

Most Common Home Care Survey Deficiencies and How to Fix Them

The top 20 deficiencies that state surveyors cite most frequently, with prevention strategies for each

thebizofseniorcare.com

Why Agencies Get Cited

Even well-prepared agencies can receive deficiency citations during their state survey. Understanding the most common deficiencies allows you to proactively address these areas before your survey. The following 20 deficiencies represent the most frequently cited issues across all states.

For each deficiency below, we explain what it is, why surveyors cite it, and exactly how to prevent it. Use this guide as a pre-survey preparation tool and share it with your management team to ensure your entire organization is aligned on compliance expectations.

Top 20 Most Common Survey Deficiencies

1 Incomplete or Missing Policies and Procedures

What It Is

The agency's policies and procedures manual is missing required sections or contains outdated information. This may include missing policies on infection control, emergency preparedness, complaint resolution, client rights, or any other area mandated by your state's regulations.

Why Surveyors Cite It

State regulations mandate specific policies for every licensed home care agency. During a survey, the surveyor will compare your manual against the regulatory requirements line by line. Any gap — whether a missing policy, an outdated reference to a repealed regulation, or a vague policy that does not meet the specificity required — will result in a citation.

How to Prevent It

Conduct an annual policies and procedures audit using a state-specific checklist. Update policies whenever regulations change — do not wait for your annual review. Have a healthcare attorney or compliance consultant review your manual before your scheduled survey window. Assign a specific staff member as the "P&P owner" who is responsible for tracking regulatory updates and ensuring timely revisions.

2 Personnel Files Missing Required Documents

What It Is

Employee files do not contain all state-required documentation such as background checks, professional licenses, TB test results, CPR certifications, signed job descriptions, or completed I-9 forms. Even a single missing document in a single file constitutes a deficiency.

Why Surveyors Cite It

Every state requires specific documentation for every employee who provides direct care. Surveyors typically pull 5 to 10 personnel files at random and review each one against the state's documentation checklist. One missing document in one file is enough for a citation.

How to Prevent It

Create a personnel file checklist that lists every required document for your state. Audit every file quarterly — not just when a survey is approaching. Do not allow any employee to begin work until their file is 100% complete. Designate an HR staff member to conduct these audits and document the results.

3 Care Plans Not Individualized

What It Is

Client care plans use generic template language instead of addressing each client's specific needs, preferences, and goals. For example, a care plan that says "assist with ADLs" without specifying which activities, how they should be performed, or what level of assistance the client requires is not considered individualized.

Why Surveyors Cite It

Regulations require care plans to be tailored to each individual client based on their comprehensive assessment. Surveyors compare care plans to assessments and interview caregivers to verify the care plan reflects what is actually being done. Generic, copy-paste care plans signal a systemic quality concern.

How to Prevent It

Train staff on how to write individualized care plans that include specific, measurable goals for each client. Each care plan should reference the client's assessment findings and describe the exact type, frequency, and duration of services. Review and update care plans at least every 60 days or whenever the client's condition changes. Conduct peer reviews of care plans to ensure quality.

4 Background Checks Not Completed Before Employment

What It Is

Staff began providing care before their background check results were received and reviewed. This includes situations where an employee was hired "pending" background check results and allowed to see clients before clearance was confirmed.

Why Surveyors Cite It

Most states require background checks to be completed and cleared before any patient contact. This is a patient safety requirement with zero tolerance in most jurisdictions. Surveyors cross-reference hire dates with background check completion dates to identify violations.

How to Prevent It

Build background check turnaround time into your hiring timeline — most checks take 3 to 7 business days. Use a background check service that provides fast results and electronic notifications. Never allow provisional employment or "supervised" work before checks are cleared. Implement a hiring workflow that physically prevents scheduling a new employee before their background check clearance is documented.

5 Administrator Does Not Meet Qualifications

What It Is

The designated administrator lacks the required education, experience, or training for the role as defined by state regulations. This can include insufficient years of healthcare management experience, missing required degrees, or failure to complete state-mandated administrator training programs.

Why Surveyors Cite It

Each state specifies administrator qualifications including education level, years of experience, and specific training requirements. Surveyors verify credentials during every survey. If your administrator does not meet the requirements, it calls into question the legitimacy of your entire operation.

How to Prevent It

Research your state's administrator requirements before designating anyone in this role. Obtain all required certifications and training before submitting your license application. Keep all documentation of qualifications — degrees, transcripts, certificates, and employment verification letters — in a readily accessible administrator file. If your state requires continuing education for administrators, track those hours meticulously.

