

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0210	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/20/2025
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

MEDSTAR WASHINGTON HOSPITAL CENTER

**110 IRVING STREET 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 facility reported incident [DC~00013973] investigation and complaint [DC~00013993] survey was conducted at Medstar Washington Hospital Center from 11/12/2025 to 11/20/2025. The facility's census was 742 on the first day and 742 on the last day of survey. The sample size was 15 patients. Deficiencies were cited related to the investigation of DC~00013973 and DC~00013993. The following deficiencies are based on observations, medical record review, hospital policy review, and staff interviews.	H 000		
H 097	2014.2 Hospitals The governing body's responsibilities shall include: (a) Monitoring policies to assure appropriate administration and management of the facility; (b) Maintaining the hospital's compliance with all applicable state and federal statutes, relevant state and federal rules and regulations, the hospital's policies and procedures as well as the hospital's plans of correction; (c) Ensuring the quality of all services, care and treatment provided to patients whether those services, care or treatment are furnished by hospital staff or through contract with the hospital; (d) Designating an administrator who is responsible for the day-to-day management of the hospital and defining the administrator's duties and responsibilities; (e) Notifying the Department in writing within	H 097		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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H 097	Continued From page 1 thirty (30) working days when a vacancy in the administrator position occurs, including who will be responsible for the position until another administrator is appointed; (f) Notifying the Department in writing within thirty (30) working days when the administrator vacancy is filled indicating effective date and name of person appointed administrator; (g) Appointment and reappointment of medical staff members who are credentialed in accordance with the District of Columbia Health Occupation Revision Act of 1985 (D.C. Law 6-99) and delineating their clinical privileges, according to the procedures for credentials review established by the medical staff and approved by the governing authority; (h) In collaboration with the medical staff, establishing criteria for membership on the medical staff or clinical privileges; (i) Rendering within a fixed period of time the final decision regarding medical staff recommendations for denial of staff appointments and reappointments, as well as for the denial, limitation, suspension or revocation of privileges. There shall be a mechanism provided in the medical staff bylaws, rules and regulations for review of decisions, including the right to be heard when requested by the practitioner; (j) Ensuring the medical staff is accountable to the governing body for the quality of medical care and treatment; (k) Ensuring a medical staff and a utilization	H 097		

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H 097	Continued From page 2 review process is formed and operated for the purpose of reviewing the medical and hospital care provided and the use of hospital resources to assist individual physicians, administrators and nurses in maintaining and providing a high standard of medical and hospital care and efficient use of the hospital; (l) At least once each year, reviewing reports and recommendations regarding all Quality Assurance/Performance Improvement activities and the Medical Staff and Utilization Review process. Reports shall be utilized to implement programs and policies to maintain and improve the quality of patient care and treatment; (m) Establishing a means for liaison and communication between the governing authority, the medical staff and administration and promoting effective communication and coordination of services among the various hospital departments, administration and the medical staff; (n) Requiring the medical staff to be organized with a chief of staff, president, or chairperson and approving the organization, bylaws, rules and regulations, and policies and procedures of the medical staff and the departments in the hospital; (o) Establishing visitation policies which are in the best interest of patients, including, but not limited to, protection from communicable diseases, protection from exposure to deleterious substances and hazardous equipment and assurance of health and safety of patients; and	H 097		

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H 097	Continued From page 3 (p) In addition to the requirements of section 2032.1(d), establishing a written infection control program which includes a description of risks, strategies to address the risks, a statement of goals, a system to evaluate the program and applicable policies and procedures. This Statute is not met as evidenced by: Based on medical record review, policy review, and staff interview, the hospital failed to consistently implement and modify visitation restrictions for one (1) of ten (10) patients (Patient #7). Findings Include: The facility's policy titled "Visitor /Visitation Policy" dated 10/23/2025 showed " ...C. General Guidelines ...The patient is our priority in everything we do. At times, there may be clinical or other reasons why the care team must place additional limits on visitation to ensure the safety and wellbeing of the patient. In those cases, the care team will provide guidance based on their clinical assessment." Review of the medical record showed Patient #7 was admitted on 10/11/2025 following a high-speed motor vehicle crash with diagnoses including a large abdominal wall defect with herniated bowel through the musculature,	H 097		

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H 097	Continued From page 4 bilateral hemothorax, and flank hematomas. Patient #7 was admitted to the Intensive Care Unit intubated and sedated. A Case Management progress note dated 10/23/2025 documented that the case manager met with Patient #7's sister at the bedside regarding visitation and update request from Visitor #1. The sister stated she did not want Visitor #1 to visit or receive updates and indicated that once Patient #7 was awake and able to communicate, he could determine who he wished to have visit. The sister was documented as the next of kin for decision making at that time. Email correspondence from the Director of Security dated 10/23/2025 at approximately 1:35 PM, addressed to Public Safety and Patient & Guest Services staff indicated that Visitor #1 was not permitted to visit Patient #7 and that her name should be flagged in the security system to restrict visitation. On 11/02/2025, physician documentation showed Patient #7 was awake, following commands, CAM (Confusion Assessment Method) negative, trach- collared and using a speaking valve. Nursing Neurological Assessments also included documentation for Patient #7 as "Within Defined Limits-Oriented to person, place, situation, and time." Further record review showed the patient demonstrated capacity to make medical decisions, evidence by his signed consent for general anesthesia on 11/06/2025. The medical record lacked documentation that visitation restrictions for Visitor #1 were reassessed after Patient #7 was awake and able to communicate on 11/02/2025. The	H 097		

