

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0213	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/26/2026
NAME OF PROVIDER OR SUPPLIER SIBLEY MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 5255 LOUGHBORO RD NW WASHINGTON, DC 20016		
(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 [DC~00013962, DC~00014170, DC~ 00014185, and DC~00014188] investigation survey was conducted at Sibley Memorial Hospital from 03/23/2026 to 03/26/2026. The sample size was 17 patients. Deficiencies were cited related to the investigation of DC~00013962. No deficiencies were cited related to the investigation of DC~00014188. Compliance with incidental findings were identified in the investigation of DC~00014170 and DC~00014185.	H 000		
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 policy and procedures review, medical record reviews, and staff interview, the nursing staff failed to (1) conduct pain reassessments for	H 145		

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

TITLE

(X6) DATE

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H 145	Continued From page 1 two (2) out of seventeen (17) patients sampled (Patient #12 and #14), (2) conduct nursing assessments for two (2) out of seventeen (17) patients receiving care. (Patient #10 and # 11), and (3) conduct vital signs 15 minutes prior to transfer to an outside facility for one (1) out of seventeen (17) patients sampled (Patient #11), (Patient #11). Findings include: 1a. Review of the facility's policy titled "Pain Assessment and Management Policy" dated 10/14/2022 showed: "PURPOSE.... Involve the health care team in oversight, improvement and education of Pain Assessment, Pain Management, and safe opioid prescribing for optimal patient safety and quality. Nursing... May conduct a Pain Assessment on patients with moderate or severe pain, or on request to treat pain... Reassesses and responds to the patient's pain". 1b. Review of the facility policy showed under Appendix B: Hospitalized Patient Encounters - Pain Screening, Assessment, Management Treatment Plan and Documentation dated 12/10/2024 states "B. Pain Assessment... If patient screens positive for moderate or severe pain, or the patient requests their pain be treated, a Pain Assessment shall be performed by the nurse ...D. Pain Reassessment... All patients shall have their pain reassessed by the nurse at appropriate intervals to determine response to treatment." 1c. A review of Patient #12 ' s medical record from 07/01/2025 to 07/10/2025 revealed the patient was admitted for metastatic carcinoma cholangiocarcinoma. Other diagnosis included	H 145		

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H 145	Continued From page 2 Thrombocytopenia (a condition marked by a low platelet counts), Normocytic anemia (a blood disorder defined by low red blood cell) and the patient had a bone marrow biopsy while in the hospital. Further review of Patient #12 's Medication Administration Record revealed on 7/7/2025, the nurse administered 1miligram of Dilaudid injection (a narcotic pain medication) by intravenous method for pain level six (6) out of ten (10) at 8:30 am. Further review of Patient #12 's pain assessments from 07/07/2025 revealed no evidence of pain reassessment until 6:12 PM, nearly 10 hours later. 1d. Review Patient #14 's medical record from 3/10/2026 to 3/26/2026 revealed the patient was admitted with chief complaint of multiple fibroids, a large adnexal cyst (a fluid-filled sac located near the uterus, typically on the ovaries or fallopian tubes) and history of pelvic pain. Further review of patient # 14 's medication administration records revealed on 3/23/26 the patient 's pain score was eight (8) out of ten (10) at 3:00AM. The nurse administered 0.5 milligrams Dilaudid (a narcotic pain medication) by intravenous method at 3:00AM. There was no pain reassessment conducted until 6:40AM. On 3/24/2026 600 milligrams of Ibuprofen were administered by mouth for pain five (5) out of ten (10) at 5:17PM and there was no reassessment until at 8:25 PM. Another dose of 600 milligrams of Ibuprofen was administered on 03/24/2026 by mouth for pain	H 145		

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H 145	Continued From page 3 level three (3) out of ten (10) at 6:11PM and the pain reassessment was done at 12:35 AM 1e. The Surveyor conducted a face-to-face interview with Employee # 10, the Nurse Coordinator Oncology on 03/26/2026 at approximately 11:45 AM, and she stated that nurses are required to conduct assessment one hour after administering intravenous pain medications and two hours after administering oral pain medication. 2a. Review of the facility's policy titled "Emergency Department Nursing Documentation Policy" showed under B. Treatment Area: "Patient assessment will be documented after initial evaluation of patient, upon transfer of care to another nurse (e.g. shift change, change of assignment, etc.), upon change in patient condition, and whenever deemed clinically necessary." and "Patients with ESI [Emergency Severity Index] Level 1-3 require a full head-to-toe assessment. Head-to-Toe assessment includes neurological, HEENT, respiratory, cardiovascular, integumentary, Braden scale, musculoskeletal, gastrointestinal, genitourinary, and psychosocial assessments." 2b. Review of patient #10 's medical record who presented into the ED (Emergency Department) on 2/13/2026 with chief complaint of Suicidal Ideation. Patient #10 's ESI was 2. Further review of patient # 10 's medical records lacked documented evidence of Psychiatric nursing assessment on 2/13/2026 while the patient was in the Emergency Department (ED). 2c. Review of patient 11 's medical record in the Emergency Department from 2/1/2026 to	H 145		

