

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	Initial Comments An unannounced Licensure complaint and facility reported incident survey was conducted at Children's National Hospital from 08/19/2026 to 08/26/2026. The facility's census was 306 on the first day and 290 on the last day of survey. The sample size was 23 patients. Deficiencies were cited related to the investigation of intakes DC~00013888, DC~00014183, and DC~00014203. No deficiencies were cited related investigation of intakes DC~00014352, DC~14388, DC~14448, DC~14155, and DC~14446.	H 000		
H 120	2019.3 Hospitals The medical staff shall be responsible to the governing authority for the quality of medical care and treatment provided in the hospital and shall: (a) Participate in a Quality Assurance/Performance Improvement program to determine the status of patient care and treatment; (b) Abide by hospital and medical staff policies; (c) Establish a disciplinary process for infraction of the policies; and (d) Recommend criteria and procedures for appointment and reappointment to the medical staff and for delineating clinical privileging to facilitate the provision of quality patient care and treatment.	H 120		

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 120	Continued From page 1 This CONDITION is not met as evidenced by: Based on medical staff rules and regulations review, medical record review, and interview, the facility's medical staff failed to accurately order planned Respiratory Therapy treatments for one (1) out of eight (8) patients sampled (Patient #13). Findings Include: A review of the facility 's ' Medical Staff Rule and Regulations ' last updated 11/13/2025, revealed: "Where electronic entry of patient care orders is available, orders shall be entered and will not be carried out until they are understood by the nurse or other dependent practitioner charged with carrying out the order." A review of Patient #13 's medical record 06/18/2026 to 08/25/2026 revealed that they were admitted on 06/18/2026 to the facility 's Pediatric Intensive Care Unit after a tracheostomy resection. Further review of Patient #13 's Attending Physician progress notes from 06/28/2026 to 07/08/2026 revealed the following under assessment and plan: "- Clearance regimen: CPT [chest physiotherapy] q4h [every four hours]" Further review of Patient #13 's orders from 06/28/2026 to 07/08/2026 revealed no order for Chest Physiotherapy every four hours placed.	H 120			

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 120	Continued From page 2 Further review of Patient #13 ' s Chest Physiotherapy documentation revealed no documentation of Chest Physiotherapy conducted from 06/28/2026 to 07/08/2026. Further review of Patient #13 ' s Attending Physician progress notes from 08/17/2026 to 08/23/2026 revealed the following under assessment and plan: "- Clearance regimen: CPT [chest physiotherapy] q4h [every four hours]" Further review of Patient #13 ' s orders from 08/17/2026 revealed Chest Physiotherapy ordered every six hours, not the planned every four hours. On 08/26/2026 at approximately 11:00 AM the surveyor conducted a face to face interview with Employee #15 Medical Chief, Pediatric Intensive Care Unit. Employee #15 reviewed Patient #13 ' s medical record and acknowledged the missing order for Chest Physiotherapy based on the specified medical plan. Employee #15 acknowledged the difference in frequency of the ordered Chest Physiotherapy to what was incorporated in the medical plan.	H 120		
H 137	2021.12 Hospitals Nursing care procedures and care plans (which may be interdisciplinary care plans), written in conformance with hospital policy, shall be provided for patients, either on an individual or patient care unit basis. This CONDITION is not met as evidenced by:	H 137		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 137	Continued From page 3 Based on hospital policy review, medical record review, and interview, the facility ' s nursing staff failed to conduct nursing, pain, and vital sign assessments per policy for five (5) out of 23 patients sampled (Patients #2, #8, #10, #13, and #23). Findings Include: A review of the facility ' s ' Nursing Documentation in the Medical Record ' policy, last updated 05/29/2025, revealed: "The frequency of entries describing patient progress will be based on the clinical care area, patient ' s condition and acuity, physician orders." And "The reassessment will be documented under the reassessment function of the flowsheet when completed by the same nurse on the same shift as the completed assessment. B. Assessments. 