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# Policies and Procedures Audit Checklist for Home Care Agencies

A 65-item checklist to ensure your P&P manual is survey-ready

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# Introduction: Why Your P&P Manual Is Your Most Important Document

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Your policies and procedures manual is the single most reviewed document during a state survey. When surveyors arrive at your agency — whether for an initial licensure survey, a renewal inspection, or a complaint investigation — the very first thing they request is your P&P manual. They will compare your written policies against state regulations line by line, checking that every required topic is addressed, that your language reflects current regulatory standards, and that your procedures match what staff describe during interviews. An incomplete or outdated manual is the leading cause of survey deficiencies across home care agencies nationwide.

The problem most agencies face is not a lack of policies — it is a lack of organization, completeness, and currency. Policies drafted at the time of initial licensure are often never updated, even as regulations change. New service lines are added without corresponding policy updates. Staff turnover means the people who wrote the original policies are no longer with the agency, and no one has verified that the manual still reflects actual practice. These gaps are exactly what surveyors are trained to find.

This 65-item audit checklist is designed to help you systematically review every section of your policies and procedures manual before a surveyor does it for you. Work through each item, verify that the policy exists in your manual, confirm that it reflects current state regulations, and ensure that your staff can locate and describe each policy when asked. A policy that exists on paper but is unknown to your team is just as problematic as a missing policy.

## How to Use This Checklist

Print this checklist and go through your P&P manual section by section. Check off each item that is present and current. For any unchecked item, determine whether the policy needs to be written from scratch or simply updated. Prioritize items that are most frequently cited in your state's survey deficiency reports.

## Administrative Policies (15 Items)

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Administrative policies form the foundation of your agency's operations. These policies define who you are, how you are organized, what services you provide, and how your business functions on a day-to-day basis. State surveyors review administrative policies to confirm that your agency has a clear governance structure,

defined service parameters, and compliant business practices. Missing administrative policies signal to surveyors that the agency may lack the organizational infrastructure needed to deliver safe, reliable care.

Agency mission statement and philosophy of care

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Organizational chart with reporting structure

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Governing body responsibilities and authority

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Administrator qualifications and duties

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Business hours and after-hours coverage policy

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Service area definition and geographic boundaries

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Client admission criteria and intake process

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Client discharge and transfer policy

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Fee schedule and payment policy

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Referral acceptance and processing policy

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Record retention and destruction policy

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Corporate compliance program

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Conflict of interest policy

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Non-discrimination policy

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Language access and interpreter services policy

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# Human Resources Policies (15 Items)

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Human resources policies govern how you recruit, screen, train, supervise, and manage every person who works for your agency. Surveyors pay close attention to HR policies because the quality of care your agency delivers is directly tied to the quality and preparedness of your workforce. Deficiencies in HR policies — particularly around background checks, training requirements, and supervision — are among the most common citations issued to home care agencies. Your HR policies must not only exist on paper but must also be consistently followed and documented for every employee in your personnel files.

- Recruitment and hiring procedures

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- Background check and screening requirements

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- Employee orientation program outline

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- Job descriptions for all positions

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- Employee performance evaluation process

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- Disciplinary action and termination procedures

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- Employee grievance procedure

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- Staff training and continuing education requirements

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- Supervision requirements and frequency

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- Credentialing and licensure verification process

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- Health screening and TB testing requirements

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- Workers compensation reporting procedures

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- Anti-harassment and anti-discrimination policy

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- Employee handbook acknowledgment

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- Overtime and scheduling policy

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## Clinical Policies (15 Items)

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Clinical policies define how your agency delivers care, manages patient health information, and ensures that services are provided safely and in accordance with professional standards. These policies are the heart of your operations and receive the most scrutiny during any survey. Surveyors will cross-reference your clinical policies with patient charts, staff interviews, and observed practices to determine whether your agency is delivering care as described in your manual. Discrepancies between written policy and actual practice are treated as deficiencies, regardless of whether the care itself was appropriate. Your clinical policies must be specific, actionable, and reflective of what your staff actually do in the field every day.