6 Infection Control Program Deficiencies

What It Is

The agency lacks a written infection control program, or staff are not following established infection control procedures. This includes missing hand hygiene protocols, lack of personal protective equipment (PPE) policies, and failure to train staff on bloodborne pathogens and standard precautions.

Why Surveyors Cite It

Infection control is a critical patient safety requirement in every state. Since the COVID-19 pandemic, surveyors have intensified their scrutiny of infection control programs. They will review your written program, interview staff on procedures, and may observe caregivers during home visits to verify compliance.

How to Prevent It

Develop a comprehensive infection control program that covers hand hygiene, PPE use, standard precautions, bloodborne pathogen exposure protocols, and outbreak management. Train all staff annually and document training completion with signatures. Monitor compliance through unannounced spot checks during home visits. Keep infection control supplies readily available to all field staff.

7 Emergency Preparedness Plan Missing or Incomplete

What It Is

The agency does not have a complete emergency preparedness plan or has not tested it through drills. Common deficiencies include missing sections for specific emergency types, failure to include client-specific emergency plans, and no evidence of annual drill completion.

Why Surveyors Cite It

Federal and state regulations require written emergency preparedness plans with annual drills. The plan must address multiple emergency scenarios and demonstrate how the agency will maintain continuity of care during a disaster. Surveyors look for both the written plan and evidence it has been tested.

How to Prevent It

Develop a plan that covers natural disasters, pandemics, power outages, communication failures, severe weather, and active threats. Include specific protocols for notifying clients, families, and staff. Maintain an emergency contact list that is updated quarterly. Conduct and document annual drills — include staff participation records and after-action reports. Update the plan annually and after any real emergency event.

8 Client Rights Not Provided at Admission

What It Is

Clients were not given a written copy of their rights at the time of admission, or there is no documentation that the rights were explained and acknowledged. This includes situations where rights were provided but no signed acknowledgment is on file.

Why Surveyors Cite It

Every state requires clients to receive and acknowledge their rights upon admission to service. Surveyors review client files for signed acknowledgment forms and may interview clients to verify they are aware of their rights. A missing signature or missing form is an automatic citation.

How to Prevent It

Include a client rights document in your admission packet. Review the rights with the client and their family member or representative during the admission visit. Obtain a signed acknowledgment and keep the signed copy in the client file. Provide the client with their own copy to keep. If the client is unable to sign, have their authorized representative sign and document the reason.

9 Supervision of Aides Not Documented

What It Is

Required supervisory visits to caregivers in the field were not conducted on schedule or were not documented. This includes situations where supervision occurred but no written record exists, or where supervisory visit forms are incomplete.

Why Surveyors Cite It

Most states require periodic supervisory visits — typically every 60 to 90 days — where a qualified supervisor observes the caregiver providing care in the client's home. Surveyors cross-reference supervision records with caregiver schedules to verify visits are occurring within required timeframes.

How to Prevent It

Create a supervision schedule that automatically calculates due dates for every active caregiver. Use a standardized supervision form that includes the date, client name, caregiver observed, skills evaluated, and findings. Track due dates in your scheduling software with automated alerts at 30 days and 14 days before the deadline. Never let a supervisory visit lapse — it is one of the easiest deficiencies to prevent with proper tracking.

10 Incident Reports Not Completed or Not Reported

What It Is

Incidents such as client falls, medication errors, injuries, or unexpected hospitalizations were not documented on incident report forms or were not reported to the state health department as required. This includes late reporting beyond the required timeframe.

Why Surveyors Cite It

Regulations require prompt documentation and reporting of all incidents that affect client safety. Surveyors review incident logs, compare them to client records, and interview staff to determine whether all incidents were captured and reported. Under-reporting suggests either a lack of awareness or a culture of concealment — both are serious concerns.

How to Prevent It

Train all staff on incident reporting procedures during orientation and annually. Make incident report forms easily accessible — both paper forms in the office and electronic forms in your software. Establish a clear timeline for reporting: most states require documentation within 24 hours and state reporting within 24 to 72 hours depending on severity. Create a culture where reporting is encouraged and never punished.

11 Training Records Incomplete

What It Is

Documentation of staff training hours, orientation completion, or continuing education is missing or incomplete. This may include training logs without dates, missing trainer signatures, or training hours that do not meet the minimum required by the state.

Why Surveyors Cite It

States require specific training hours for caregivers — both initial orientation hours and annual continuing education hours. Surveyors verify that each caregiver's training file documents the required topics, hours, and completion dates. Incomplete records are treated the same as missing training.