1 The initial assessment serves as a tool for identifying patient problems to determent the patient ' s plan of care.2. Ongoing Assessments. The ongoing assessment is the total appraisal of the hospitalized patient ' s clinical status, their need for nursing care, or the need for escalation of care 4. Reassessment. A process of re-evaluating the patient ' s care with change in patient status, or as defined by individual unit guidelines, within the shift to ensure continuity of care" A review of the facility ' s ' Pain Management ' policy, last updated 12/28/2021, revealed: ". A pain scale score > 3 [greater than three], is reassessed following any therapeutic intervention (pharmacologic and/or cognitive, behavioral or other non-pharmacologic)." A review of Patient #2 ' s medical record from 08/25/2025 revealed that they presented to the	H 137		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 137	Continued From page 4 facility ' s Emergency Department at 9:42 AM for evaluation of dizziness and chest pain. Patient #2 was discharged on 08/25/2025 at 3:40 PM. Further review of Patient #2 ' s pain assessments revealed that they were rated an eight out ten pain intensity at 11:10 AM. Patient #2 was medicated for pain with ketorolac intravenously at 12:18 PM. There is no documentation of post intervention pain reassessments till 2:29 PM. A review of Patient #8 ' s medical record from 07/13/2026 revealed that they presented to the facility ' s Emergency Department at 9:42 AM for evaluation of nausea, vomiting, and diarrhea. Patient #8 was discharged on 07/13/2026 at 3:28 PM. Further review of Patient #8 ' s nursing assessments revealed a nursing assessment conducted at 10:00 AM, there is no documentation of reassessments conducted. Further review of Patient #8 ' s pain assessments revealed they were rated a four out of ten pain intensity at 9:42 AM. Patient #8 was medicated for pain with ketorolac intravenously at 12:23 PM and acetaminophen orally at 1:12 PM. There is no documentation of pain reassessments conducted after these pain interventions. A review of Patient #10 ' s medical record from 07/28/2026 revealed that they presented to the facility ' s Emergency Department at 2:05 AM for evaluation of abdominal pain. Patient #10 was sent for emergent surgery at the facility at 4:15 PM. Further review of Patient #10 ' s nursing assessments revealed no documentation of four	H 137			

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 137	Continued From page 5 hour reassessment conducted from 8:38 AM to 2:09 PM. Further review of Patient #10 ' s pain assessments revealed they were rated an eight out of ten pain intensity at 8:38 AM. Patient #10 was medicated for pain at 10:51 AM with morphine intravenously. There is no reassessment conducted until 2:09 PM. Patient #10 were rated a seven out of ten pain intensity at 2:09 PM and was medicated with morphine intravenously at 2:03 PM. There is no documentation of pain reassessments conducted post administration. A review of Patient #13 ' s medical record 06/18/2026 to 08/25/2026 revealed that they were admitted on 06/18/2026 to the facility ' s Pediatric Intensive Care Unit after a tracheostomy resection. Further review of Patient #13 ' s orders revealed an order for Neurological assessments that include full neuro assessment, Glasgow coma scale, and pupilometer assessment to be done every four hours from 08/18/2026 to 08/24/2026. Further review of Patient #13 ' s every four hour neurological assessments from 08/18/2026 to 08/24/2026 revealed the following: -On 08/19/2026 at 4:00 PM there is no documentation of pupilometer assessment. -On 08/20/2026 at 4:00 PM there is no documentation of pupilometer assessment. -On 08/21/2026 at 12:00 AM the neurological assessment is incomplete no assessment of level of consciousness or affect. At 4:00 AM there is no	H 137		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 137	Continued From page 6 documentation of Glasgow Coma Scale assessed. -On 08/22/2026 there is no documentation of every four hour neurological assessments conducted from 8:00 AM to 4:00 PM. -There is no documentation of pupillometer assessments conducted from 08/22/2026 at 4:00 PM till 08/24/2026 at 4:00 AM. Review of Patient #23 's medical record revealed they were admitted on 07/08/2026 for constipation. Further review of Patient #23 orders reveals on 07/08/2026 an order