

ACCREDITATION 12-MONTH COMPLIANCE CHECKLIST



DMEPOS



FOR PROVIDERS.
BY PROVIDERS.

Use this checklist to audit your Home/Durable Medical Equipment (HME) facility and operations 12 months after your survey visit. This checklist also helps you to determine if your organization is in compliance with applicable local, state, and federal laws and regulations. This checklist is not intended to replace your own comprehensive review of ACHC standards, nor does it guarantee a successful accreditation decision.

- ☐ Performance Improvement (PI) data has been collected for each of the required categories (past 12 months).
- ☐ PI activities are defined as required by standard (DRX6-2A).
- ☐ PI activities are summarized annually in a written report that includes:
 - ☐ Monitoring of all care/services provided under contract/agreement.
 - ☐ Description of PI activities, findings, and corrective actions that relate to the care/service provided.
- ☐ All applicable licenses/permits for each state serviced are displayed and current (including states into which products are shipped).
- ☐ Hours of operation are posted and compliant with CMS requirements.
- ☐ Surety bond and insurance documents are current and available for review.
- ☐ The organizational chart is up to date.
- ☐ Labor law posters are posted.
- ☐ Marketing materials are current and accurately reflect care/service provided, if applicable.
- ☐ The budget has had an annual review and update.
- ☐ DMEPOS supplier standards are current and are distributed to each Medicare recipient.
- ☐ Business Associate Agreements (BAAs) exist for entities as required by HIPAA.
- ☐ Complete personnel records are available for inspection.
- ☐ All direct care personnel have been tested/screened for TB upon hire and as needed based on the annual TB risk assessment.
- ☐ All direct care personnel have access to the Hepatitis B vaccine.
- ☐ Job descriptions are consistent with the organizational chart.
- ☐ All direct care personnel have had a Criminal background check, Office of Inspector General (OIG) exclusion list check, and national sex offender registry check completed.
- ☐ All personnel with access to client/patient records have had a criminal background check and OIG exclusion list check completed.
- ☐ Annual personnel evaluations have been completed, shared, reviewed, and signed by the supervisor and personnel.
- ☐ Source verification of all licensed/certified personnel was documented at hire and upon renewal.
- ☐ Orientation materials cover all required topics. All personnel have received an orientation.
- ☐ Competency assessments were completed upon hire and annually for personnel who set up, train, clean, test, repair and/or educate the use of equipment and/or supplies.
- ☐ Ongoing personnel education containing all topics required by standard has been completed.
- ☐ Contracts/Agreements with outside organizations/personnel have been reviewed annually and are available.
- ☐ All grievances/complaints have been documented, investigated, resolved and outcomes reported to leadership through the PI committee.

- ☐ An accurate record is maintained for each client/patient.
- ☐ All client/patient records are safeguarded against loss or unauthorized use.
- ☐ Audits of client/patient records are being completed to ensure compliance with all regulatory and payor requirements.
- ☐ Receipt of all education is documented in the client/patient record.
- ☐ Products or services provided to clients/patients were requested by the physician or client/patient.
- ☐ Proof of delivery is documented in each client/patient record.
- ☐ Prescriptions and medical necessity documentation are obtained as required by payors.
- ☐ Prescriber credentials have been verified.
- ☐ An annual TB risk assessment has been completed.
- ☐ Infection control education has been provided to personnel and clients/patients.
- ☐ Personnel follow infection control procedures.
- ☐ An annual evaluation to evaluate the adequacy of the emergency preparedness plan has been conducted.
- ☐ Clients/patients/caregivers receive emergency preparedness education.
- ☐ Smoke detectors, fire alarms, and extinguishers are placed in secure areas and have been inspected, maintained, and tested on a regular basis as recommended by the manufacturer.
- ☐ Fire drills and tests of backup power systems have been completed.
- ☐ Exits are clearly marked.
- ☐ A first-aid kit is available and of appropriate size (check for any expired products).
- ☐ Eyewash is available (check for expiration date).
- ☐ Warehouse products are properly segregated and stored.
- ☐ Expired products are separated, removed, and disposed of.
- ☐ Products with lot and/or serial numbers are tracked and manufacturer recalls have been properly addressed.
- ☐ Appropriate warehouse cleaning agents are used per manufacturers guidelines, (if applicable).
- ☐ Cleaning, testing, and calibration of equipment have been completed per manufacturer's guidelines.
- ☐ Routine/preventative maintenance and repairs have been completed per manufacturer's guidelines.
- ☐ Vehicle safety inspections are being completed and recorded.
- ☐ Equipment maintenance records are current and complete.
- ☐ Batch production records, calibrations, filter changes and all required documentation has been completed when transfilling is completed.

Are you aware of the current ACHC Branding Guidelines? If not, please contact the ACHC Marketing Department at (855) YES-ACHC or log in to your customer portal.