



HCAF HOMECARECON 2026 • BREAKOUT SESSION

SURVEY READY, EVERY DAY

Survey Readiness for Private Care Providers

Complaints • Routine Surveys • Unlicensed Activity

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Strategix Healthcare Solutions, LLC
Wednesday, July 22, 2026 • 80-minute session



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WELCOME
YOUR PRESENTER



Priyanka Sipp, MBA, EMBA
Founder & Senior Consultant
Strategix Healthcare Solutions, LLC

- 17+ Years of Healthcare Leadership
- Founder & CEO of Strategix Healthcare Solutions
- Former Home Health & Skilled Nursing Agency Owner
- Business Growth & Revenue Strategist
- Multi-State Healthcare Operations Expert
- Project Management & Organizational Excellence Leader
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PERSPECTIVE









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WHAT YOU'LL WALK AWAY WITH



By the end of this session, you will:

- 1 Know exactly how AHCA surveys private care providers – and what triggers each survey type.
- 2 Have a survey readiness best practices checklist
- 3 Have a step-by-step response playbook for complaint investigations
- 4 Set clear guardrails that keep your agency out of unlicensed-activity territory

This session is educational information for HCAF members — it is not legal advice.





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AGENDA

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Our 80 Minutes Together

01	The Florida survey landscape Who regulates you, license types & survey authority	10 min
02	Routine & relicensure surveys The process, the first document request & the top citations	20 min
03	Complaint investigations How complaints arrive, what happens onsite & your response	15 min
04	Unlicensed activity Scope drift, penalties under s. 408.812 & protecting your license	12 min
05	Survey-day playbook & plans of correction Do's, don'ts, Form 3020 and a year-round readiness program	13 min
06	Questions & discussion Bring your survey stories	10 min

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WHAT IS COMPLIANCE?

Compliance is the ongoing process of ensuring that an organization consistently follows all applicable federal and state laws, regulations, licensing requirements, accreditation standards, and internal policies governing its operations.

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THE STAKES

Why Survey Readiness Can't Wait





0 days

advance notice — AHCA surveys and complaint investigations arrive unannounced



10 days

calendar days to submit your plan of correction once deficiencies are cited



\$1,000 / day

in fines for unlicensed activity that continues after AHCA notice (s. 408.812, F.S.)



License

Failed surveys can lead loss of your license

Readiness is always cheaper than correction.

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THE LANDSCAPE

Two Lanes of Private Care in Florida





Health Agency (Private Duty)

Ch. 400, Part III, F.S. · Rule 59A-8, F.A.C.

- Employs its caregivers and directs the care
- May provide non skilled services
- Carries supervision, plan-of-care & QA duties



Homemaker & Companion Services

Registration under s. 400.509, F.S.

- Housekeeping, errands, meal prep & companionship
- No hands-on personal care — ever
- Registration is still AHCA-regulated and surveyable

Know which lane you're in — most unlicensed-activity findings begin with drift between these lanes.

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THE LANDSCAPE

Who Surveys You — and With What Authority

- The Agency for Health Care Administration (AHCA)**
 Licenses and surveys home health agencies and homemaker-companion providers through its field offices.
- Core legal authority**
 Health Care Licensing Procedures Act (Ch. 408, Part II, F.S.), Ch. 400, Part III, F.S., and Rule Chapter 59A-8, F.A.C.
- Right of entry & inspection**
 Surveyors may enter and inspect at any reasonable time, unannounced — licensure is your consent to inspection (s. 408.811, F.S.).
- Obstruction backfires**
 Refusing entry, delaying access or withholding records is itself grounds for administrative action against your license.
- Scope can expand**
 A surveyor who arrives for one issue may cite anything observed — every visit is a whole-license visit.

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01

Routine Surveys

From renewal cycles to the exit conference — what a 'normal' survey really looks like

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ROUTINE SURVEYS



Five Ways AHCA Shows Up



Initial licensure survey

Before you open — you must demonstrate real operational readiness, not paper readiness.



Relicensure / routine survey

Tied to your biennial license cycle and unannounced — assume the window is always open.



Change of ownership (CHOW)

New owner, fresh scrutiny — expect a close look at continuity of records, staff and policies.



Complaint investigation

Triggered by an allegation; focused in theory, expandable in practice. (Full section coming up.)



Monitoring / revisit survey

Verifies your plan of correction actually happened — the fastest way to escalate is a paper-only fix.



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ROUTINE SURVEYS



Anatomy of a Survey: Entrance to Exit

1

Entrance conference

Surveyor presents credentials and states the visit's scope — verify ID, notify your administrator immediately.

