

Pennsylvania Home Care Survey Readiness

Member Guide & Practical Self-Audit

Scope: Pennsylvania-licensed Home Care Agencies (HCAs). Chapter 611 also regulates Home Care Registries (HCRs), and Chapter 51 applies to entities licensed under Chapter 611. This resource separates regulatory requirements from Council best-practice recommendations.

Important: This is an educational member resource. Official Pennsylvania law, regulations, Department guidance, and any applicable payer/program requirements control.

1. Survey Framework - Regulatory Requirements

28 Pa. Code § 611.2(a) states that the Department will conduct an inspection before issuing an initial license or a license renewal. Section 611.4(b) makes Chapter 51 applicable to HCAs/HCRs licensed under Chapter 611. DOH describes HCA/HCR inspections as surveys used to determine compliance with State regulations. Its public inspection-results page identifies licensure, follow-up visits, and complaint investigations as survey reasons.

2. Survey Timing and Format - DOH Guidance

DOH's HCA/HCR survey guidance states that inspections are conducted every 12 months based on State regulations; may be on-site or off-site; may or may not be announced; and may cover a period of days. Agencies with a history of serious problems, or when complaints are received, may be inspected more frequently.

3. Direct Care Worker / Personnel Files - Regulatory Requirements

Review the requirements that apply to each individual under §§ 611.51-.56. These provisions address hiring/rostering prerequisites, criminal background checks, ChildLine verification when applicable, provisional hiring, competency, and health screening. Section 611.51(a)(1) currently carries an official Pennsylvania Code note stating that it is abrogated to the extent inconsistent with Act 96 of 2024; agencies should use the current law and Department direction when applying that provision. Section 611.56 requires TB screening documentation for direct care workers and other office staff or contractors with direct consumer contact and requires updated documentation at least every 12 months.

4. Direct Care Worker Competency - Regulatory Requirements

Under § 611.55(a), competency must be established through one of the permitted pathways before assignment or referral to provide services. Agency-developed examinations or training must cover the subjects in § 611.55(b) and, for workers who will provide personal care, the additional subjects in § 611.55(c). Documentation of satisfactory completion belongs in the direct care worker's file. Under § 611.55(e), the agency/registry must document its review of competency, and the review must occur at least once per year after initial competency is established, with more frequent review when the condition stated in that subsection applies.

5. Consumer Information - Regulatory Requirements

Section 611.57(c) requires the agency/registry, before services begin, to provide the consumer, legal representative, or responsible family member an information packet in an easily read and understood form. Required content includes the services and direct care worker identity, service hours, fees and total costs, Department contact information, complaint hotline and local AAA Ombudsman number, competency information, and the required worker-status disclosure. Section 611.57(d) requires documentation of compliance to be maintained and available for Department inspection.

6. Verified Examples from 2026 DOH Survey Findings

Current DOH public survey findings show citations involving missing initial competency documentation and annual competency review under § 611.55, required consumer information under § 611.57(c), and health-screening documentation under § 611.56(b). These examples are verified illustrations only; they are not a complete list of possible deficiencies.

7. Deficiencies and Plan of Correction - DOH Guidance

DOH explains that areas of noncompliance are documented as deficiency statements. Agency/registry management is required to prepare a Plan of Correction describing how cited problems will be corrected and the expected correction date. Follow-up activity may occur, and consequences depend on the seriousness of the deficiencies. DOH also cautions that a survey report reflects what was observed during the survey timeframe.

8. Council Best Practice - Internal Audit

This section is Council guidance, not a separate regulatory requirement. Periodically sample direct care worker/personnel files and consumer files; compare each file with the requirements that apply to it; verify that records can be retrieved promptly; compare written policies with actual practice; document internal gaps; assign responsibility; and verify completion of corrective work.

9. Council Best Practice - Mock Survey

This section is Council guidance, not a DOH-mandated mock-survey requirement. Have a designated person request records without advance file-by-file preparation. Evaluate retrievability, completeness, consistency, and whether practice matches policy. Use findings prospectively for correction and education; do not create or alter records to misrepresent past compliance.

10. Council Best Practice - 30-Day Readiness Cycle

Week 1: review current Chapters 51 and 611 and build an agency-specific checklist. Week 2: audit applicable worker/personnel files. Week 3: audit consumer documentation. Week 4: reconcile policies with practice, complete targeted education, and conduct a mock record request. Repeat reviews periodically and when requirements or agency processes change.

Survey Readiness Self-Audit

Items marked **Regulatory** should be evaluated against the cited/current requirement. Items marked **Council BP** are recommended readiness practices, not separate Chapter 611 mandates.

Type	Readiness Item	Status / Notes
Regulatory	Maintain a current copy of Chapter 611 at the agency/registry (§ 611.4(a)).	
Regulatory	Review Chapter 51 requirements applicable through § 611.4(b).	
Regulatory	Verify applicable § 611.51-.54 hiring/rostering and clearance documentation.	
Regulatory	Verify initial DCW competency before assignment/referral and retain supporting documentation (§ 611.55(a)-(d)).	
Regulatory	Verify documented competency review at least annually after initial competency (§ 611.55(e)).	
Regulatory	Verify applicable TB screening documentation and 12-month updates (§ 611.56).	
Regulatory	Verify the pre-service consumer information packet contains the items required by § 611.57(c).	
Regulatory	Maintain documentation of § 611.57 compliance for Department inspection (§ 611.57(d)).	
Council BP	Sample files periodically rather than waiting for a survey.	
Council BP	Test whether staff can retrieve requested records promptly.	
Council BP	Compare written policies with actual agency practice.	
Council BP	Track internal findings, responsible person, correction date, and verification.	
Council BP	Conduct a mock record request after corrective work.	

Official Sources Used for This Edition

28 Pa. Code Chapter 611, including §§ 611.2, 611.4 and 611.51-.57; Pennsylvania Department of Health, Home Care Agency/Home Care Registry Survey - Understanding Survey Results; Pennsylvania Department of Health HCA/HCR Inspection Results; current 2026 public HCA/HCR survey findings.

Verification note: reviewed against official Commonwealth sources in September 2026. Requirements can change, and other laws, Chapter 51 provisions, payer/program rules, or case-specific facts may also apply.