- Patient rights and responsibilities

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- Informed consent procedures

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- Care plan development and review process

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- Medication management and administration (if applicable)

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- Infection control and prevention program

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- Incident and accident reporting procedures

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- Abuse, neglect, and exploitation reporting policy

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- Fall prevention and management

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- Pain assessment and management (if applicable)

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- Coordination of care with other providers

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- Supervision of home health aides and caregivers

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- Competency evaluation procedures for aides

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- OASIS data collection and transmission (if Medicare-certified)

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- Telehealth services policy (if applicable)

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- Advance directives and end-of-life policy

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# Emergency and Safety Policies (10 Items)

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Emergency and safety policies outline how your agency will respond to crises, protect staff and patients, and maintain continuity of care during disruptive events. These policies have received significantly increased scrutiny since the COVID-19 pandemic, and many states have updated their regulations to require more detailed emergency preparedness plans than were previously mandated. Surveyors now routinely ask to see evidence that your agency has not only written these policies but has also conducted drills, trained staff on emergency protocols, and updated plans to reflect lessons learned from recent events. An emergency preparedness plan that was written five years ago and never updated will almost certainly result in a deficiency citation.

- Emergency preparedness and disaster plan

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- Fire safety procedures

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- Severe weather response plan

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- Active shooter and violence in the workplace policy

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- Pandemic and infectious disease response plan

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- Vehicle safety and driver requirements

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- Personal protective equipment (PPE) policy

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- Bloodborne pathogen exposure plan

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- Medical emergency response for staff and patients

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- Evacuation procedures for office and patient homes

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# Quality Assurance Policies (10 Items)

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Quality assurance policies demonstrate that your agency is committed to continuous improvement and has systems in place to identify problems, implement corrections, and measure outcomes. For Medicare-certified agencies, a Quality Assessment and Performance Improvement (QAPI) program is a federal requirement under the Conditions of Participation. Even for non-Medicare agencies, most states expect some form of quality monitoring and improvement process. Surveyors evaluate your QA policies to determine whether your agency is proactively identifying and addressing issues or simply reacting to problems after they occur. A robust QA program with documented performance improvement projects, regular chart audits, and patient satisfaction tracking signals to surveyors that your agency takes quality seriously and has the infrastructure to sustain compliance.

Quality Assessment and Performance Improvement (QAPI) program

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Patient satisfaction survey process

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Complaint and grievance resolution procedure

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Utilization review process

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Chart audit and documentation review process

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Performance improvement project methodology

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Outcome measurement and benchmarking

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Adverse event and sentinel event reporting

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Corrective action plan development process

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Annual program evaluation process

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# Common P&P Deficiencies by State

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While every state has its own regulatory framework, certain P&P gaps appear repeatedly in survey deficiency reports. The following are among the most frequently cited issues in major states. Review these carefully if your agency operates in any of these jurisdictions, and use them as a guide for areas that deserve extra attention regardless of your state.

## Frequently Cited State-Specific Deficiencies

- **Texas:**

Missing infection control program specific to HHSC (Health and Human Services Commission) requirements. Texas regulations require detailed infection control policies that go beyond general best practices, including specific documentation and reporting protocols aligned with HHSC standards.

- **California:**

CDSS-specific caregiver training documentation policies missing. California's Community Care Licensing Division requires agencies to maintain detailed records of caregiver training that meet CDSS-prescribed curricula and hour requirements.

- **Florida:**

AHCA (Agency for Health Care Administration) requires specific policies on Homemaker/Companion service scope. Florida agencies must clearly delineate what homemaker and companion services include and exclude, with written policies reflecting AHCA's regulatory definitions.

- **New York:**

DOH (Department of Health) requires policies addressing Personal Care Aide scope of practice. New York agencies must have written policies that clearly define what PCAs can and cannot do, consistent with DOH regulations and training requirements.

- **General (All States):**

Most states cite agencies for missing or outdated emergency preparedness plans. This is the single most common P&P deficiency nationwide, particularly since pandemic preparedness requirements were strengthened in 2020–2021.

# Next Steps: After Your Audit

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Once you have completed this checklist, count the number of unchecked items. If you have more than five missing or outdated policies, prioritize them based on two factors: how likely they are to be reviewed during your next survey, and how critical they are to patient safety. Clinical policies and emergency preparedness policies should always be addressed first, followed by HR policies related to background checks and training, and then administrative and quality assurance policies.

For each policy you need to create or update, follow this process: research your state's specific regulatory language for that topic, draft the policy using clear and enforceable language, have the policy reviewed by your administrator or compliance officer, train all relevant staff on the new or updated policy, and document the training with sign-in sheets and dates. Remember that a policy is only as good as the staff's ability to describe and follow it during a survey.

## **Pro Tip: Schedule Quarterly P&P Reviews**

Do not wait until survey time to review your manual. Set a recurring quarterly review where you audit one section of your P&P manual (administrative, HR, clinical, emergency, or QA) each quarter. This ensures your entire manual is reviewed at least once per year and that updates are made proactively rather than reactively.