for vital signs every 4 (four) hours. Further review of Patient #23 's vital signs revealed the following: On 07/09/2026 at 08:00 vital signs were declined. There is no documentation of vital signs from 08:00 AM to 04:00 PM. -On 07/11/2026 from 09:08 AM to 04:27 PM there is no documentation on vital signs. On 08/20/2026 at approximately 11:00 AM the surveyor conducted a face to face interview with Employee #5 Nurse Manager Emergency Department. Employee #5 confirmed that patients are to have nursing reassessments conducted at a minimum of every four hours. Employee #5 confirmed that if a patient receives intravenous pain intervention, a reassessment is to be done within 30 minutes. On 08/25/2026 at approximately 11:00 AM the	H 137		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 137	Continued From page 7 surveyor conducted a face to face interview with Employee #13 Professional Practice Specialist, Pediatric Intensive Care Unit. Employee #13 reviewed Patient #13 's medical record and confirmed the missing and incomplete assessments. On 08/25/2026 at approximately 11:30 AM the surveyor conducted a face to face interview with Employee #27, Informatics Nurse. Employee #27 confirmed the missing vital signs assessments.	H 137		
H 141	2023.1 Hospitals Each hospital shall establish and implement a written process that promptly addresses grievances filed by patients or their representatives. The process includes, but is not limited to: (a) A procedure for submission of grievances which is made available to patients or representatives; (b) Time frames and procedures for review of grievances and provision of a response; and (c) How information from grievances and responses are utilized to improve the quality of patient care and treatment. This CONDITION is not met as evidenced by: Based on hospital policy review, medical record	H 141		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 141	Continued From page 8 review, and interviews, the facility failed to timely initiate grievance process on an unresolved in writing patient complaint per policy for one (1) out of 23 patients sampled (Patient #5). A review of the facility 's ' Complaint/Grievance Management ' policy, last updated 03/15/2024, revealed: "Grievance: A formal or informal written or verbal complaint unable to be addressed and/or resolved at the time of the complaint that is made to the hospital by a patient or the patient ' s representative, regarding the patient ' s care ..." and "The Department or Service who receives a formal grievance should direct the patient or patient ' s representative to the Office of the Ombudsman. The Office of the Ombudsman will assist the patient or patient ' s representative in filing the grievance. If the formal grievance is received in writing, the Department or Service should forward the document to the Office of the Ombudsman as soon as possible." A review of Patient #5 ' s medical record from 04/09/2026 revealed they presented to the facility ' s Emergency Department at 3:48 PM for evaluation of fevers. Further review of Patient #5 ' s orders revealed orders for Respiratory Viral Panel and Urinalysis placed. Further review revealed Patient #5 was discharged at 8:50 PM. Further review of Patient #5 ' s laboratory results revealed blood gas results placed on 04/09/2026 at 9:00 PM. There is no order identified to correlate with this result. Further review of Patient #5 ' s laboratory results	H 141		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 141	Continued From page 9 revealed correction in blood gas results documenting as "Entry Error" on 08/17/2026 at 4:25 PM. A review of Patient #5 ' s parent electronic mail correspondences to the facility revealed notification to the facility ' s Health Information Management department regarding blood gas results placed in error. Further review revealed e-mail correspondences regarding this complaint on 04/10/2026, 05/15/2026, 06/18/2026, 08/17/2026, and 08/19/2026. On 08/19/2026, Patient #5 ' s parent e-mail correspondence includes reference to facility ' s Ombudsman Department. On 08/20/2026 at approximately 10:30 AM the surveyor conducted a webcam assisted interview with Employee #8 Senior Health Information Management Specialist. Employee #8 confirmed as receiving the e-mail complaint from Patient #5 ' s parent regarding an error in blood gas results. Employee #8 confirmed that they did not refer the complaint to the ombudsman department for the grievance process after receiving further communications in writing of an unresolved concern. On 08/20/2026 at approximately 10:45 AM the surveyor conducted a face to face interview with Employee #9 Ombudsman. Employee #9 confirmed that the Ombudsman department was notified of the existing complaint on 08/19/2026 when Patient #5 ' s parent included them on an e-mail. Employee #9 confirmed that facility staff did not refer the in writing unresolved concern since April to the Ombudsman Department for initiation of grievance management.	H 141			

