TOP 10 **DURABLE MEDICAL EQUIPMENT** DEFICIENCIES-2025

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CHAP Community Health Accreditation Partner

	Standard	Standard Content
①	DMEPOS.PS.1	Documentation of the safety program.
③	DMEPOS.AM.11	Policies and Procedures for personnel records.
②	DMEPOS.IC.3	Documentation of the TB control plan.
⑦	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.
⑤	DMEPOS.RE.10	Patient/Caregiver training of equipment and items provided.
⑥	DMEPOS.RE.8	Equipment and items delivered consistently with prescriber's order and the patient's needs, risks, and limitations.
④	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 are appropriate to their job responsibility and the equipment, supplies, items, or services provided.
	DMEPOS.RE.2	The intake and assessment of patients receiving prescribed respiratory equipment, items and services includes evidence of Organization staff communication, collaboration and coordination with the prescriber to: 1. Confirm the order; 2. Recommend any necessary changes or refinements; and/or 3. Recommend additional evaluations to the prescribed equipment, items and/or services.
⑧	DMEPOS.SS.11	Documentation in the patient's record verifies that the patient who receives initial equipment and/or item(s) provided by mail delivery also receives training and written instruction on the use of equipment and item(s).
⑨	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.
⑩	DMEPOS.AM.6	The DMEPOS Organization has a designated physical location of business in which licenses, certificates, and permits to operate per local, state, and federal law and regulation are displayed in a patient and customer accessible area. The Organization provides copies of licenses, certificates, or permits, upon request, to government officials or their authorized agents.

Standard Domain Deficiency Analysis, Key Actions, and Performance Improvement Focus

The following is a structured analysis of the standards deficiencies organized into major domains. It identifies what each item is intended to accomplish and highlighted system-level issues these actions address. This gives you a clear, professional-quality evaluation suitable for Quality Assessment Performance Improvement (QAPI), compliance reviews, or internal performance improvement planning.

Safety & Infection Prevention

Analysis	Key Actions	Performance Improvement Planning
<u>Intended purpose of standard</u> • Reduce preventable harm to patients, caregivers, and staff. • Ensure safe operation of equipment in home or clinical settings. • Maintain compliance with infection-control standards. • Identify gaps in patient understanding that could lead to misuse or injury. <u>System-Level Issues for Assessment</u> • Fragmented safety oversight. • Inconsistent infection-control practices. • Lack of structured monitoring of patient education. • Policies not keeping pace with regulatory updates.	• Develop and maintain a comprehensive safety program. • Implement periodic review of policies for CDC/state compliance. • Conduct routine field observations of patient training. • Reinforce adherence to CDC Standard Precautions.	• Establish a Safety & Infection Control Committee to oversee program development. • Create a policy review calendar (e.g., quarterly). • Develop standardized field-observation checklists. • Track compliance with CDC precautions through audits and staff competency assessments. • Use trend data to identify recurring risks and implement targeted interventions.

Staff Competency, Training & Human Resources

Analysis	Key Actions	Performance Improvement Planning
<u>Intended purpose of the standard</u> • Maintain workforce competency and regulatory compliance. • Prevent lapses in training that could compromise patient safety. • Ensure documentation supports accreditation and regulatory expectations. • Maintain and update personnel record policies and procedures • Evidence staff participation in infection control training	• Ensure training curriculum covers all required elements of the standard. • Conduct periodic audits of training records. • Review personnel files regularly for completeness.	• Implement automated reminders for TB testing and training renewals. • Develop a standardized training matrix aligned with regulatory standards. • Conduct quarterly personnel-file audits with corrective-action tracking. • Use dashboards to monitor compliance rates and identify trends.

- Ensure training is appropriate to job responsibilities and equipment/services provided
- Safeguard competency in respiratory equipment delivery and setup

System-level issues for assessment

- Gaps in onboarding and ongoing competency management.
- Inconsistent documentation practices.
- Lack of centralized oversight of staff compliance.
- Potential exposure risks due to incomplete health screening.

Documentation, Patient Care Service & Processes

Analysis	Key Actions	Performance Improvement Planning
Intended purpose of the standard • Ensure clinical appropriateness of equipment and services. • Maintain compliance with accreditation and payer requirements. • Protect patient autonomy and legal rights. • Reduce risk of improper or unsafe equipment use. • Ensure respiratory equipment delivery and setup meet AARC Practice Guidelines. • Evidence patient/caregiver training on equipment and items provided. • Document training and written instructions for mail-delivered equipment. • Safeguard intake and assessment including prescriber communication, confirmation, and recommendations. • Evidence of communication with prescriber to confirm or refine orders. System-level issues • Documentation inconsistencies across clinicians. • Lack of standardized record-review processes. • Potential compliance risks with payers and regulators.	• Perform periodic patient-record reviews for prescriber orders and equipment alignment. • Audit records for required documentation elements. • Review and update patient rights statements regularly. • Verify documentation of patient rights provision in patient records. • Ensure Clinical Appropriateness of Equipment and Services. • Maintain Compliance With Accreditation and Payer Requirements. • Ensure Respiratory Equipment Delivery & Setup Meet AARC Practice Guidelines. • Evidence Patient/Caregiver Training on Equipment and Items Provided.	• Implement standardized documentation templates. • Conduct monthly chart audits with scoring and feedback loops. • Train staff on documentation expectations and common deficiencies. • Use audit findings to drive targeted retraining or process redesign. • Implement a standardized equipment training curriculum for all delivery staff. • Require return demonstration from patients/caregivers for all respiratory equipment. • Use safety checklists during delivery and follow-up calls. • Train all delivery and clinical staff on current AARC guidelines annually. • Align delivery and setup forms with AARC requirements. • Require documentation of home safety verification, including communication access. • Perform field audits of delivery staff to ensure

