

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD01-0235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/26/2026
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NAME OF PROVIDER OR SUPPLIER CEDAR HILL REGIONAL MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 PECAN ST SE WASHINGTON, DC 20032
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H 000	<p>Initial Comments</p> <p>An unannounced complaint survey was conducted at this facility from February 11 - 25, 2026 to investigate complaints: DC~00014107, DC~00014112, DC~00014123, DC~00014127, DC~00014128, DC~00014129, DC~00014140, DC~00014179 and DC~00014162.</p> <p>The facility's census was 69 on the first day of the survey and 76 on the last day of survey. A total sample of 32 patient records were reviewed.</p> <p>Deficiencies were identified related to the facility's investigation of all complaints listed above, with the exception of complaint DC~00014129.</p> <p>Actual harm was identified related to the investigation of DC~00014123, DC~00014179, and DC~00014127.</p> <p>The following deficiencies are based on observations, medical record review, hospital policy review, and staff interviews.</p>	H 000		
H 101	<p>2016.1 Hospitals</p> <p>Each hospital shall maintain a sufficient number of staff with the qualifications, training and skills necessary to meet patient needs. The hospital shall be staffed twenty-four (24) hours per day.</p> <p>This CONDITION is not met as evidenced by: Based on a review hospital policies, personnel records, and staff interviews, the facility failed to ensure required training and demonstration of competencies were completed prior to staff performing duties independently for five (5) of eight (8) employees. (Employees #28, #29, #31,</p>	H 101		

Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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H 101	<p>Continued From page 1 #34, and #35).</p> <p>Findings include:</p> <p>Review of facility's policy titled "Competency Based Practice" revised 02/09/2026, showed, "...E. All new employees are expected to successfully complete their department competencies before performing their job independently and during their 90-Day Introductory Period while being precepted/oriented. Department competencies are competencies that are derived from tasks, skills, procedures and equipment necessary to perform the job description safely and in a manner appropriate to age specific requirements.."</p> <p>Review of the facility's policy titled "Paid and Non-paid Hours for e-Learning Management System [HealthStream-central hub for training, compliance tracking, and skill development] (LMS) Coursework" revised 09/06/2024 showed, "IV Policy: ...B. Employees are assigned, on annual and ongoing basis, mandatory learning activities which include, but are limited to, initial and ongoing competencies, and regulatory educational requirements..."</p> <p>1. Review of personnel records revealed an Emergency Department Nurse (Employee #28's) date of hire (DOH) was 11/03/2025. There was no documentation of training or competency validation for Glucose or iSTAT Point of Care Testing and EMTALA (Emergency Medical Treatment and Active Labor Act) training through HealthStream.</p> <p>2. Review of personnel records revealed an Emergency Department Nurse (Employee #29's)</p>	H 101		

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H 101	<p>Continued From page 2</p> <p>was 10/26/2025. There was no documentation of training or competency validation for iSTAT Point of Care Testing noted in the employee's record.</p> <p>3. Review of personnel records revealed an Emergency Department Nurse (Employee #31's) date of hire (DOH) was 09/08/2025. There was no documentation of EMTALA training through HealthStream.</p> <p>4. Review of personnel records revealed an Emergency Department Nurse (Employee #34's) date of hire (DOH) was 12/02/2025. There was no documentation of EMTALA training through HealthStream since 04/18/2019, from a previous employer.</p> <p>5. Review of personnel records revealed an Emergency Department Nurse (Employee #35's) date of hire was 09/22/2025. There was no documentation of training or competency validation for Glucose or iSTAT Point of Care Testing and EMTALA training through HealthStream.</p> <p>During an interview with Employee #23 (Human Resources Director) and Employee #24 (Education Coordinator) on 02/18/2026 at approximately 9:30 AM, the employees stated that HealthStream modules, including EMTALA training, are assigned to employees and are expected to be completed within the first 30 days of hire. Both acknowledged that Employees #28, #31, #34, and #35 did not complete EMTALA training within the required timeframe.</p> <p>When asked about required Emergency Department skills training, including Glucose and iSTAT point of care testing, Employee #24 stated that skills training is provided through</p>	H 101		
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H 101	Continued From page 3 HealthStream and completed in-person with a preceptor on the designated unit. Competencies are documented on the "RN [Registered Nurse] Orientation Check-Off List" and initialed and dated by the preceptor. Employee #24 acknowledged that Employees #28,#29, and #35 did not complete the required skills training and competency validation.	H 101		
H 126	2021.1 Hospitals Each hospital shall provide a nursing staff that is adequate for the diagnostic facilities and services, therapeutic facilities and services, and rehabilitation facilities and services that the hospital undertakes to provide. This CONDITION is not met as evidenced by: Based on review of hospital policies, supporting documentation, and interviews, the facility failed to (1) ensure minimum required amount of emergency department nurses per the facility's staffing matrix, and escalate staffing concerns to the designated authority prior to enacting diversion (a temporary status declared when an Emergency Department (ED) is understaffed, to safely treat more patients) and (2) ensure an adequate number of medical-surgical nurses required for a 16 bed medical surgical unit per issued Certificate of Licensure. Findings include: A review of the facility's 'Management of Staffing' policy, last reviewed 11/05/2025, revealed under Daily Staffing: A. Management of Staffing at the Unit Level: 1. Managers are responsible for the daily management of staff at the unit level... "and	H 126		