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 145	Continued From page 10	H 145		
H 145	2024.4 Hospitals Each hospital shall provide the necessary care and treatment to meet the needs of patients. Care and treatment provided shall meet prevailing professional standards and scope of practice requirements. Each hospital shall establish and implement written policies and procedures that encompass care and treatment provided to patients. This CONDITION is not met as evidenced by: Based on hospital policy review, medical record review, and interviews, the facility 's Respiratory Therapy staff failed to provide necessary care and treatment per policy for eight (8) out of eight (8) patients sampled (Patient #13, #16, #17, #18, #19, and #21). Findings Include: A review of the facility 's ' Bronchial Hygiene ' policy, last edited 07/10/2025, revealed: "It is the policy of the Respiratory Care Department, upon receipt of an order for chest physiotherapy, to assess the patient for the appropriate modality of bronchial hygiene- unless explicitly stated by provider in the order." And "CPT [Chest Physiotherapy] will be provided QID [four times a day] by not more than Q4 [every four hours] on acute care floors. May be more frequent based on patient assessment in the ICU ' s [intensive care units]. Chest Physiotherapy (CPT) is one	H 145		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 145	Continued From page 11 aspect of bronchial hygiene, and may include Manual percussion/vibration (tapping/shake), mechanical percussion vest, specialized cough techniques Performed Therapy. Prior to implementing CPT procedure, assess the patient for respiratory rate and work of breathing, heart rate and rhythm, skin color pulse oximetry (oxygen reading), and breath sounds. Monitor the following throughout the therapy session and immediately following therapy: ... heart rate and rhythm, breath sounds, oxygen saturationDocumentation. Document in (health record name) as per policy." A review of the facility ' s ' Inhaled Medication Administration ' policy, approved 02/23/2023, revealed: " Policy Statement: The administration of medications by inhalation will be done according to standardized methods within all areas of the hospital Administration and recording of inhalation medications shall be consistent with current medical guidelines and documentation policy The following medications are currently approved for administration by a respiratory therapist. Any other medication must be approved by the Respiratory Care Services Medical Director. Acetylcysteine (10%, 20%). Albuterol BudesonideFluticasone Hypertonic Saline (sodium chloride) (3%, 7%) (three percent, seven percent) LevalbuterolI. Procedure 6. Obtain pre-treatment vital signs to include: heart rate, respiratory rate, oxygen saturation and breath sounds. 7. Reassess patient responses to therapy and obtain post- treatment vital signs Procedure: 1. Verify physician ' s order for drug, dosage, frequency, route of administration, start dates and times. 6. Obtain pre-treatment vital signs to include: heart rate, respiratory rate, oxygen saturation, and breath sounds. 7.	H 145		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
H 145	Continued From page 12 Reassess patient for responses to therapy and obtain post-treatment vital signs. 