despite education
- Close the loop by feeding results back to managers, educators, and field staff



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Survey readiness always

What survey-ready agencies do differently

Key points

- They monitor the same high-risk workflows every month instead of scrambling before survey
- They validate care against the written plan, not just whether a note exists
- They teach staff to document what changed, what it means, what was done, and what follow-up occurred

Operational takeaways

- They verify aids supervision, written instructions, and discharge communication proactively
- They treat OASIS and documentation timeliness as operational reliability metrics
- They make survey readiness part of daily leadership habits, not a special project



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Leadership accountability and feedback loops

Who owns the work after this presentation?

Key points

- Clinical managers own frequency variance review, condition-change follow-up, and staff coaching
- Educators own targeted education and competency remediation tied to actual findings
- Quality/QAPI leaders own trending, dashboards, and repeat-risk analysis

Operational takeaways

- Executives should ask the same questions every month: where are we drifting, who owns the fix, and did the re-audit prove improvement?
- Feedback loops work when findings move quickly back to the team doing the work, not just into a meeting circle
- A strong accountability structure turns survey readiness into a management system



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30-day action plan

A realistic agent that improves survey readiness quickly

Week 1-2: find the gaps

- Audit 10 charts using a single crosswalk checklist
- Observe 2 home visits (PC + education + binder)
- Run visit frequency variance report
- Sample 5 aide supervision intervals
- Sample 5 discharges for summary timeliness + proof sent

Week 3-4: fix the system

- Update workflows (tracker + escalation rules)
- Train to the checklist (short, role-based)
- Start monthly audits + coaching loop
- Add 3-5 indicators to QAPI dashboard
- Re-audit 5 charts to verify improvement



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Questions?

Key takeaway: most deficiencies can be prevented when agencies build reliable workflows around assessment, care planning, communication, execution, and proof.

Suggested close-out questions for discussion:

- Which one workflow would reduce your agency's survey risk the fastest?
- Which monitoring report do you need but do not have today?
- Where does documentation drift most often in your organization?



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