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H 126	<p>Continued From page 4</p> <p>"B. Nursing Administrative Support: 1. The Hospital Operations Supervisors (HOS) are responsible for assigning supplemental staff and reassigning unit staff. If the number of staff available does not meet patient needs, unit leadership should develop a staffing plan to ensure continuity of patient care."</p> <p>A review of the facility's Nursing Manager job description, approved 05/20/2025, revealed: "Responsible for employee matters, which include staff selection, management, and development ensuring adequate numbers of qualified employees to provide safe, effective, and efficient services in accordance with established standards and productivity levels."</p> <p>1. A review of the facility's Emergency Department Staffing Matrix (undated) revealed that from the hours of 3:00 AM to 7:00 AM the Emergency Department was required to have the following: -Charge Nurse: 1 -Triage Nurse: 1 -Bedside Nurses: 4</p> <p>A review of the facility's Emergency Department assignment sheet dated 02/18/2026 revealed the following staffing for 02/19/2026 from 3:00 AM to 7:00 AM. -Charge Nurse: 1 -Triage Nurse: 1 -Bedside Nurses: 2</p> <p>A review of the District of Columbia Health Department's Facility Diversion Notification dated 02/18/2026 at 10:33 PM revealed: "[Facility's name] called to request full diversion starting at 3am [3:00 AM] on Feb [February] 19th until 8am [8:00 AM] due to staffing issues they will be at</p>	H 126		

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H 126	<p>Continued From page 5</p> <p>capacity until their shift change."</p> <p>A review of the facility's Emergency Department census per hour from 3:00 AM to 7:00 AM on 02/18/2026 revealed the following:</p> <ul style="list-style-type: none"> -3:00 AM: 3 patients, -4:00 AM: 1 patient, -5:00 AM: 5 patients, -6:00 AM: 2 patients, -and 7:00 AM: 6 patients. <p>On 02/25/2026 at approximately 11:00 AM the surveyor conducted a face-to-face interview with Employee #31 (ED Nurse Manager). Employee #31 confirmed that they were not notified of staffing concerns on 02/18/2026 night shift prior to the request for diversion due to insufficient staffing. Employee #31 confirmed that the Nurse Manager is able to reach out to staff to see if any nurses can come to the Emergency Department, or the Nurse Manager can report to the ED themselves to support the unit. Employee #31 confirmed that night shift staffing concerns would be communicated by the Hospital Operations Supervisor.</p> <p>2. A review of the facility's Certificate of Licensure valid from 08/11/2025 to 04/13/2026 revealed a licensed capacity of 142 beds with 80 beds designated for Medical-Surgical care.</p> <p>A review of the facility's hospital census for 02/25/2026 revealed 44 medical-surgical beds occupied and seven (7) medical-surgical patients boarding in the facility's Emergency Department.</p> <p>A review of the facility's Encounter Location History dated 02/25/2026 revealed the following patients admitted and remaining in the facility's</p>	H 126		