9. Document treatment in the electronic medical record." A review of the facility ' s ' Medication Administration ' , policy last updated date 10/19/2025 reveals: "VIII. Respiratory Medications- Respiratory medications are administered by Respiratory Therapists. B. Prior to administering medications, the Respiratory Therapist will Review the patient ' s EMAR (electronic medical administration record), become familiar with medications C. The Respiratory Therapist will check patient ' s identification bracelet before administering medications for correct name and medical record number. D. The Respiratory Therapist will scan the patient ' s arm band before administering medications. E. After the patient ' s armband is scanned, and the EMAR is open in the electronic medical record. the Respiratory Therapist will scan each medication prior to administering the medication to the patient." A review of the facility ' s ' Bi-Level Pap/ CPAP ' , last updated date 04/23/2020. "I. Purpose. To support spontaneously breathing with Bi- Level Positive Airway Pressure (Bi-Level) (machine to assist with breathing) or Continuous Positive Airway Pressure (CPAP) (machine to assist with breathing) in all patient care areas E. The respiratory care practitioner will monitor and document in the electronic charting system on the Bi-Level PAP/CPAP modality at the frequency of every 4 hours." A review of Patient #13 ' s medical record 06/18/2026 to 08/25/2026 revealed that they were admitted on 06/18/2026 to the facility ' s Pediatric Intensive Care Unit after a tracheostomy	H 145			

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 145	Continued From page 13 resection. A review of Patient #13 ' s orders revealed manual percussion CPT to all lung lobes is to be done every four hours from 06/20/2026 to 06/23/3036. A review of Patient #13 ' s CPT from 06/20/2026 to 06/23/2026 revealed the following: -On 06/20/2026 at 8:44 PM CPT is performed but does not include documentation of what lung lobes treated. -On 06/21/2026 at 12:35 AM and 4:43 AM CPT is performed but does not include documentation of what lung lobes treated. There is no documentation of CPT performed from 4:43 AM to 11:00 AM. At 9:59 PM CPT is performed but does not include documentation of what lung lobes treated. There is no documentation of CPT performed from 9:59 PM to 4:58 AM on 06/22/2026. -On 06/22/2026 at 4:58 AM and 8:23 AM CPT is performed but does not include documentation of what lung lobes treated. At 11:48 AM Sigh Breath CPT is performed, not the ordered manual percussion. At 8:45 PM CPT is performed but does not include documentation of what lung lobes treated. -On 06/23/2026 at 12:35 AM and 4:59 AM CPT is performed but does not include documentation of what lung lobes treated. At 11:26 AM CPT is performed but only has upper left and right lobes as treated areas. Further review of Patient #13 ' s orders revealed Mechanical Vest CPT to all lung lobes is to be	H 145		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 145	Continued From page 14 done every four hours from 06/24/2026 to 06/27/2026. Further review of Patient #13 ' s CPT from 06/24/2026 to 06/27/2026 revealed the following: -On 06/24/2026 at 4:37 PM CPT is performed but does not include documentation of what lung lobes treated. At 8:58 PM CPT is performed but only has left and right upper lobes as treated areas. -On 06/25/2026 at 5:50 PM CPT is performed but only has left and right upper lobes as treated areas. At 8:20 PM manual percussion CPT is performed, not the ordered Mechanical Vest CPT. -On 06/26/2026 at 9:10 AM sigh breath CPT is performed, not the ordered Mechanical Vest CPT. At 1:01 PM manual percussion CPT is performed, not the ordered Mechanical Vest CPT. -On 06/27/2026 at 1:05 AM manual percussion CPT is performed, not the ordered Mechanical Vest CPT. There is no documentation of Chest Physiotherapy performed from 1:05 AM to 9:15 AM. Further review of Patient #13 ' s orders revealed Mechanical Vest CPT to all lung lobes is to be done every six hours from 07/09/2026 to 07/17/2026. Further review of Patient #13 ' s CPT from 07/09/2026 to 07/17/2026 revealed the following: -On 07/11/2026 there is no documentation of CPT performed from 4:49 AM to 1:23 PM and from 1:23 PM to 9:54 PM.	H 145		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
H 145	Continued From page 15 -On 07/12/2026 there is no documentation of CPT performed from 12:36 PM to 11:00 PM. -On 07/13/2026 there is no documentation of CPT performed from 1:36 AM to 9:51 PM. Further review of Patient #13 ' s orders revealed Cough Assisted CPT to all lung lobes is to be done every six hours from 08/17/2026 to 08/23/2026. Further review of Patient #13 ' s CPT rom 08/17/2026 to 08/23/2026 revealed the following: -On 08/17/2026 there is documentation of Mechanical Vest CPT, not the ordered Cough Assisted at 3:27 AM, 8:45 AM, and 6:40 PM. -On 08/18/2026 there is documentation of Bed facilitated CPT, not the ordered Cough Assisted at 8:24 AM, 1:42 PM, and 8:15 PM. There is no documentation of CPT performed from 8:15 PM to 8:00 AM on 08/19/2026. -On 08/19/2026 there is documentation of Bed facilitated CPT, not the ordered Cough Assisted at 8:00 AM and 1:38 PM. Further review of Patient #13 ' s orders revealed Fluticasone 88 mcg (micrograms) inhalation to be given twice a day from 08/01/2026 to 08/19/2026. Further review of Patient #13 ' s Fluticasone (medication to treat respiratory disorders) administrations from 08/01/2026 to 08/19/2026 revealed the following: -On 08/01/2026 Fluticasone is administered only once. - On 08/02/2026 Fluticasone is administered	H 145			