2

Document review

License, rosters, policies, CEMP, personnel files, client records — their sample, their pace.

3

Interviews

Administrator, office staff, caregivers — and clients or families, often by phone.

4

Observation

Primarily for HHAs: home visits to confirm the care delivered matches the record.

5

Exit conference

Preliminary findings shared verbally — ask clarifying questions, take careful notes, never argue.



The exit conference is not a negotiation — it's your best intelligence. Everything you hear there should feed your plan of correction the same day.

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ROUTINE SURVEYS

The First 30 Minutes: What They'll Ask For

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Current license and organizational chart



Background screening & Clearinghouse documentation



Administrator & alternate administrator designation



Policies & procedures manual



Roster of active clients and caregivers



Comprehensive Emergency Management Plan (CEMP)



Personnel files — their sample, pulled on the spot



Complaint / grievance log with resolutions



Build a live 'survey binder' — physical or shared drive — that mirrors this list, and refresh it monthly.

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ROUTINE SURVEYS

Where Private Care Providers Get Cited Most

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1

Incomplete personnel files

Expired licenses, missing competency documentation, unsigned agreements

2

Background screening gaps

Lapsed 5-year rescreens and Clearinghouse rosters that don't match reality

3

Missing or stale service agreements & plans of care

Services delivered that the paperwork never authorized — or never updated

4

Documentation that doesn't match the schedule

Visit notes, timesheets and billing that tell three different stories

5

Emergency plan failures

CEMP missing, outdated, or never reviewed after the last storm season

6

Advertising & scope issues

Marketing services or service areas the license doesn't cover

Notice the pattern: almost every one is a paperwork discipline problem — not a care quality problem.

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ROUTINE SURVEYS


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Personnel Files: Every File, Every Time

-  Professional license or certification — verified at hire and re-verified at each renewal
-  Level 2 background screening result plus active Clearinghouse enrollment
-  HHA / CNA training, competency and any required continuing education
-  CPR and health or communicable-disease statements where your rules and policies require them
-  Home Care Agencies: a signed employment agreement and job description
-  A tracked expirables list — licenses, screenings, CPR, insurance — with owner and due date



Surveyors sample. You can't.

One bad file in their sample is a deficiency. Audit 100% of files on a rotation — because you never know which files they'll pull.



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ROUTINE SURVEYS


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Background Screening: The Deficiency That Writes Itself

-  **Level 2 screening for everyone in a covered role**
Fingerprint-based screening through the Care Provider Background Screening Clearinghouse before service begins.
-  **Rescreen every 5 years**
Calendar it from the retained-print / screening date — 'we didn't get a reminder' is not a defense.
-  **Keep the Clearinghouse roster current**
Add new hires and referrals, and end-date separations promptly — a stale roster is a visible, checkable deficiency.
-  **No one works pending an exemption**
A disqualifying offense means no client contact unless and until AHCA grants an exemption — in writing.
-  **Print it before they ask**
Put a current Clearinghouse profile page in every file — it turns a 20-minute lookup into a 2-second check.



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ROUTINE SURVEYS


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Client Records: The Story Has to Hold Together


A signed agreement before services begin

Parties, services, rates and schedule — updated in writing whenever any of them change.


Plan of care or documented service arrangement

HHAs: a current plan of care. Registries: documentation of what was arranged and the client's direction of it.


Visit documentation that matches the schedule

Caregiver notes, timesheets and billing should tell one consistent story — surveyors cross-check.


Incidents, complaints & condition changes

Documented, escalated per policy, and closed out — with the follow-up in the record.



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ROUTINE SURVEYS


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Emergency Management: Florida Takes This Personally


A current CEMP is a licensure requirement

Home health agencies must maintain a Comprehensive Emergency Management Plan — 'we have one somewhere' doesn't count.


Review and update it annually

Documented review, leadership sign-off, and updates after every activation or near-miss.


Know your clients' emergency status

Track evacuation needs and be able to produce it fast.


Coordinate with county emergency management

Keep proof of plan submission or coordination with each county you serve.