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H 126	Continued From page 6 Emergency Department: -Patient #29 was admitted on 02/24/2026 at 7:38 PM for Abdominal Pain and remained in the facility's Emergency Department until 02/25/2026 at 1:43 AM. -Patient #30 was admitted on 02/24/2026 at 8:00 PM for an exacerbation of Chronic Obstructive Pulmonary Disease and remained in the facility's Emergency Department until 02/25/2026 at 1:16 AM. -Patient #31 was admitted on 02/24/2026 at 10:02 PM for Syncope and Collapse and remained in the facility's Emergency Department until 02/25/2026 at 6:10 AM. -Patient #32 was admitted on 02/25/2026 at 1:27 AM for Altered Mental Status and remained in the facility's Emergency Department until 02/25/2026 at 9:59 AM. On 02/25/2026 at approximately 1:30 PM the surveyor conducted a face-to-face interview with Employee #3, Chief Operating Officer. Employee #3 confirmed that a planned 16 bed medical-surgical unit was not open. It is worth noting that this unit had 16 licensed medical-surgical beds but has not been used since the hospital opened.. On 02/25/2026 at approximately 1:35 PM the surveyor conducted a face-to-face interview with Employee #4 Assistant Chief Financial Officer. Employee #4 confirmed that agency staffing to open the 16-bed medical-surgical unit is pending.	H 126		
H 138	2022.1 Hospitals Each hospital shall protect and promote each patient's rights. This includes	H 138		

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H 138	<p>Continued From page 7</p> <p>the establishment and implementation of written policies and _____ procedures, which include, but are not limited to, the following rights. Each patient or designee, when appropriate, shall have the right to:</p> <p>(a) Respectful and safe care given by competent personnel;</p> <p>(b) Be informed of patient rights during the admission process;</p> <p>(c) Be informed in advance about care and treatment and of any change;</p> <p>(d) Participate in the development and implementation of a plan of _____ care and any changes;</p> <p>(e) Make informed decisions regarding care and to receive information necessary to make decisions;</p> <p>(f) Refuse treatment and to be informed of the medical consequences _____ of refusing treatment;</p> <p>(g) Formulate advance directives and have the hospital comply with _____ the directives unless the hospital notifies the patient of the inability _____ to do so;</p> <p>(h) Personal privacy and confidentiality of medical records;</p> <p>(i) Be free from abuse, neglect, and exploitation;</p>	H 138		
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H 138	<p>Continued From page 8</p> <p>(j) Access information contained in his/her medical record within a reasonable time frame when requested, subject to limited circumstances where the attending physician determines it would be harmful to disclose the information to the patient for therapeutic reasons;</p> <p>(k) Be free from chemical and physical restraints that are not medically necessary;</p> <p>(l) Receive hospital services without discrimination based upon race, color, religion, gender, national origin, or payer. Hospitals are not required to provide uncompensated or free care and treatment unless otherwise required by law; and</p> <p>(m) Voice complaints and file grievances without discrimination or reprisal and have those complaints and grievances addressed.</p> <p>This CONDITION is not met as evidenced by:</p> <p>Based on review of hospital policies, medical records, and interviews, the facility failed to provide care in a safe setting by (1) not following the suicide risk policy for two (2) patients (Patient #23 and #28), and (2) not following the elopement</p>	H 138		
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H 138	<p>Continued From page 9</p> <p>policy for three (3) patients (Patient #10, #15, and #16).</p> <p>Findings include:</p> <p>A review of the facility's 'Safety Observation for Suicidal Behavioral Health Patients in Alternative Care Settings' policy, revised 05/21/2025, revealed under Policy: "All behavioral health patients who are identified as being suicidal or at high risk for self-harm must be continuously supervised at all times, including when they need to use the restroom. Suicidal patients shall not be left alone or unattended in any situation." Further review under Identification of Suicidal Risk revealed: "1. All behavioral health patients will be assessed for suicide risk during the triage process and throughout their care by trained staff using appropriated suicide screening tools. 2. Any patients identified as being at risk for suicide (e.g. having suicidal ideation, plans, or attempts) will be placed under appropriate supervision protocols." Under Responsibilities the following was listed: "D. 1-1 Safety Attendant: 2. Maintain detailed documentation related to supervision and patient safety."</p> <p>1a) A review of Patient #23's medical record from 01/17/2026 revealed that they presented to the facility's Emergency Department under FD-12 involuntary commitment for evaluation of Suicidal Ideation.</p> <p>Further review of Patient #23's medical provider note revealed: "patient is [age] with past medical history significant for schizophrenia, Attention Deficit Hyperactive Disorder (ADHD), and autism presenting to the emergency department with concern for auditory hallucinations and Suicidal Ideation (SI). Patient was placed under an FD-12</p>	H 138		
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H 138	<p>Continued From page 10</p> <p>by police after mother called reporting that he was suicidal and she was concern for self because he was breaking a bunch of things around the house. Patient states that he is hearing voices that were making him completely more frustrated, and he thought about harming himself but does not have a plan. In the past he has previously hit his head on hard objects or punched himself in the head to try and harm himself."</p> <p>Further review of Patient #23's behavioral health consult note revealed: "Pt. [Patient] is [age] diagnosed with schizophrenia, Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactive Disorder. He presents with audio hallucination which is commenting or laughing at him and leading to destructive behavior, emotional outburst and threats to end it all via OD [overdose]. Pt. has been nonadherent with medications. He is a high safety risk to self and possibly others and will benefit from admission for safety and stabilization of symptoms."</p> <p>Further review of Patient #23's orders revealed no order for 1:1 [one to one] observations, or documentation of 1:1 constant observation.</p> <p>1b) A review of Patient #28's medical record from 1/31/2026 revealed that they presented to the facility's Emergency Department for evaluation of alcohol intoxication. Further review of Patient #28's medical provider's note revealed: "[age] past medical history of depression on antidepressants with outpatient psychiatry follow-up every 3 weeks presenting with alcohol intoxication, drinking unspecified amount of whiskey, had couple episodes of vomiting, endorses SI [suicidal ideation] without plan for period of months, no AVH [auditory or visual</p>	H 138		