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H 145	Continued From page 4 2/3/2026 revealed the patient was admitted with chief complaint of delusions and ESI of 2. Patient #11 remained in the facility ' s Emergency Department until 2/3/2026 when they were transferred to another facility. Further review of patient # 11 ' s medical records from 2/1/2026 to 2/3/2026 revealed lack of nursing assessment while the patient was in the Emergency Department (ED) during day shifts and night shifts of 2/2/2026. 2d. The Surveyor conducted a face-to-face interview with Employee # 5, the Assistant Director Nursing-Emergency Department on 03/26/2026 at approximately 10:45 AM, and they acknowledged that nurses are required to conduct and document full assessments during the times they are assigned to care for the patient. 3a. Review of the facility's ESI [Emergency Severity Index] level Vital Signs Frequency and Documentation Standards ' policy dated 9/28/2023 showed "All vital signs will include: Heart Rate, Blood Pressure, Respiratory Rate, Oxygen Saturation, Temperature, and Pain Score ..." and under Appendix B: "Transfer: within 15 minutes of leaving the ED [Emergency Department] for transfer to outside facility." 3b. Review of Patient 11 ' s medical record in the Emergency Department from 2/1/2026 to 2/3/2026 revealed the patient was admitted with chief complaint of Delusions, Anxiety, and Unspecific Psychosis. Further review of Patient # 11 ' s disposition showed they were transferred to an outside facility on 2/3/2026 at 12:03PM.	H 145		

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H 145	Continued From page 5 Further review of patient # 11 ' s vital signs record from 2/3/2026 revealed no vital signs were assessed within 15 minutes prior transfer to an outside facility at 12:03 PM. 3c. The Surveyor conducted a face-to-face interview with Employee # 5, Assistant Director Nursing-Emergency Department on 03/26/2026 at approximately 11:00 AM, and Employee #5 acknowledged that vital signs were not conducted (15) fifteen prior to the transfer of patient # 11.	H 145		
H 169	2029.1 Hospitals Each hospital shall provide discharge planning to patients. The discharge planning program includes, but is not limited to: (a) A system for timely evaluation of any discharge planning needs of patients; (b) Identification of staff responsible for the program; (c) Development of a discharge plan, including medication review, with the patient or representative when need is identified; (d) Medication review with the patient or representative; (e) Maintenance of a complete and accurate list of community-based services, resources and facilities to which patients can be referred; and	H 169		

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H 169	Continued From page 6 (f) Arrangement for the initial implementation of a discharge plan including transfer of necessary medical information. This CONDITION is not met as evidenced by: Based on hospital policy review, medical record review, and interview, the facility failed to coordinate a safe discharge plan for an identified vulnerable patient for one (1) out of 17 patients sampled (Patient #6). Findings Include: A review of the facility's Emergency Department (ED) Discharge policy, approved 10/02/2023, revealed under policy: "D. It is the responsibility of the MD [Medical Doctor], PA [Physician Assistant], NP [Nurse Practitioner], or RN [Registered Nurse] discharging the patient to discuss discharge instructions and follow-up care with the patient and/or responsible party." Further policy review revealed under procedure: "1. Patients will be screened during rapid intake by the Emergency Department (ED) Registered Nurse (RN) utilizing the "Abuse Indicators/Resource Planning Assessment" in Epic. Patient who meet a discharge planning may fall within one of the following categories: d. Homeless." and "I. ...Upon further assessment by the primary care team, if an indicator listed above is discovered or an additional Case Coordination need is identified, a Case Coordination Consult will be placed."	H 169		

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H 169	Continued From page 7 Further policy review revealed under "B. ED Safe Discharge Process Outlined for Registered Nurses: "7. Verify Case Coordination has seen all patients for whom they were consulted. 8. Verify that the patient has a method of transportation or arrange for transportation needs to a specific address. 9. Verify and document that the patient has weather-appropriate and clean attire; provide clothing if needed. 10. Document time of discharge, oral and written instruction provided, who was instructed, level of understanding, and mode of discharge." A review Patient #6 ' s medical record from 03/09/2026 revealed that they presented to the facility ' s Emergency Department at 9:04 PM for evaluation of bilateral ankle pain. Further review of Patient #6 ' s triage revealed: "B [bilateral] ankle ' discomfort ' [sp, discomfort] onset yd [yesterday]. Denies trauma, states he is homeless and has been walking a lot..." Further review of Patient #6 ' s ' Abuse Indicators and Safety Planning/ Vulnerable Patient Assessment ' revealed the prompt "Case Management/Social Work Consult needed" is answered as "No" despite documentation of Patient #6 ' s homelessness at triage. Further review of Patient #6 ' s medical record revealed no orders for Case Coordination consult or notes from Case Management. Further review of Patient #6 ' s medical record revealed they were discharged. There is no documentation of Patient #6 ' s Safe Discharge process including: method of transportation, weather appropriate clothing, discharge	H 169		

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H 169	Continued From page 8 instruction explained, and level of understanding." On 03/24/2026 at approximately 11:00 AM the surveyor conducted a face to face interview with Employee #5 Assistant Nursing Director- Emergency Department. Employee #5 reviewed Patient #6 's medical record and confirmed that their homeless status would have been a trigger for Case Coordination. Employee #5 confirmed that nursing staff are required to document safe discharge plans. On 03/24/2026 at approximately 3:00 PM the surveyor conducted a face to face interview with Employee #9 Case Management Nurse Manager. Employee #9 confirmed the Emergency Department Case Management is consult based only. Employee #9 confirmed that Case Management is able to assist with Case Coordination for homeless patients by ensuring they have a safe discharge location, such as a shelter. Employee #9 confirmed that if a patient is homeless then a consult to Case Coordination should be placed.	H 169			