Report when activated

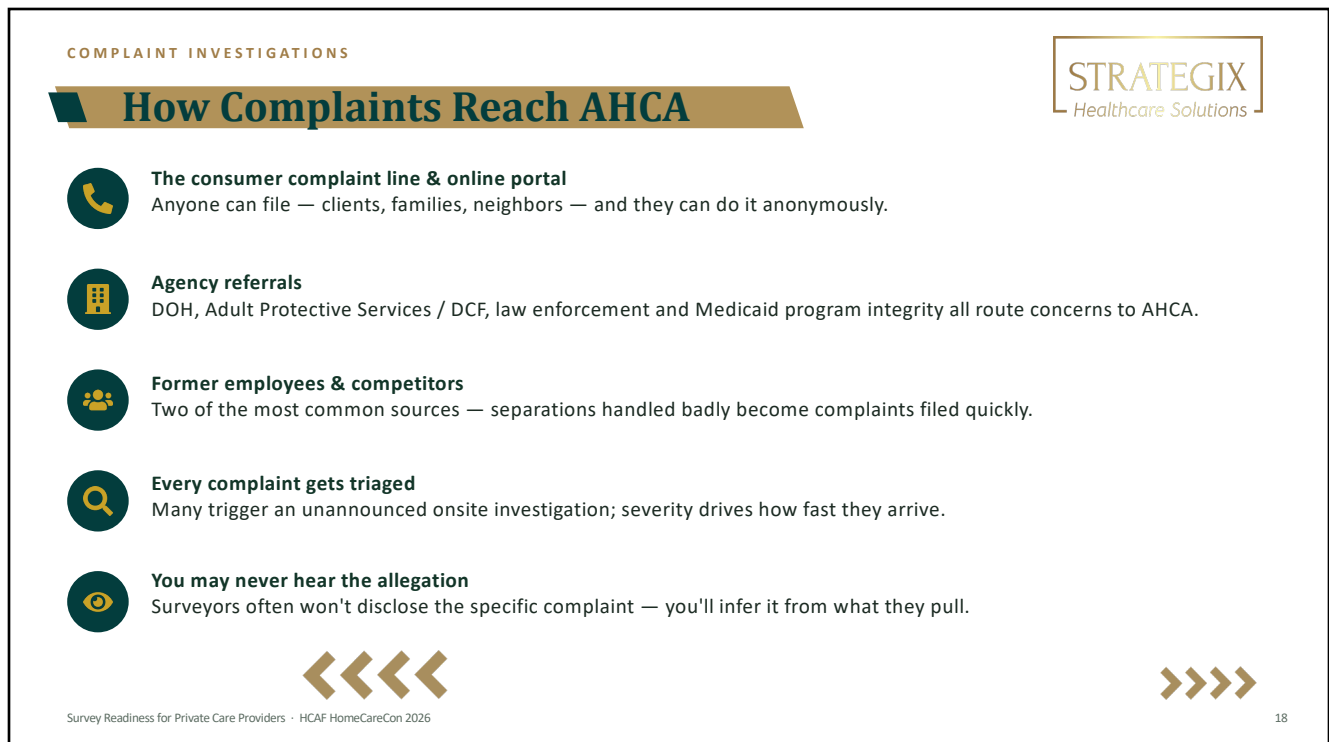
When AHCA activates its Emergency Status System (ESS), timely status reporting is expected — assign an owner before storm season.



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COMPLAINT INVESTIGATIONS



Inside a Complaint Survey


Focused in theory, expandable in practice

The investigation targets the allegation — but anything a surveyor observes along the way can be cited.


Targeted record pulls

Expect requests built around a specific client, caregiver and date range — that's your clue to the allegation.


Interviews beyond your walls

Clients, families and caregivers are often interviewed by phone — sometimes before the surveyor ever arrives.


Substantiated or unsubstantiated

Either finding can still come with citations if unrelated deficiencies surface during the visit.


Your first line of defense

A complete complaint log and a documented internal investigation — often the difference between a short visit and a long one.



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COMPLAINT INVESTIGATIONS



Your Internal Complaint Program: Five Steps

1

Intake & log

Every complaint, every channel — calls, texts, in-person, online reviews.

2

Acknowledge fast

Set a standard — 24 to 48 hours — and hit it every time.

3

Investigate objectively

Facts, interviews, records — documented by someone with distance from the issue.

4

Resolve in writing

Close the loop with the complainant and record the outcome.

5

Trend quarterly

Look for repeat caregivers, clients or themes — then fix the root cause.



A well-documented internal investigation is the single fastest way to shorten an AHCA complaint visit.