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H 138	<p>Continued From page 11</p> <p>hallucinations] or HI [homicidal ideation]."</p> <p>Further review of Patient #28's orders revealed the order: "1:1 [one to one] observation at all time," however, the patient's record did not reveal documentation of 1:1 constant observation.</p> <p>On 02/19/2026 at approximately 1:00 PM the surveyor conducted a face-to-face interview with Employee #30 (Nursing Supervisor Emergency Department). Employee #30 confirmed that suicidal patients are to have a one-to-one constant observer at all times and these checks are documented every fifteen minutes on a sheet.</p> <p>2a) A review of the facility's 'Elopement Procedures & Precautions' policy, last review 11/05/2025, revealed under definitions: "B. The At-Risk Patient: An at-risk patient is a patient who is at risk of harm to themselves or others if they wander or go missing and are not found and returned to a safe treatment environment. A patient's cognitive ability, the ability to make rational decisions, is a major feature of the assessment of risk in such situations."</p> <p>Further policy review revealed: "Conditions that may prevent patient from making appropriate decisions: altered mental status and substance abuse." In addition, the policy stated, under C. "Placing the At-Risk Patient on Elopement Precautions: g. Document the risk factors and warning signs, the time that elopement precautions were initiated, the level of monitoring initiated to ensure patient safety, and the physician that was notified of the elopement risk," and under VI. Procedure for Patient Elopement: "I. A progress note outlining the event, patient status, assessment of potential harm, attempt to find the patient, and notification of next-of-kin</p>	H 138		
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H 138	<p>Continued From page 12</p> <p>should be placed in the medical record."</p> <p>A review of Patient #10's medical record from 12/28/2025 revealed that they presented to the facility's Emergency Department for evaluation of a human bite. Patient #10 was documented as intoxicated.</p> <p>Further review of Patient #10's medical record revealed that they eloped from the facility's Emergency Department. There was no documentation of Patient #10's risk for elopement, status, assessment of potential harm, physician notification, attempts to find patient, or next of kin notification.</p> <p>2b) A review of Patient #15's medical record from 02/08/2026 revealed that they presented to the facility's Emergency Department for evaluation of chest pain.</p> <p>Further review of Patient #15's medical record revealed that they eloped from the facility's Emergency Department. There was no documentation of Patient #15's risk for elopement, status, assessment of potential harm, physician notification, attempts to find the patient, or next of kin notification.</p> <p>2c) A review of Patient #16's medical record from 01/07/2026 revealed that they presented to the facility's Emergency Department for evaluation of Alcohol Intoxication.</p> <p>Further review of Patient #16's medical provider's note revealed: "Patient is a [age] with unknown medical history presenting today for vomiting. Initial vitals are notable for blood pressure 115/79, afebrile, heart rate of 60, satting [oxygen saturation] well on room air. Physical exam</p>	H 138		

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H 138	<p>Continued From page 13</p> <p>overall reassuring, patient is clinically intoxicated, otherwise no abnormalities on cardiopulmonary auscultation or pain to palpation of the abdomen.... Patient appears to have eloped from out emergency department prior to my reassessment and to workup. Attempted to call phone number on file however phone call was not able to go through x2 [times two]."</p> <p>Further review of Patient #16's medical record revealed no documentation of Patient #16's elopement risk or interventions implemented prior to their elopement.</p> <p>On 02/13/2026 at approximately 12:00 PM the surveyor conducted a face-to-face interview with Employee #20 (Nursing Supervisor - Emergency Department). Employee #20 confirmed that patients are to be assessed for elopement risk at triage. Employee #20 confirmed that patients at risk for elopement will be placed closer to nursing staff, have belongings secured, and can have a 1:1 [one to one] constant observer used to ensure safety.</p>	H 138		
H 145	<p>2024.4 Hospitals</p> <p>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.</p>	H 145		