How to Prevent It

Maintain a training log for every employee that tracks each training topic, date completed, hours credited, trainer name, and caregiver signature. Track required hours by due date and set up automated reminders. Use a learning management system (LMS) if possible to automate tracking and generate compliance reports. Audit training records quarterly to catch gaps before they become deficiencies.

12 Office Does Not Meet Physical Requirements

What It Is

The office space does not meet state requirements for size, accessibility, equipment, or dedicated use. Common issues include operating from a home office when the state requires a commercial space, lacking ADA-compliant access, not having secure record storage, or sharing space without proper separation.

Why Surveyors Cite It

Many states require a dedicated commercial office space with specific features including ADA accessibility, secure storage for confidential records, a private area for clinical discussions, and appropriate signage. The surveyor will inspect your office as part of the survey process.

How to Prevent It

Review your state's office requirements before signing a lease. Ensure ADA compliance including wheelchair access, compliant doorways, and accessible restrooms. Install secure, locking file cabinets for all client and personnel records. Create a separate area for confidential conversations. Post your license, emergency procedures, and required notices in visible locations. If your state allows home offices, verify the specific conditions that must be met.

13 Service Agreements Missing Required Elements

What It Is

Client service agreements do not contain all state-required provisions. Missing elements may include fee schedules, descriptions of services to be provided, client rights, termination procedures, complaint processes, or required disclosure statements.

Why Surveyors Cite It

States mandate specific elements in service agreements to protect consumers. Surveyors review service agreements in client files against a checklist of required provisions. Even if your agreement covers most elements, a single missing provision triggers a citation.

How to Prevent It

Have your service agreement reviewed by a healthcare attorney who is familiar with your state's home care regulations. Update it whenever state requirements change. Maintain a checklist of required elements and verify every new or revised agreement against it. Keep a signed copy of the current agreement in every active client file.

14 Complaint Process Not Established or Not Followed

What It Is

The agency does not have a formal complaint process, or complaints that were received were not investigated, documented, and resolved according to the agency's own policy. This includes situations where complaints were addressed informally but not documented.

Why Surveyors Cite It

All states require a written complaint process and documented investigation of all complaints received. Surveyors review complaint logs, investigation files, and resolution documentation. They may also interview clients and families to determine whether complaints were handled appropriately.

How to Prevent It

Develop a written complaint policy that describes how complaints are received, documented, investigated, and resolved. Investigate every complaint within 24 to 48 hours of receipt. Document the investigation process, findings, and corrective actions taken. Inform the complainant of the outcome in writing. Maintain a complaint log that tracks all complaints, investigation dates, and resolutions. Review complaint trends quarterly as part of your quality improvement program.

15 Abuse and Neglect Reporting Not Documented

What It Is

The agency has not trained staff on mandatory reporting requirements for suspected abuse, neglect, or exploitation, or staff failed to report suspected incidents to Adult Protective Services (APS) or other designated authorities. This also includes failure to document reports that were made.

Why Surveyors Cite It

All states require mandatory reporting of suspected abuse, neglect, or exploitation of vulnerable adults. Surveyors verify that all staff have received training on recognizing signs of abuse and understand their reporting obligations. They also review incident files for evidence that required reports were made.

How to Prevent It

Train all staff on recognizing and reporting abuse, neglect, and exploitation during orientation and annually. Include detailed reporting procedures in your P&P manual with state-specific hotline numbers and online reporting links. Document all reports made to Adult Protective Services including the date, time, person who reported, and APS reference number. Maintain a zero-tolerance policy and create a culture where staff feel safe reporting concerns.

16 Medication Management Deficiencies

What It Is

Staff are performing medication tasks beyond their legal scope of practice, or medication records are inaccurate or incomplete. This includes non-medical caregivers administering medications, setting up pill organizers, or making medication-related decisions that should be handled by a licensed nurse.

Why Surveyors Cite It

Non-medical caregivers have limited medication-related duties in most states — typically restricted to verbal reminders only. Surveyors interview caregivers about their medication-related duties and review documentation for evidence of scope-of-practice violations. This is a high-priority safety finding.

How to Prevent It

Clearly define medication-related duties in job descriptions, care plans, and training materials. Train all caregivers on what they can and cannot do regarding medications in your state. Never allow unlicensed staff to administer medications, crush or split pills, set up pill organizers, or make dosage decisions. Document medication reminders accurately in visit notes. If your clients need medication administration, ensure a licensed nurse is assigned to that task.

17 Workers' Compensation Insurance Lapse

What It Is

The agency's workers' compensation insurance policy has expired, lapsed, or does not cover all employees. This includes situations where the policy was renewed but the updated certificate of insurance was not filed with the state.