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COMPLAINT INVESTIGATIONS

When the Surveyor Arrives: Do's & Don'ts

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 **DO**

- Verify credentials and designate one spokesperson
- Cooperate fully — provide exactly what's requested, promptly
- Keep your own log of every document reviewed or copied
- Start a parallel internal review of the same records that day
- Ask clarifying questions at the exit conference — and write everything down

 **DON'T**

- Obstruct, stall, or make the surveyor wait for access
- Alter, backdate, or "clean up" records — ever; it converts a deficiency into fraud
- Coach staff on answers — brief them on the process, not the content
- Retaliate against anyone you suspect filed the complaint
- Argue findings at the exit — save it for the informal dispute process

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Unlicensed Activity

Scope drift, s. 408.812 penalties, and the guardrails that keep licensed providers safe

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UNLICENSED ACTIVITY



What Counts — Including for Licensed Providers



Operating without the required license or registration

Including 'consulting,' 'care coordination' or staffing models that are home care in everything but name



Companion providers giving hands-on personal care

Bathing, transfers, medication assistance — one helpful aide can create an unlicensed-activity finding



Advertising beyond your license

Marketing services or areas you can't lawfully provide — and ads must carry your license number



Serving outside your licensed geographic service area

An HHA license covers specific counties — a 'just this one client' exception is still a violation



Operating on a lapsed or expired license

A missed renewal converts a licensed provider into an unlicensed one overnight

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UNLICENSED ACTIVITY



Penalties & Enforcement Under s. 408.812, F.S.

\$1,000

per day

for unlicensed activity that continues after AHCA notifies you to stop — and the clock runs daily.



Cease & desist plus injunctive relief

AHCA can shut the operation down and ask a court to keep it down.



Criminal exposure

Continued or repeat unlicensed activity carries escalating criminal charges — this is not just an administrative issue.



Aiding & abetting reaches you

Knowingly referring to, contracting with, or staffing through unlicensed providers puts your own license at risk.



AHCA investigates actively

Unlicensed-activity complaints come in constantly — including from licensed competitors protecting their market.



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UNLICENSED ACTIVITY

Five Guardrails That Keep You in Your Lane

- Run the license test on everything new**
 Every new service, county, payer or program gets one question first: does our license actually cover this?
- Audit your marketing twice a year**
 Website, social media, brochures, directories — scope, service area, and license number on every ad.
- Calendar renewal 60–90 days out**
 With a named owner and a backup — a lapsed license is unlicensed operation, full stop.
- Verify partners' licenses annually**
 Referral sources, staffing partners — check the AHCA license lookup and document it.
- Train intake to say no gracefully**
 Script the out-of-scope response: decline, document, and refer to an appropriately licensed provider.

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04

The Survey-Day Playbook

What to do before the knock, during the visit, and after Form 3020 lands

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THE PLAYBOOK


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Before, During & After the Knock



BEFORE

- Survey binder current — refreshed monthly
- Front desk trained on the greeting protocol
- Administrator & alternate always reachable
- Staff briefed: honest, brief, calm answers



DURING

- Verify surveyor ID; one spokesperson
- Provide what's asked — no more, no less
- Copy everything they copy; log every request
- Take detailed notes at the exit conference



AFTER

- Debrief the team the same day
- Begin corrections immediately — don't wait for the 3020
- Track the 10-day plan-of-correction clock
- Document every fix as if the revisit is tomorrow

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THE PLAYBOOK


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Form 3020 & the Plan of Correction



Findings arrive on AHCA Form 3020-0001

The Statement of Deficiencies cites the rule, the finding and the evidence — read every word before reacting.



You have 10 calendar days

The plan-of-correction clock starts at receipt — calendar it the moment the 3020-0001 arrives.



Every POC element, every deficiency

What was corrected · the systemic fix · who is responsible · the completion date · how you'll monitor it going forward.



The revisit is the real test

Correct in practice, not just on paper — a failed revisit escalates faster than the original citation.

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THE PLAYBOOK



A Year-Round Readiness Rhythm



Monthly

Run the expirables report — licenses, screenings, CPR, insurance — and fix anything inside 60 days of lapsing.



Quarterly

Self-audit a rotating sample of personnel and client files against the survey checklist.



Semi-annually

Review complaint-log trends with leadership — repeat names and repeat themes get root-cause fixes.



Annually

Full mock survey, CEMP review and update, and a top-to-bottom policy refresh.



Always

Train every new hire on 'the knock' — what to do the moment a surveyor walks in.



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Best practices and Tips

1

Surveys are unannounced — readiness is a daily posture, not a pre-renewal event.

2

Files win surveys: personnel, screening and client records drive most citations.

3

Log and investigate every complaint — your documentation is your defense.

4

Stay in your lane: scope drift is how good agencies become 'unlicensed.'

5

Own the 3020: a fast, specific plan of correction protects your license.



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Questions & Discussion

Bring your survey stories — the room learns most from what actually happened.



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Thank you, HCAF & HomeCareCon 2026