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 145	Continued From page 16 only once. -On 08/07/2026 Fluticasone is administered only once. -On 08/08/2026 at 2:09 PM Patient #13 is administered 44mcg of Fluticasone, not the ordered 88mcg. -On 08/11/2026 Fluticasone is administered three times 8:02 AM, 8:06 AM, and 10:16 PM. -On 08/13/2026 Fluticasone is administered only once. -On 08/15/2026 Fluticasone is administered only once. -On 08/17/2026 Fluticasone is administered only once. Further review of Patient #13 ' s orders revealed Fluticasone 110 mcg (micrograms) inhalation to be given twice a day from 08/20/2026 to 08/23/2026. Further review of Patient #13 ' s Fluticasone administrations from 08/20/2026 to 08/23/2026 revealed the following: -On 08/20/2026 Fluticasone is administered only once. -On 08/21/2026 at 8:30 PM Patient #13 is administered 88mcg of Fluticasone, not the ordered 110 mcg. -On 08/22/2026 at 8:57 AM Patient #13 is administered 88mcg of Fluticasone, not the ordered 110 mcg.	H 145			

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 145	Continued From page 17 Further review of Patient #13 ' s orders revealed Albuterol 2.5miligrams (mgs) [medication to treat respiratory disorders] ordered every fours hours as needed for shortness of breath from 06/19/2026 to 08/05/2026 Further review of Patient #13 ' s Respiratory Treatment assessments from 08/01/2026 to 08/05/2026 revealed the following: -On 08/02/2026 at 5:02 PM Patient #13 was administered Albuterol. There is no documentation of a post treatment assessment. -On 08/03/2026 at 4:52 AM Patient #13 was administered Albuterol. There is no documentation of a post treatment assessment. -On 08/04/2026 at 1:27 AM Patient #13 is administered Albuterol and there is a post assessment at 1:40 AM, however the Medication Administration Record does not have documentation of Albuterol administered. -On 08/05/2026 at 1:35 PM Patient #13 was administered Albuterol. There is no documentation of a post treatment assessment. A review of Patient #14 ' s medical record from 08/07/2026 to 08/10/2026 revealed that they were admitted for repair of a congenital diaphragmatic hernia and severe pulmonary hypoplasia. Further review of Patient #14 ' s orders revealed CPT ordered four times a day on 08/08/2026. Further review of Patient #14 ' s CPT from 08/08/2026 to 08/10/2026 revealed the following: -On 08/08/2026 at 4:18 PM CPT is	H 145		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 145	Continued From page 18 performed, but there is no documentation of lobes treated. -On 08/09/2026 at 4:55PM CPT is performed, but there is no documentation of lobes treated or duration of treatment. A review of Patient #15 ' s medical record from 08/19/2026 to 08/24/2026 revealed that they were admitted for Acute Appendicitis. Further review of Patient #15 ' s orders revealed CPT ordered four times a day from 08/21/2026 to 08/24/2026. Further review of Patient #15 ' s CPT from 08/21/2026 to 08/24/2026 revealed the following: -On 08/23/2026 there is no documentation of CPT done from 9:28 AM to 10:30 PM. Review of Patient #16 ' s medical record revealed they were admitted on 03/31/2026 for hypoxemia (low oxygen). Further review of Patient #16 ' s orders reveals on 03/31/2026 for Fluticasone [respiratory medication] 220 mcg (micrograms)/ 2 (two) puffs inhalation every 12 (twelve) hours. Further review of Patient #16 ' s Fluticasone inhalation treatments revealed the following: -On 04/01/2026 at 08:40 AM Fluticasone is administered one time. -On 04/02/2026 at 09:42 AM Fluticasone is administered by a Registered Nurse (RN), not a Respiratory Therapist as required by policy.	