Why Surveyors Cite It

Most states require active workers' compensation coverage for all employees as a condition of licensure. Surveyors verify current coverage by reviewing your certificate of insurance and checking expiration dates. A lapsed policy — even for a single day — can result in a citation and may jeopardize your license.

How to Prevent It

Set up auto-renewal with your insurance carrier. Calendar renewal dates 60 days in advance so you have time to shop for competitive rates if needed. Keep current certificates of insurance on file in your office and submit updated certificates to the state promptly after renewal. Ask your insurance agent to send renewal notices directly to both you and your compliance officer.

18 Record Retention Violations

What It Is

Client or employee records were destroyed, lost, or made inaccessible before the required retention period expired. This also includes situations where records exist but cannot be produced during the survey due to poor organization or storage failures.

Why Surveyors Cite It

States require records to be retained for specific periods — typically 5 to 7 years after the last date of service or the end of employment. Some states require longer retention for minors. Surveyors may request records from former clients or employees and expect them to be available within a reasonable timeframe.

How to Prevent It

Establish a record retention policy that meets or exceeds your state's requirements. Never destroy records without written authorization from the administrator and verification that the retention period has passed. Implement a systematic filing and archiving process. If you store records electronically, maintain secure backups. Create a record destruction log that documents what was destroyed, when, and by whom.

19 QAPI Program Not Implemented

What It Is

The agency claims to have a Quality Assurance and Performance Improvement (QAPI) program but there is no evidence of meetings, data collection, analysis, or improvement projects. The program exists on paper only and has not been actively implemented.

Why Surveyors Cite It

Medicare-certified agencies must have an active QAPI program with documented activities. Even non-Medicare agencies in many states are required to demonstrate quality improvement efforts. Surveyors look for meeting minutes, performance data, identified problems, implemented changes, and measurable outcomes.

How to Prevent It

Hold regular QAPI meetings at least quarterly with documented minutes that include attendees, data reviewed, problems identified, and action items. Track performance indicators such as client satisfaction scores, caregiver turnover rates, incident rates, and hospitalization rates. Maintain at least one active performance improvement project at all times with a clear goal, data collection plan, and timeline. Keep all QAPI documentation organized in a dedicated binder or electronic folder that can be produced immediately during a survey.

20 Failure to Verify Aide Competency

What It Is

Home health aides or caregivers have not been evaluated for competency in required skill areas. This includes missing competency checklists, evaluations performed by unqualified evaluators, or evaluations that do not cover all required skill domains.

Why Surveyors Cite It

Federal and state regulations require competency evaluation for all aides who provide direct patient care. The evaluation must cover specific skills including personal care, vital signs (if applicable), infection control, safety, and emergency procedures. Surveyors review competency files for completeness and verify the evaluator's qualifications.

How to Prevent It

Develop a comprehensive skills checklist covering all required competencies for your state. Evaluate each aide upon hire and at least annually thereafter. Ensure the evaluator is qualified — typically a registered nurse or licensed practical nurse. Document each evaluation with the date, skills observed, pass/fail determination, and signatures of both the aide and the evaluator. Address any failed competencies with additional training and re-evaluation before the aide provides care independently.

Deficiency Prevention Checklist

Use this checklist on a regular basis — ideally quarterly — to audit your agency's compliance and catch potential deficiencies before a surveyor does.

- Conduct annual P&P manual audit against current state regulations

- Audit all personnel files quarterly for completeness

- Verify all staff training hours are documented and current

- Review and update emergency preparedness plan annually

- Conduct mock survey using state survey tool at least annually

- Verify all insurance policies are current and on file

- Audit client files for individualized care plans and signed rights

- Review incident reporting logs for completeness and timeliness

- Ensure QAPI program has documented activities and data

- Verify supervisory visit schedule is current and documented

What to Do If You Receive a Deficiency

Stay Calm — A Deficiency Is Correctable

A deficiency citation is not the end of your agency — it is a correctable finding. After receiving your Statement of Deficiencies, you will typically have 10 business days to submit a Plan of Correction (POC). Focus on the specific finding cited by the surveyor. In your POC, describe what corrective action you have already taken, identify the root cause of the deficiency, explain what systemic changes you will implement to prevent recurrence, and specify who is responsible for monitoring the correction. Be specific and measurable in your response — vague promises to "do better" will not be accepted.

If you have received a deficiency citation and need help preparing your Plan of Correction, our consulting team can guide you through the process and help you develop corrective actions that satisfy your state surveyor.