

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.AM.11 Policies and Procedures for personnel records	Standard: DMEPOS.IC.3 Documentation of the TB control plan	Standard: DMEPOS.IC.3 Documentation of the TB control plan
3.	Standard: DMEPOS.IC.3 Documentation of the TB control plan	Standard: DMEPOS.PS.1 Documentation of the safety program	Standard: DMEPOS.PS.1 Documentation of the safety program
4.	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	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: Infection control and prevention practices; and 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: Infection control and prevention practices; and Patient and caregiver infection control practices appropriate to their job responsibility and the equipment, supplies, items, or services provided.

Ranking (1-10)	CY 2025	CY 2024	CY 2023
6.	<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.RE.2 The intake and assessment of 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 prescribed equipment, items and/or services 	<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>
7.	<p>Standard: DMEPOS.IC.2 There is evidence that staff participate in training that addresses:</p> <ol style="list-style-type: none"> 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. 	<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/licensure as applicable, are provided upon request to accreditation organizations, government officials or their authorized agents.</p>
8.	<p>Standard: 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:</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 prescribed equipment, items and/or services. 	<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>

Ranking (1-10)	CY 2025	CY 2024	CY 2023
9.	<p>Standard: 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).</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>
10.	<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>	<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 <p>Requires significant instruction to assure safe use and benefit of the equipment and/or items.</p>

DMEPOS Deficiency 3-year Trend Analysis

Safety Program Documentation (DMEPOS.PS.1)

This standard appears in the top three rankings for all three years, indicating a long-standing challenge in maintaining complete, current, and survey ready safety program documentation. The persistence suggests gaps in:

- Annual review processes
- Documentation consistency
- Staff awareness of safety program components

Personnel Records (DMEPOS.AM.11)

Personnel documentation, including job descriptions, competencies, and required credentials—remains a repeat deficiency in CY 2023 and CY 2024 and continues to rank highly in CY 2025. This trend reflects:

- Variability in HR file maintenance
- Inconsistent tracking of required training
- Delays in updating or verifying credentials

TB Control Plan (DMEPOS.IC.3)

This standard consistently ranks in the top three across all years, demonstrating a **systemic issue with infection control documentation**, particularly around TB risk assessment and plan updates. The recurrence suggests:

- Annual TB plan reviews may not be completed or documented
- Staff training on TB protocols may be inconsistent
- Infection control oversight may require strengthening

Emerging Clinical Risk Areas (Respiratory Standards Rise in 2025)

In CY 2025, respiratory related standards (RE.9, RE.10, RE.8, RE.2, SS.11) appear more prominently in the top 10 compared to prior years. This shift indicates:

- Increased surveyor focus on respiratory services
- Growth in the organization's respiratory patient population
- Operational challenges in training, documentation, and prescriber communication

Specifically:

Respiratory Equipment Delivery & Setup (DMEPOS.RE.9)

Its high ranking in 2025 suggests gaps in:

- Verification of emergency communication capability
- Adherence to AARC guidelines
- Documentation of setup procedures

Patient/Caregiver Training (DMEPOS.RE.10)

Training deficiencies indicate:

- Inconsistent documentation
- Variability in staff teaching methods
- Gaps in standardized education materials

Delivery Consistent with Prescriber Order (DMEPOS.RE.8)

This reflects potential issues with:

- Intake accuracy
- Order verification
- Communication between clinical and delivery teams

Infection Control Remains a Multiyear Challenge

Beyond TB control, **infection control training (DMEPOS.IC.2)** appears in the midrange rankings for all three years. This suggests:

- Staff turnover may be impacting training compliance
- Infection control competencies may not be consistently documented
- Annual refresher training may not be uniformly completed

Additionally, **DMEPOS.IC.1** appears in CY 2024 and CY 2023, reinforcing that infection control documentation is a systemwide vulnerability.

Administrative Compliance Standards Show Improvement but Remain Notable

Medicare Compliance (DMEPOS.AM.2)

This standard appears in CY 2025 and CY 2023, indicating intermittent challenges with:

- Ownership/control disclosures
- Regulatory updates
- Policy alignment with CMS requirements

Job Descriptions & Personnel Documentation (DMEPOS.AM.10)

Appearing in CY 2023 and CY 2024, this reflects:

- Inconsistent HR documentation practices
- Need for stronger onboarding and credentialing workflows

Performance Management (DMEPOS.PI.1) Appears Only in CY 2023

This suggests that earlier challenges with performance measurement, adverse event tracking, and billing practice monitoring have improved over time.

The absence of this standard in later years indicates successful corrective actions and better QAPI integration.

Overall Interpretation

- Safety, personnel documentation, and infection control remain the most persistent high-risk areas, appearing consistently across all three years.
- Respiratory related standards rise sharply in CY 2025, indicating either increased survey scrutiny or operational strain in respiratory services.
- Administrative compliance issues fluctuate, suggesting improvements in some years but ongoing vulnerability in others.
- Performance management shows improvement, with fewer citations in recent years.
- The overall trend demonstrates progress in some areas, but continued systemic gaps in documentation, training, and clinical coordination.

The three-year trend analysis demonstrates that the organization continues to face recurring, systemic challenges in several core operational areas—most notably safety program documentation, personnel record management, and infection control compliance. These issues appear consistently across all three years, indicating that they are deep-rooted processes rather than isolated events. Their persistence suggests the need for stronger oversight, more structured accountability, and improved internal auditing mechanisms.

Across the same period, there is a noticeable shift in 2025 toward increased deficiencies in respiratory related standards, including equipment setup, prescriber communication, and patient/caregiver training. This trend likely reflects either an expansion of respiratory services, increased survey scrutiny, or operational strain within clinical service lines. The rise of these standards into higher-risk rankings signals a need for enhanced clinical coordination, standardized training materials, and more robust documentation practices.

Infection control remains a multiyear vulnerability, with TB control, infection control training, and standardized procedures appearing repeatedly. This pattern suggests that infection control processes may not be consistently implemented or monitored, potentially due to staff turnover, insufficient training reinforcement, or gaps in documentation workflows.

Administrative compliance standards—such as Medicare regulatory adherence, job descriptions, and performance management—show intermittent but improving performance, with some standards appearing less frequently in recent years. This indicates that corrective actions in these areas have been partially effective, though continued vigilance is required to maintain compliance.

Overall, the trend analysis reflects an organization that is making progress in some administrative and performance management areas, but continues to experience persistent deficiencies in safety, personnel documentation, infection control, and—more recently—respiratory service delivery. These findings highlight the need for targeted QAPI initiatives, strengthened internal monitoring, and more consistent staff education to reduce repeat deficiencies and improve overall compliance.