

Examining Compliance and Violations in Home Health Nursing

Nursing care is provided in various settings including, but not limited to acute care hospitals, outpatient care clinics, long-term care facilities and home health services. The home health setting may involve a different care model in that the nurse may be the only licensed professional in the home. This article provides a review of the nurse's scope of practice and legal responsibilities specific to the home health setting to equip licensed nurses with knowledge to provide safe nursing care and avoid potential violations of the [Nursing Practice Act \(NPA\)](#).



Background:

One of the functions of the North Carolina Board of Nursing (NCBON) through the statutory authority of the NPA ([General Statute 90-171.20](#)) is to investigate complaints of potential violations that may involve:

- Inappropriate Interactions with a Client, Physical or Verbal,
- Failure to Maintain Minimum Standards,
- Abandonment,
- Neglect, and
- Drug Diversion.

As of November 1, 2025, NCBON [RN/LPN Practice Statistics](#) indicate 3,864 RNs and 1,567 LPNs practice in a home health setting in North Carolina. Home health nurses make up approximately 3.02% of the total 180,000 licensed nurses practicing in North Carolina (NCBON, 2025).

Accepting an Assignment

The NPA is the law governing nursing practice in North Carolina (NC) and holds all licensed nurses accountable for individual actions, behaviors and competence. Nurses must possess competencies relevant and specific to the care needs of clients and are responsible for accepting only assignments for which they are competent to perform. This is the first step in providing a safe care environment. [21 NCAC 36 .0224 Components of Nursing Practice for the Registered Nurse](#) and [21 NCAC 36 .0225 Components of Nursing Practice for the Licensed Practical Nurse](#) provide criteria for the nurse's consideration in accepting an assignment. In home health, before accepting an assignment, the nurse may need to assess equipment in the home that will be used to provide care to ensure appropriate education has occurred to establish competence using the equipment. The nurse may also need to think critically about potential complications that may present or additional resources or supplies that may be needed in addition to ensuring emergency guidelines and protocols are in place. The licensed nurse has the right to refuse an assignment



which may not be considered abandonment. In these situations, NCBON encourages the licensed nurse to voice concerns to nursing leadership in an effort to negotiate care needs with available resources and nurse competencies. Florence Nightingale wrote, “Let us never consider ourselves finished nurses. We must be learning all of our lives.” Home health nurses and employers must work together to ensure and verify competencies are in place for every home health assignment.

Professional Integrity

Regardless of the setting where nursing services are provided, patient safety and professional integrity are essential. Florence Nightingale said, “Let whoever is in charge keep this simple question in [their] head (not, how can I always do this right myself, but) how can I provide for this right thing to be always done?” Nursing rules hold licensed nurses responsible for self. The

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importance of this standard in home health can be illustrated in the way that most often the nurse is the only licensed professional present to monitor care that is provided. Advances in technology may provide devices in the home health setting to assist with in-home cameras and patient monitoring devices. These devices may be used by families to monitor care of patients by recording videos of the nurse providing care to the patient. Video evidence can be reviewed by

the NCBON in an investigation of a complaint and can be the deciding factor in a case alleging a violation of the NPA. In addition, licensed nurses must understand documentation requirements including internet availability for electronic health record documentation. These types of technology and documentation are the only substantiation of the care provided by the nurse in the home health setting and can be used to substantiate or refute a complaint.

Collaboration

A 2023 study revealed that the safety of a patient in home health care is best met when the nurse, family caregiver, client, provider, and home health agency collaborate to provide the optimal care model for that patient (Shahrestanaki, et al, 2023). Collaboration between care team members is a key component in ensuring the home care nurse provides safe, effective and evidence-based care to the home health client. Home health nurses must work with family care providers(s), home health agency, healthcare provider(s), and outside resources such as respiratory therapy or physical therapy and others to meet the needs of the client. Expectations of the client and family should also be considered. An example might include the nurse asking for a demonstration of care from the family caregiver or a nurse who has provided care to the client before assuming care. Collaboration is also effective when the care team meets periodically to review and evaluate the client’s plan of care and revise as needed to maintain delivery of safe and effective care.