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H 097	Continued From page 5 reassessment was not addressed until 11/13/2025- eleven days later. Additionally, the facility's visitation logs showed that Visitor #1 was able to check in through Patient & Guest Services and visit Patient #7 on 11/05, 11/06, 11/07, 11/08, despite the restriction being in place. The surveyor conducted an interview with Employee #30, Support Service Director on 11/18/2025 at approximately 2:00 PM. According to Employee #30 they received the email directing the restriction of Visitor #1. Visitor restrictions are entered into the Public Guest Services security system (Green Security); however, Employee #30 was unable to confirm that the restriction had been entered, which allowed Visitor #1 to check in four days while the restriction was in place. The surveyor conducted an interview with Employee #29, Senior Nursing Director on 11/18/2025 at approximately 2:30 PM. According to Employee #29, nursing hand-off communication should have included the visitation restriction until the patient was awake and able to make decisions. Employee #29 stated this information should have been shared among nursing staff and documented in the medical record. The surveyor conducted an interview with Employee #31, Surgical Physician, on 11/18/2025 at approximately 3:14 PM. According to Employee #31 the initial plan was to reassess visitation once the patient was more alert and able to express his desires. Employee #31 acknowledged there was no documentation in the medical record reflecting a reassessment of the patient's visitation wishes	H 097		

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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 medical record review, policy review and staff interview, the nursing staff failed to ensure the patient received the correct breast milk for one (1) of six (6) patients (Patient #1). Findings Include: The facility's policy titled "Breastfeeding Newborns Separated from their Mothers, Collection" dated 9/14/2022 showed "II Policy Statement(s): ...G. Breast milk will be verified by scanning the newborn's ID [Identification] tag, then the breast milk with the designated hospital electronic device prior to each feeding." Review of the medical record showed Patient #1 was admitted on 09/22/2025 with a diagnoses including but not limited to, Premature Newborn (Gestational Age of 30 weeks) and Respiratory Distress Syndrome.	H 145			

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H 145	Continued From page 7 A physician's progress note dated 11/02/2025 showed " ...it was discovered that patient [Patient #1] received the breast milk from a different mother. The history of the mother who's milk was given to this patient is not concerning; prenatal labs were all negative ..." The surveyor conducted an interview with Employee #6 on 11/13/2025 at approximately 11:00 AM. Employee #6 reported they mistakenly selected the wrong syringe of breast milk from the refrigerator and administered it to Patient #1. Employee #6 further stated they were rushing and did not perform the required patient identification verification process, including scanning the patient's identification band (located on the patient) and the labeled breast milk prior to administration.	H 145		
H 170	2030.1 Hospitals Each hospital shall maintain records and reports in a manner to ensure accuracy and easy retrieval. This CONDITION is not met as evidenced by: Based on medical record review, policy review, and staff interview, the nursing staff failed to accurately document breast milk administration for one (1) of six (6) patients (Patient #1). Findings Include: The facility's policy titled "Breastfeeding Newborns Separated from their Mothers, Collection" dated 9/14/2022 showed "II Policy Statement(s): ...G. Breast milk will be verified by scanning the newborn's ID [Identification] tag,	H 170		

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H 170	Continued From page 8 then the breast milk with the designated hospital electronic device prior to each feeding ...Preparation of Mother's Milk for Bottle Feeding ...26. Prior to feeding newborn, verify that the newborn is receiving the correct milk using PPID [Positive Patient Identification] with the handheld device ...Preparation of Gavage/Enteral Feeding ...30. Prior to attaching the extension tube, and before feeding verify that the newborn is receiving the correct milk using PPID and hospital handheld device ...V. Documentation: A. Every feeding, no matter how it is delivered, must be documented under the breast milk banner in the EMR." Review of the medical record showed Patient #1 was admitted on 09/22/2025 with a diagnoses to include but not limited to, Premature Newborn (Gestational Age of 30) and Respiratory Distress Syndrome. According to a physician's progress note dated 11/02/2025 showed " ...it was discovered that patient [Patient #1] received the breast milk from a different mother. The history of the mother who's milk was given to this patient is not concerning; prenatal labs were all negative ..." Electronic Medical Record documentation indicated that Positive Patient Identification (PPID) verification was completed prior to the ordered feeding; however, the incorrect breast milk was administered to Patient #1. The surveyor conducted an interview with Employee #6 on 11/13/2025 at approximately 11:00 AM. Employee #6 reported they mistakenly selected the wrong syringe of breast milk from the refrigerator and administered it to Patient #1. Employee #6 further stated they had printed a	H 170		

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H 170	Continued From page 9 separate armband for Patient #1 and kept an additional breastmilk label near their computer. This allowed the employee to document that PPID verification had been completed, although this documentation was not accurate.	H 170			