H 145		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 145	Continued From page 19 Further review of Patient #16 ' s medical record reveals an order on 3/31/2026 to 04/30/ 2026 for sodium chloride 3% (three percent) [saline solution] inhalation solution every 12 hours. Further review of Patient # 16 ' s medical record reveals on 04/01/2026 sodium chloride 3% inhalation solution is administered one time. Further review of Patient #16 ' s order reveals on 3/31/2026 to 04/30/2026 an order for levalbuterol [medication to treat respiratory disorders] inhalation treatment every 4 hours. Further review of Patient #16 ' s levalbuterol inhalation treatment revealed the following: -On 04/02/2026 from 04:30 AM to 01:22 PM there is no documentation of levalbuterol inhalation treatment. Further review of Patient 16 ' s orders revealed on 3/31/2026 to 04/03/2026 an order for CPT every 4 (four hours) with albuterol inhalation treatment all fields [target areas of the lungs]. Further review of Patient #16 ' s CPT documentation reveals: -On 03/31/2026 there is no documentation of CPT until 04/01/2026 at 11:20 AM. -On 04/01/2026 CPT is performed at 11:20 AM, 04:10 PM, and 09:43 PM, not the ordered Q4H. -On 04/02/2026 CPT is performed at 12:39 AM, there is no documentation of CPT duration (time). From 11:29 AM to 08:33 PM there is no documentation of CPT.	H 145		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 145	Continued From page 20 -On 04/03/2026 there is no documentation of CPT from 06:10 PM until 04/04/2026 at 12:25 PM. Further review of Patient #16 's orders reveals on 04/04/2025 to 04/07/2026 a renewal order for CPT every 4 (four) hours all fields. Further review of Patient #16 's CPT documentation reveals: -On 04/05/2026 CPT is performed at 12:59 AM, there is no documentation of duration. A review of Patient # 17 ' s medical record reveals they were admitted on 03/07/2026 for obstructive sleep apnea (sleep related breathing condition). Further review of Patient #17 ' s orders reveals on 03/07/2026 an order for Albuterol inhalation every 4 (four) hours. Further review of Patient #17 ' s albuterol inhalation documentation revealed the following: -On 03/07/2026 at 04:53 there is no documentation of post- assessment respiratory rate, heart rate, and lung sounds. -On 03/09/2026 at 01:37 PM there is no pre- assessment documentation for completed albuterol inhalation treatment. -On 03/11/2026 at 05:30 PM there is no documentation of post- assessment vital signs. Further review of Patient #17 ' s orders reveals from 03/08/2026 to 03/11/2026 an order for CPT QID (four times a day) to all fields cough assist modality.	H 145		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 145	Continued From page 21 Further review of Patient #17 ' s CPT documentation reveals: -On 03/08/2026 CPT is documented at 12:25 PM cough assist and therapy vest modalities are used, not the ordered cough assist. -On 03/09/2026 CPT is documented at 09:00 AM, there is no documentation of targeted areas. Cough assist, MetaNeb [medical device designed to assist with airway clearance], and Therapy vest modalities are used not the ordered cough assist. On 3/10/2026 CPT is documented at 10:17 AM and 05:00 PM, not the ordered four times a day. There is no documentation of modality or targeted fields at 05:00 PM. There is no documentation of CPT from 05:00 PM until 03/11/2026 at 08:40 AM. -On 03/11/2026 CPT is documented at 08:40 AM with MetaNeb modality, not the ordered cough assist. Further review of Patient #17 ' s orders reveals a renewal order from 03/12/2026 to 03/19/2026 for CPT every 4 (four) hours all fields. -From 03/12/2026 at 04:48 PM there is no documentation of CPT until 03/13/2026 at 08:50 AM. -From 3/13/2026 at 04:45 PM there is no documentation of CPT until 03/14/2026 at 10:55 AM. -From 3/14/2025 at 10:55 AM there is no documentation of CPT until 03/15/2026 at 10:48 AM.	H 145			

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 145	Continued From page 22 -From 03/15/2026 at 11:40 PM there is no documentation of CPT until 03/17/2026 at 12:20 AM. Further review of Patient #17 's orders reveals on 03/12/2026 for acetylcysteine 20% inhalation every 8 (eight) hours PRN (as needed). -On 03/14 2026 at 01:16 AM acetylcysteine 20% inhalation is administered, there is no documentation of pre-assessment and post- assessment. A review of Patient #18 's medical record reveals they were admitted on 08/07/2026 for respiratory failure. Further review of Patient #18 's orders reveals an order on 08/07/2026 for albuterol inhalation every 4 hours. Further review of Patient #18 's albuterol inhalation documentation revealed: -On 08/07/2026 from 07:30 AM to 03:48 PM there is no documentation of albuterol inhalation treatment. -On 08/07/2026 at 03:48 there is no documentation of a post- assessment. Further review of Patient #18 's orders reveals on 08/10/2026 an order for levalbuterol inhalation every 4 hours. Further review of Patient #18 's levalbuterol inhalation documentation revealed the following: -On 08/12/2026 at 11:48 PM there is no	H 145			