Conclusion

Nursing law and rules establish the minimum standards of nursing care. When minimum standards are not met, the nurse’s actions may potentially violate the NPA and be reported to the NCBON. The Board has received complaints regarding home health nurses related to competency, unprofessional conduct, safety, and maintaining minimum standards. Recent

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complaints and NCBON disciplinary actions are available at www.ncbon.com: [Disciplinary Actions](#). It is important for licensed nurses to understand the law and rules that govern nursing practice in order to function within the legal boundaries of the scope of practice and provide safe and competent care to clients in all settings, including the home health setting.

Practice Scenarios

Two scenarios are presented to provide guidance to licensed nurses related to accepting assignments within the home health setting.

1 Practice Scenario

Patricia, LPN, has worked as a rehabilitation nurse for the past five years. Patricia has recently been hired to work for a pediatric home health staffing agency. The home health agency director of nursing (DON) assigned Patricia a 12-hour night shift providing home health care for a 2-month-old premature infant with a tracheostomy. Patricia expressed to the DON concerns of her lack of experience caring for an infant with a tracheostomy, even though Patricia has cared for adults with tracheostomies many times. The DON advises Patricia that the infant's mom does most of the suctioning of the tracheostomy and the previous shift nurse will provide a bedside in-service before leaving the home.

What should Patricia do?

Patricia

Patricia should first ensure appropriate supervision by an RN is available to her. The LPN scope is dependent on the appropriate assignment and supervision by an RN as defined in [21 NCAC 36 .0225 \(d\)\(3\)](#) and the Position Statement: [LPN Scope of Practice - Clarification](#).

Patricia could ask the supervising RN to accompany her to the first shift to ensure that Patricia is properly educated, trained, and competent before providing care to the child alone. The RN could reference the Lippincott Nursing Procedures Manual which offers evidenced-based step-by-step tracheostomy care guidance for nurses (Nettina, 2019).

Patricia should consider the patient population, infants have much smaller airways than adults and could more readily occlude than adults; the 2025 American Journal of Respiratory and Critical Care Medicine state the following: "small tube diameter and high secretion burden further increase the risk of obstruction, particularly in young children." [Care of Infants and Children with Tracheostomies: An Official American Thoracic Society Clinical Practice Guideline - PMC](#). Patricia could seek consultation from the agency's collaborative respiratory therapist.

Patricia could consider refusing the assignment. The NCBON provides a position statement regarding [Accepting an Assignment](#).



2 Practice Scenario

Beth, LPN, is assigned by a home health care agency to provide care to a 6-year-old client with a history of head trauma resulting in a chronic seizure disorder. The child is approved for 18 hours of licensed nursing care each day. Beth accepted a 12-hour night shift and upon arrival for the shift, finds the child already bathed and asleep in bed. Pulse oximeter readings are 95% or greater. At 8:00 pm, the child's mother presents into the room and requests Beth to administer PRN Ativan via feeding tube and place PRN oxygen on the child. The mother explained, this would help the child "rest throughout the night and then have a good day in therapy the following day." Beth reviews the provider orders with the mother and explains that Ativan is ordered for signs of anxiety, and the oxygen is ordered for saturation less than 92%. Beth explains that administering the medication and adding the oxygen without following the provider's parameters would be exceeding her scope of practice. The mother continues to insist that Beth provide the requested care so the child will sleep all night and states, "all the other nurses do this when I ask." Beth contacted the on-call supervising RN for guidance. The on-call RN tells Beth to "do whatever the mother requests so that the agency does not lose this long-term care client."

What should Beth do?

Beth

Beth was right to question the request of the mother and should refuse to administer the PRN medication and oxygen. Performing care outside the parameters of the provider order exceeds the LPN's scope of practice and may be a potential violation of the NPA.

Beth could provide the contact information of the on-call supervising RN and allow the mother to request another nurse provide care for the child and leave the child in the mother's care until the nurse arrives. This would be acceptable because the mom would have spoken with the supervising RN and the mom provides care for the child six hours per day.

Beth should document the interactions and conversations with both the mother and the on-call supervising RN in the client's health record. Beth could request a care meeting to include the mother, staffing agency supervising RN, healthcare provider, and other staff nurses so that orders and boundaries can be reviewed and clarified.

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