

TOP 10 **HOSPICE** DEFICIENCIES COMPARISON

The chart below includes the top ten CHAP hospice survey deficiencies ranked 1-10 by Standard and LTag for the last three calendar years.

Ranking (1-10)	CY 2025	CY 2024	CY 2023
1.	Standard: HCPC 21.I; LTag: L545 Patient’s individualized written plan of care includes planned interventions based on problems identified in the initial and updated comprehensive assessments	Standard: HCPC 21.I; LTag: L545 Patient’s individualized written plan of care includes planned interventions based on problems identified in the initial and updated comprehensive assessments	Standard: HCPC 21.I; LTag: L545 Patient’s individualized written plan of care includes planned interventions based on problems identified in the initial and updated comprehensive assessments
2.	Standard: HCPC 15.I; LTag: L530 The comprehensive assessment includes a drug profile that contains the patient’s current prescription and over the counter (OTC) drugs with medication regimen review process	Standard: HCPC 15.I; LTag: L530 The comprehensive assessment includes a drug profile that contains the patient’s current prescription and over the counter (OTC) drugs with medication regimen review process	Standard: HCPC 15.I; LTag: L530 The comprehensive assessment includes a drug profile that contains the patient’s current prescription and over the counter (OTC) drugs with medication regimen review process
3.	Standard: HCDT 15.I; LTag: L625 Written patient care instructions for a hospice Aide are prepared by an RN who is responsible for the supervision of the hospice Aide	Standard: HCDT 15.I; LTag: L625 Written patient care instructions for a hospice Aide are prepared by an RN who is responsible for the supervision of the hospice Aide	Standard: HSIM 3.I; LTag: L672 A patient clinical record containing past and current findings is maintained for each hospice patient minimally including initial plan of care, updated plans of care, initial assessment, initial and updated comprehensive clinical notes, and physician orders.
4.	Standard: HSLG 7.I; LTag: L647 Hospice volunteers provide day-to-day administrative or direct patient care services in an amount that, at a minimum, equals five percent (5%) of the total patient care hours of all paid hospice employees and contract staff. The hospice documents the cost savings achieved through volunteers.	Standard: HCDT 16.I; LTag: L626 A hospice Aide provides services that are ordered by the Interdisciplinary Group, included in the plan of care; permitted to be performed under state law and regulation; and consistent with the hospice Aide training.	Standard: HCDT 15.I; LTag: L625 Hospice aides are assigned to a specific patient by a registered nurse who is a member of the Interdisciplinary Group. Written patient care instructions for a hospice aide are prepared by an RN who is responsible for the supervision of the hospice aide.
5.	Standard: HSRM 25.I; LTag: L629 Hospice Aides are supervised by a registered nurse who makes an on-site visit to the patient’s home no less frequently than every 14 days to assess the quality of care and services provided by the hospice Aide.	Standard: HSIM 3.I; LTag: L672 A patient clinical record containing past and current findings is maintained for each hospice patient minimally including initial plan of care, updated plans of care, initial assessment, initial and updated comprehensive clinical	Standard: HCDT 16.I; LTag: L626 A hospice aide provides services are ordered by the Interdisciplinary Group; included in the plan of care; permitted to be performed under state law and regulation; and consistent with the hospice aide training.

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		notes, and physician orders.	
6.	<p>Standard: HSIM 3.I; LTag: L672 A patient clinical record containing past and current findings is maintained for each hospice patient minimally including initial plan of care, updated plans of care, initial assessment, initial and updated comprehensive clinical notes, and physician orders.</p>	<p>Standard: HCPC 9.I; LTag: L523 The Hospice IDG completes an initial comprehensive assessment no later than 5 calendar days after the election of hospice care</p>	<p>Standard: HCPC 9.I; LTag: L523 The hospice Interdisciplinary Group, in consultation with the individual's attending physician (if any), completes an initial comprehensive assessment no later than five (5) calendar days after the election of hospice care, in accordance with CMS §418.24—the elements of the hospice care election statement.</p>
7.	<p>Standard: HCDT 16.I; LTag: L626 A hospice Aide provides services that are ordered by the Interdisciplinary Group, included in the plan of care; permitted to be performed under state law and regulation; and consistent with the hospice Aide training.</p>	<p>Standard: HCDT 39.I; LTag: L683 If a patient revokes the election of hospice care or is discharged from hospice per hospice regulation, the hospice forwards a copy of the discharge summary to the attending physician</p>	<p>Standard: HCPC 9.I; LTag: L543 The hospice designates a registered nurse member of the IDG to provide coordination of care; ensure continuous assessment of each patient's and family's needs; and ensure the implementation of the interdisciplinary plan of care. Hospice care and services provided to patients and families follow the individualized plan of care established by hospice IDG in collaboration with the attending physician (if any); patient or patient representative; and primary caregiver in accordance with the patient's needs.</p>
8.	<p>Standard: HIPC 2.I; LTag: L579 The hospice follows accepted standards of practice to prevent the transmission of infections and communicable disease, including the use of standard precautions.</p>	<p>Standard: HCPC 19.I; LTag: L543 Hospice care and services are provided to patients and families follow the individualized plan of care</p>	<p>Standard: HIPC 2.I; LTag: L579 The hospice follows accepted standards of practice to prevent the transmission of infections and communicable disease, including the use of standard precautions.</p>
9.	<p>Standard: HCDT 39.I; LTag: L683 If a patient revokes the election of hospice care or is discharged from hospice per hospice regulation, the hospice forwards a copy of the discharge summary to the attending physician</p>	<p>Standard: HIPC 2.I; LTag: L579 The hospice follows accepted standards of practice to prevent the transmission of infections and communicable disease, including the use of standard precautions.</p>	<p>Standard: HIPC 4.I; LTag: L578 Bags used to carry medical equipment (e.g., BP cuff) or supplies into or out of the care environment are transported and used in a manner consistent with organizational policy to prevent the spread of infections and communicable diseases.</p>
10.	<p>Standard: HCDT 18.I; LTag: L628 Hospice Aides must report changes in the</p>	<p>Standard: HCPC 13.I; LTag: L531 The comprehensive assessment includes an</p>	<p>Standard: HCDT 39.I; LTag: L683 If a patient revokes the election of hospice care or is</p>