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 145	Continued From page 23 documentation of lung sounds for post-assessment. Further review of Patient #18 ' s orders reveals an order from 08/10/2026 to 08/13/2026 for CPT every four hours. Further review of Patient #18 ' s CPT documentation reveals: -On 08/10/2026 CPT is performed at 09:09 AM, there is no documentation of duration. -On 08/10/2026 CPT is performed at 05:44 PM, there is no documentation of duration. -On 08/12/2026 CPT is performed at 04:27 PM, there is no documentation of duration. -On 08/14/2026 CPT is performed at 04:17 AM, there is no order for CPT. A review of Patient #19 ' s medical record reveals they were admitted on 07/31/2026 for extradural and subdural abscess (pus pockets near brain and spine). Further review of Patient #19 ' s orders reveals on 08/06/2026 to 09/05/2026 for albuterol inhalation every 4 (four) hours and sodium chloride 3% inhalation solution. Further review of Patient #19 ' s albuterol inhalation and sodium chloride 3% inhalation treatments revealed the following: -On 08/06/2026 at 08:16 PM there is no documentation of post treatment vital signs. Further review of Patient #19 ' s orders reveals on	H 145		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 145	Continued From page 24 08/13/2026 to 09/12/2026 for albuterol inhalation every 6 (six) hours and sodium chloride 3% inhalation solution. On 08/20/2026 at 02:14 there is no documentation of a pre- assessment and post- assessment. Further review of Patient #19 ' s orders revealed on 08/09/2026 an order for two 1 (one)- hour CPAP trials per shift. -From 08/09/2026 at 10:45 AM there is no documentation of 1- hour CPAP trial until 08/10/2026 at 04:50 AM -From 08/10/2026 at 04:50 AM there is no documentation of 1-hour CPAP trial until 08/11/2026 at 02:52 PM -From 08/11/2026 at 02:52 PM there is no documentation of 1-hour CPAP trial until 08/12/2026 at 12:57 AM -From 08/12/2026 at 03:20 AM there is no documentation of 1- hour CPAP trials until 08/17/2026 at 05:28 AM. -From 08/18/2026 to 08/21/2026 there is no documentation of 1- hour CPAP trials per shift. A review of Patient # 21 ' s medical record reveals he was admitted on 07/24/2026 for abdominal (stomach) pain. Further review of Patient #21 ' s orders revealed on 07/25/2026 an order for respiratory treatment Levalbuterol every four hours. Further review of Patient #21 ' s post treatment note revealed on 07/27/2026 at 12:36 Albuterol inhalation was administered, not the ordered	H 145		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER CHILDREN'S NATIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 145	Continued From page 25 Levalbuterol. On 08/21/2026 at approximately 10:30 AM the surveyor conductor a face to face interview with Employee #28, Manager Respiratory Therapist. Employee #28 confirmed albuterol inhalation was administered instead of the ordered levalbuterol inhalation. A review of Patient #21's medical record lacked documented evidence that the patient sustained an untoward affect as a result of the medication error. On 08/23/2026 at approximately 11:30 AM the surveyor conducted a face to face interview with Employee #3 Director of Respiratory Services. Employee #3 confirmed that Respiratory Therapists are to follow ordered treatment frequency and types placed by the provider. Additionally, Employee #3 confirmed that if a patient required a different Chest Physiotherapy modality or change in medication frequency, the Respiratory Therapist is to discuss the need with the medical provider to obtain a new order. Employee #3 confirmed that all medications are to be documented in the Medication Administration Record. Employee #3 confirmed that assessments are done pre and post respiratory treatments. Employee #3 confirmed inhalation treatments are provided by respiratory therapist only unless a medical doctor provides a communication order for a registered nurse to complete the treatment. Employee #3 confirmed when chest physiotherapy is performed, documentation includes duration, method, breath sounds, and vital signs for pre- assessments and post- assessments. Employee #3 confirmed if a patient is not on the unit for a treatment, it should be documented in the medical record.	H 145		