

TOP 10 DMEPOS DEFICIENCIES COMPARISON

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

Ranking (1-10)	CY 2025	CY 2024	CY 2023
1.	Standard: DMEPOS.PS.1 Documentation of the safety program	Standard: DMEPOS.AM.11 Policies and Procedures for personnel records	Standard: DMEPOS.AM.11 Policies and Procedures for personnel records
2.	Standard: DMEPOS.IC.3 Documentation of the TB control plan	Standard: DMEPOS.IC.3 Documentation of the TB control plan	Standard: DMEPOS.IC.3 Documentation of the TB control plan
3.	Standard: DMEPOS.AM.11 Policies and Procedures for personnel records	Standard: DMEPOS.PS.1 Documentation of the safety program	Standard: DMEPOS.PS.1 Documentation of the safety program
4.	Standard: DMEPOS.IC.2 There is evidence that staff participate in training that addresses: 1. Infection control and prevention practices; and 2. Patient and caregiver infection control practices appropriate to their job responsibility and the equipment, supplies, items, or services provided.	Standard: DMEPOS.PS.2 Documented plan for identifying, monitoring, and repairing equipment and item failure, repair, and preventative maintenance	Standard: DMEPOS.PS.2 Documented plan for identifying, monitoring, and repairing equipment and item failure, repair, and preventative maintenance
5.	Standard: DMEPOS.RE.10 Patient/Caregiver training on equipment and items provided	Standard: DMEPOS.IC.2 There is evidence that staff participate in training that addresses: 1. Infection control and prevention practices; and 2. Patient and caregiver infection control practices appropriate to their job responsibility and the equipment, supplies, items, or services provided.	Standard: DMEPOS.IC.2 There is evidence that staff participate in training that addresses: 1. Infection control and prevention practices; and 2. Patient and caregiver infection control practices appropriate to their job responsibility and the equipment, supplies, items, or services provided.
6.	Standard: DMEPOS.RE.8	Standard: DMEPOS.RE.2 The intake and assessment of	Standard: DMEPOS.SS.8 The Organization provides or coordinates the clear, written or pictorial, and oral instruction for the

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	Equipment and items delivered consistent with prescriber's order and the patient's needs, risks, and limitations	<p>patients receiving prescribed respiratory equipment, items and services includes evidence of staff communication, collaboration and coordination with the prescriber to:</p> <ol style="list-style-type: none"> 1. Confirm the order. 2. Recommend any necessary changes or refinements; and/or 3. Recommend additional evaluations to the 4. prescribed equipment, items and/or services 	patient and/or caregiver related to the set-up (including the preparation of enteral/parenteral nutrients), features, routine use, troubleshooting, cleaning, infection control practices and issues, potential hazards, and maintenance of equipment and item(s) provided, as appropriate
7.	<p>Standard: DMEPOS.RE.9 Respiratory equipment delivery and set-up also meet the current version of the American Association for Respiratory Care Practice Guidelines for Oxygen therapy in the home, long term invasive mechanical ventilation in the home, and delivery and set-up include verification that the patient has a functioning phone lines or other modes of communication that allow contact with and to be contacted by medical personnel in the case of an emergency</p>	<p>Standard: DMEPOS.SS.8 The Organization provides or coordinates the clear, written or pictorial, and oral instruction for the patient and/or caregiver related to the set-up (including the preparation of enteral/parenteral nutrients), features, routine use, troubleshooting, cleaning, infection control practices and issues, potential hazards, and maintenance of equipment and item(s) provided, as appropriate</p>	<p>Standard: DMEPOS.AM.10 The DMEPOS Organization has job descriptions and implements policies and procedures that specify elements included in the standard. Copies of job descriptions and related policies, and certifications/licensures as applicable, are provided upon request to accreditation organizations, government officials or their authorized agents.</p>
8.	<p>Standard: CP.7 The organization emphasizes ethical behavior by enforcing standards of conduct, consistently applying staff disciplinary guidelines, and checking employees, contractors, and medical and clinical staff members monthly against government sanctions lists, including the OIG's List of Excluded Individuals/Entities.</p>	<p>Standard: DMEPOS.RE.10 Patient/Caregiver training on equipment and items provided</p>	<p>Standard: DMEPOS.AM.2 The DMEPOS organization complies with all Medicare statutes, regulations (including the disclosure of ownership and control information requirements at 42 Code of Federal Regulations (CFR) §420.201 through §420.206), manuals, and guidance including program instructions and contractor policies and articles.</p>
9.	<p>Standard: DMEPOS.CC.1 The DMEPOS Organization has a documented, public statement of patient</p>	<p>Standard: DMEPOS.IC.1 Documentation of standardized procedures for infection prevention and control.</p>	<p>Standard: DMEPOS.IC.1 Documentation of standardized procedures for infection prevention and control.</p>