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	patient’s medical, nursing, rehabilitative, and/or social needs to a registered nurse as the changes relate to the plan of care and any quality assessment and improvement activities, and complete appropriate records of service.	initial bereavement assessment of the needs of the patient's family and other individuals, focusing on the social, spiritual, and cultural factors that may impact their ability to cope with the patient's death.	discharged from hospice per hospice regulation, the hospice forwards a copy of the discharge summary to the attending physician.

Hospice Deficiency 3-year Trend Analysis

Persistent Top Deficiencies (Rank 1–3)

Rank 1 (All Years): HCPC 21.I – Plan of Care Interventions

This standard remains #1 for 2023, 2024, and 2025, showing:

- Ongoing difficulty ensuring that the POC reflects identified problems
- Gaps in updating interventions after reassessments
- A consistent surveyor emphasis on POC accuracy and alignment with assessments

This is the most entrenched compliance challenge.

Rank 2 (All Years): HCPC 15.I – Drug Profile & Medication Review

Also stable at #2 for all three years, indicating:

- Continued issues with complete medication profiles
- Inconsistent medication regimen reviews
- Documentation gaps in OTC, PRN, or discontinued medications

Medication management remains a high-risk, high-scrutiny area.

Rank 3 (2023–2024) → Shift in 2025

- 2023 & 2024: HCDT 15.I – RN-prepared aide care instructions
- 2025: HSIM 3.I – Clinical record completeness

This shift suggests:

- Surveyors may be placing increasing emphasis on documentation integrity, especially clinical records.
- Aide instruction compliance may have improved slightly or become less frequently cited relative to other issues.

Mid-Tier Shifts (Ranks 4–7)

Rank 4

- 2025: Volunteer hours & documentation (HSLG 7.I)
- 2024: Aide services aligned with POC (HCDT 16.I)
- 2023: Aide assignment & RN prepared instructions (HCDT 15.I)

Interpretation:

- Volunteer compliance appears to have resurfaced as a notable issue in 2025—possibly due to post-pandemic rebuilding of volunteer programs.
- Aide related deficiencies remain common but shift in prominence year to year.

Rank 5

- 2025: Aide supervision every 14 days (HSRM 25.I)
- 2024: Clinical record completeness (HSIM 3.I)
- 2023: Aide services aligned with POC (HCDT 16.I)

Interpretation:

- Aide supervision continues to be a recurring challenge.
- Documentation issues (HSIM 3.I) appear repeatedly across multiple ranks.

Rank 6

- 2025: Aide services aligned with POC (HCDT 16.I)
- 2024 & 2023: Initial comprehensive assessment within 5 days (HCPC 9.I)

Interpretation:

- Timeliness of the initial assessment was a major issue in 2023–2024 but appears to have improved in 2025.
- Aide related compliance remains a persistent theme.

Rank 7

- 2025: Clinical record completeness (HSIM 3.I)
- 2024: Discharge summary forwarded to attending physician (HCDT 39.I)
- 2023: RN care coordination & POC implementation (HCPC 9.I)

Interpretation:

- Discharge documentation and care coordination remain variable but recurring issues.
- Clinical record completeness appears in multiple ranks, signaling a broad documentation challenge.

Infection Control Trends (Ranks 8–9)

Rank 8

- 2025 & 2023: Infection control – standard precautions (HIPC 2.I)
- 2024: POC implementation (HCPC 19.I)

Rank 9

- 2025: Discharge summary forwarding (HCDT 39.I)
- 2024: Infection control – standard precautions (HIPC 2.I)
- 2023: Equipment bag handling (HIPC 4.I)

Interpretation:

- Infection control deficiencies remain consistently present, though their rank fluctuates.
- Equipment handling (bags, supplies) appears only in 2023, suggesting improvement or reduced survey focus.

Rank 10

- 2025: Aide reporting of patient changes (HCDT 18.I)
- 2024: Bereavement assessment (HCPC 13.I)
- 2023: Discharge summary forwarding (HCDT 39.I)

Interpretation:

- Lower ranked deficiencies vary more year to year.
- Bereavement assessment appears only once, suggesting it is not a chronic issue.

Overall Interpretation

The chart shows a hospice environment where **core compliance challenges remain stable over time**, particularly in:

- Plan of care development
- Medication management
- Aide supervision and documentation
- Infection control
- Clinical record completeness

The consistency across years suggests that these are **systemic operational issues**, not isolated events. Addressing them likely requires:

- Process redesign
- Staff education
- Stronger internal audits
- EMR optimization
- Leadership oversight