

Top Home Health Survey Deficiencies: Quick Reference Guide

Conference handout | Michigan Conference 2026 | Kristie Meers, RN, BSN, CHPN

Purpose: Use this handout as a fast reference during leadership meetings, chart audits, and survey-readiness rounding. Focus on the repeat-risk areas most likely to surface during CMS, CHAP, ACHC, or Joint Commission review.

Risk Area	What Surveyors Expect	Common Failure Pattern	High-Yield Prevention Control
Comprehensive assessment + medication review	Timely, accurate assessment that matches patient status and reconciles the medication regimen	Late or incomplete assessment; medication discrepancies not clarified or communicated	Audit assessment timeliness, compare med list to visit notes, require discrepancy follow-up
Individualized plan of care	Patient-specific goals, interventions, frequencies, safety measures, and measurable outcomes	Generic care plans; missing frequencies; poor linkage between assessment and plan	Use a POC completeness checklist at start of care and recertification
Care delivered as ordered	Visits, treatments, and disciplines match physician orders and the current plan of care	Missed visits, delayed disciplines, or no evidence of physician notification for variance	Run a visit-frequency variance report weekly and escalate same day
Aide supervision	Timely supervisory assessments and aide tasks aligned to the written aide care plan	Supervision intervals missed or tasks drift beyond plan	Use a 14-day supervision tracker with manager oversight
Infection prevention and control	Hand hygiene, bag technique, equipment handling, and field practice match policy	Practice in the home does not match written policy	Use field observations and competency validation, not policy sign-off alone
Transfer / discharge communication	Timely summary with proof it was sent to the receiving provider or setting	Summary late or no evidence of date sent	Require a discharge template and a days-to-send tracker

Top documentation traps

- Missed signatures, undated entries, or unsigned verbal/order follow-up.
- Late entries that do not explain the reason for the late documentation.

- Missing visit notes, incomplete note locking, or gaps between visit log and clinical record.
- Condition changes documented in a visit note but not communicated to the physician or reflected in the plan of care.
- Education documented in vague language that does not show what was taught, to whom, and with what response.

Questions leaders should ask during audits

- Does the assessment, plan of care, visit note, and communication log tell one consistent patient story?
- If a visit was missed, reduced, or refused, where is the follow-up and who was notified?
- If the patient's condition changed, can I see the clinical escalation, physician communication, and plan update?
- Does the aide care plan match what the aide documented doing?
- Can I prove that required transition information was sent on time?

Survey-readiness rule of thumb

- Do not ask only, 'Was the care provided?' Ask, 'Can the agency prove the care was assessed correctly, planned correctly, delivered correctly, and documented clearly?'
- Agencies usually get cited at predictable workflow failure points: start of care, medication review, plan-of-care revision, missed-visit follow-up, condition-change communication, aide supervision, and discharge/transfer handoff.

Suggested standing QAPI indicators

Indicator	Why it matters	Suggested review frequency
Comprehensive assessment timeliness	Finds start-of-care and recertification process breakdowns	Weekly
Medication reconciliation discrepancy rate	Shows risk for assessment and written-instruction citations	Weekly
Visit-frequency variance rate	Finds missed or drifted ordered visits	Weekly
Aide supervision compliance	Confirms 14-day supervisory expectations are met	Biweekly
Discharge summary timeliness + proof sent	Targets transition-of-care deficiencies	Monthly
Repeat deficiency themes from chart audit	Feeds staff education and corrective action planning	Monthly

Presenter takeaway: The strongest agencies do not wait for survey to test their systems. They audit the same places surveyors will look and use those findings to coach staff, tighten workflows, and verify improvement.