- Weak oversight of patient-rights communication.
- Inadequate communication pathways between intake, clinical staff, and prescribers.
- Missing or outdated clinical protocols for respiratory equipment selection.

guideline adherence.
- Implement a structured intake workflow requiring:
- Clinical review
- Documentation of prescriber communication
- Verification of order completeness
- Use standardized communication templates for prescriber contact.
- Establish an escalation process for unclear or incomplete orders.
- Audit intake records monthly to ensure compliance.
- Require documented confirmation of all new, changed, or unclear orders before equipment delivery.
- Maintain a prescriber communication log accessible to intake, clinical, and delivery staff.
- Use standardized forms for order clarification and recommendations.
- Conduct monthly audits of prescriber communication documentation.

Regulatory, Governance, & Professional Standards Compliance

Analysis	Key Actions	Performance Improvement Planning
<u>Intended purpose of the standard</u> • Maintain compliance with accreditation, regulatory, and professional standards. • Ensure organizational policies reflect current best practices. • Strengthen compliance infrastructure and reduce risk exposure. <u>System-level issues for assessment</u> • Policies are becoming outdated due to lack of structured review. • Limited awareness of evolving professional guidelines.	• Update policies to include all seven required elements. • Establish a schedule to review AARC guidelines. • Review OIG compliance program recommendations annually. • Conduct regular policy reviews for regulatory alignment.	• Create a regulatory-monitoring workflow with assigned owners. • Maintain a compliance-program checklist aligned with OIG guidance. • Conduct annual policy gap analyses. • Integrate regulatory updates into staff training and leadership briefings.

- Ineffectual compliance governance.
- Increased risk of regulatory citations.

Cross-Cutting Themes Across All Domains

1. **Inconsistent Standardization of Processes**
   Variability in how clinicians and contractors perform core tasks creates uneven quality and frequent compliance gaps. Without standardized workflows, templates, and expectations, staff rely on individual practice patterns rather than organizational standards. This inconsistency undermines reliability and increases the risk of regulatory deficiencies.

2. **Insufficient Ongoing Monitoring and Auditing**
   Monitoring activities are often reactive, limited in scope, or inconsistently applied. As a result, errors and omissions persist undetected until survey findings or adverse events occur. A lack of routine, structured auditing prevents early identification of trends and delays corrective action.

3. **Policies and Procedures Not Routinely Updated**
   Policies do not consistently reflect current regulatory requirements, CDC guidance, or standard practice. When policies lag behind regulatory expectations, staff follow outdated processes, and training becomes misaligned with actual requirements. This gap contributes directly to noncompliance across multiple domains.

4. **Training and Competency Gaps**
   Education is often delivered once, without reinforcement, competency validation, or inclusion of contracted staff. Staff may not fully understand regulatory requirements, documentation expectations, or clinical best practices.

5. **Documentation Deficiencies Across Multiple Record Types**
   Documentation issues appear in nearly every area. These deficiencies reflect both workflow problems and insufficient training.

6. **Ineffective Governance and Oversight**
   Leadership oversight structures may not clearly define accountability for compliance, quality, and performance monitoring. Without strong governance, corrective actions are inconsistently implemented, quality activities lack follow-through, and systemic issues persist.

7. **Limited Integration of External Standards and Best Practices**
   The organization does not consistently incorporate updated CMS guidance, CDC recommendations, or standard practices into daily operations. This limits the organization's ability to maintain compliance and proactively address emerging risks.

8. **Fragmented Communication and Workflow Alignment**
   Communication gaps between disciplines, contractors, physicians, and external facilities contribute to delays, errors, and inconsistent care delivery. Workflows are not always aligned across teams, leading to duplication, missed steps, or conflicting information.

9. **Reactive Rather Than Proactive Quality Management**

Quality improvement efforts tend to begin only after a problem is identified by a surveyor, complaint, or adverse event. A proactive, data-driven approach is needed to prevent issues before they occur. Without predictive monitoring, early-warning indicators, and continuous quality engagement, the organization remains vulnerable to recurring deficiencies.

10. **Across all equipment-related activities**—1) Intake, delivery, setup, training, and documentation organizations must rely on standardized, repeatable processes. 2) Every step in equipment management must be verifiable, traceable, and audit-ready, 3) Equipment safety depends heavily on competent, trained staff as competency is a CMS Supplier Standard and a core accreditation requirement, 4) Compliance is not optional—noncompliance risks payment denial and accreditation loss, 5) QAPI ensures problems are identified, corrected, and prevented.