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	rights that is provided to the patient and/or caregiver. The patient and/or caregiver are provided the information per organization policy.		
10.	<p>Standard: DMEPOS.IC.1 Documentation of standardized procedures for infection prevention and control.</p>	<p>Standard: DMEPOS.RE.8 Equipment and items delivered consistent with prescriber's order and the patient's needs, risks, and limitations</p>	<p>Standard: DMEPOS.PI.1 The DMEPOS Organization implements a documented performance management plan that measures:</p> <ol style="list-style-type: none"> 1. Outcomes of providing equipment, items, and services to patients and/or caregivers; 2. Billing practices; and 3. Adverse events. <p>The data collection targets certain aspects of services:</p> <ul style="list-style-type: none"> • Has the potential to cause harm or injury; • Occurs frequently (e.g., creating a greater than expected number of adjustments, repairs, or replacements); or • Requires significant instruction to assure safe use and benefit of the equipment and/or items.

DMEPOS Deficiency 3-year Trend Analysis

Persistent, High-Risk Standards

Some standards appear in the top three every single year, signaling chronic compliance vulnerabilities:

A. Personnel Records (DMEPOS.AM.11)

- Ranked #1 in 2023 and 2024, drops to #3 in 2025.
- This suggests:
 - Ongoing issues with documentation completeness, timeliness, or consistency.
 - Possibly improved processes in 2025, but still a major risk area.

B. TB Control Plan (DMEPOS.IC.3)

- Ranked #2 for all three years.
- This stability indicates:
- Infection control documentation remains a systemic challenge.
- Organizations may struggle with annual updates, staff education, or maintaining evidence of implementation.

C. Safety Program Documentation (DMEPOS.PS.1)

- Appears in the top three each year, though shifting positions.
- Suggests:
 - Safety program documentation is consistently incomplete or outdated.
 - Organizations may not be maintaining required logs, reviews, or annual evaluations.

These three standards form a core cluster of persistent compliance difficulties.

D. Infection Control Remains a Dominant Theme

Across all three years, infection-control-related standards appear repeatedly:

- IC.3 (TB control plan)
- IC.2 (staff training on infection control)
- IC.1 (standardized infection prevention procedures)

This pattern shows:

- Infection control is the most consistently cited domain.
- Organizations may lack:
- Documented training
- Evidence of competency

- Updated policies aligned with current guidelines

The prominence of infection control standards aligns with post-pandemic regulatory scrutiny.

E. Shifts in Operational Standards

Some standards move significantly year to year, indicating changing operational challenges.

1. Equipment-related standards

- PS.2 (equipment monitoring/maintenance) appears in 2023 and 2024 at rank #4.
- RE.8 and RE.9 (delivery, setup, prescriber coordination) appear in mid-rank positions.
- These shifts suggest:
 - Variability in survey findings is tied to operational processes.
 - Possible improvements in some years and regressions in others.

2. Patient/Caregiver Training (RE.10)

- Appears in 2023 (#5) and 2024 (#8), but not in 2025.
- This may indicate:
 - Improved documentation and training workflows.
 - Or shifting survey focus.

F. Governance and Administrative Standards Emerging in 2025

CY 2025 introduces standards not previously ranked:

1. CP.7 (Ethical behavior and sanctions checks)

- Appears at #8 in 2025.
- Suggests increased scrutiny on:
 - OIG exclusion checks
 - Disciplinary procedures
 - Compliance program documentation

2. B. CC.1 (Patient rights statement)

- Appears at #9 in 2025.
- Indicates:
 - Gaps in providing or documenting patient rights notifications.

These additions show a shift toward organizational governance and compliance infrastructure.

Overall Interpretation

1. Documentation Weaknesses Are the Core Compliance Risk

The majority of top-ranked findings across all three years involve missing, incomplete, or outdated documentation—policies, plans, training records, safety programs, personnel files, and patient rights materials. This indicates:

- Processes exist, but evidence of compliance is unreliable.
- Documentation systems may be decentralized, inconsistent, or dependent on individual staff rather than standardized workflows.
- Surveyors are repeatedly encountering the same gaps, suggesting the root cause is systemic.

2. Infection Control Is a Long-Standing, High-Priority Vulnerability

Infection-control standards (IC.1, IC.2, IC.3) appear every year and often in the top positions. This pattern signals:

- Infection control is not fully embedded into routine operations.
- Annual updates, competency validation, and training documentation are not consistently maintained.
- Post-pandemic regulatory expectations remain high, and organizations are struggling to keep pace.

In short, infection control is the single most persistent compliance pressure point.

3. Compliance Expectations Are Expanding Beyond Clinical Operations

By 2025, new governance-related standards emerge:

- Ethical behavior and sanctions checks (CP.7)
- Patient rights (CC.1)
- Medicare compliance (AM.2)
- Job descriptions and personnel policies (AM.10)

This shift shows:

- Surveyors are widening their focus from clinical processes to organizational integrity, transparency, and regulatory alignment.
- The organization must strengthen its compliance infrastructure—not just its clinical documentation.