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H 145	<p>Continued From page 14</p> <p>This CONDITION is not met as evidenced by:</p> <p>Based on review of hospital policies, medical records, and staff interview, the facility failed to provide necessary care and treatment by failing to (1) provide a medical screening evaluation for one patient that presented to the facility's Dedicated Emergency Department (Patient #33), (2) document an appropriate transfer for one (1) out of 21 patients sampled (Patient #26) (3) document initial nursing assessments for six (6) out of 21 patients receiving care in the emergency department, (Patients #8, #11, #17, #19, #21, and #28), and (4) conduct the required vital signs for one (1) of twenty-six 26 patients receiving blood products in the emergency department (Patient #26).</p> <p>Findings include:</p> <p>1. Findings related to failure to provide a medical screening evaluation</p> <p>A review of the facility's 'Emergency Medical Treatment and Active Labor Act' policy, last reviewed 04/18/2025, revealed: "Hospital will provide an individual with an appropriate Medical Screening Examination [MSE] within the Capability of Hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an Emergency Medical Condition exists, regardless of the individual's ability to pay, when: (a) there has been a request for medical care by an individual within a Dedicated Emergency Department [DED] ..." and "An individual must receive an MSE, within the capabilities of the</p>	H 145		

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H 145	<p>Continued From page 15</p> <p>Hospital's DED, including ancillary services routinely available, to determine whether or not an EMC exists, or with respect to a pregnant woman having contractions, whether the woman is in labor, and where or not the treatment requested is explicitly for an emergency condition if: 1. The individual comes to Hospital's DED, including by transfer from another hospital, and a request is made on their behalf for examination or treatment for a medical condition."</p> <p>A review of the District of Columbia Health and Medical Coalition's Diversion Status report from 02/11/2026 revealed: "[Facility's name] is on full EMS [Emergency Medical Services] Diversion until 11:00pm, February 11, 2026, unless otherwise extended or rescinded."</p> <p>A review of Patient #33 ' s Prehospital Care Report from 02/11/2026 at 11:21 PM revealed the following: "[Ambulance unit number] aostf [unspecified acronym] [Patient #33] inside of home c/o [complaint of] feeling lightheaded and dizzy. Pt sts [states] shes been feeling that way all day today as well as yesterday. Pt sts shes been stress and not getting the proper amount of rest. Pt presents as aox4 [alert and oriented times 4] neg signs of trauma no additional complaints. Pt wants to be evaluated so pt was transported to [facility ' s name] where we were told they were not taking any patients for the night due to them being on diversion. Pt was given [another hospital within District of Columbia] for new hospital destination per ELO [Emergency Liaison Officer]"</p> <p>A review of the facility's video footage dated 02/11/2026 from 11:50 PM to 12:03 AM revealed the following:</p>	H 145		

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H 145	<p>Continued From page 16</p> <p>-At approximately 11:51 PM Patient #33 is seen walking into the facility ' s a Dedicated Emergency Department entrance accompanied by Emergency Medical Services.</p> <p>-At approximately 12:01 AM Patient #33 is seen walking back to Emergency Medical Services ' ambulance.</p> <p>-At approximately 12:03 AM Emergency Medical Services 'ambulance departs the facility's property.</p> <p>A review of the facility ' s arrivals from 02/11/2026 to 02/12/2026 revealed no documentation of the arrival of Patient #33 via Emergency Medical Services from 11:00 PM to 12:00 AM.</p> <p>On 02/13/2026 at approximately 2:00 PM the surveyor conducted a face-to-face interview with Employee #29 Emergency Department Medical Director. Employee #29 confirmed that any patient that enters the facility's Emergency Department to be evaluated is to receive a Medical Screening Examination. Employee #29 confirmed that a medical screening examination is required for patients that enter the facility prior to a decision to send them to an outside hospital.</p> <p>2. Findings related to failure to document an appropriate transfer</p> <p>A review of the facility's 'Emergency Medical Treatment and Active Labor Act' policy, last reviewed 04/18/2025, revealed under definition: "A. Appropriate transfer occurs... (iii) the transferring hospital sends to the receiving hospital all medical records (or copies thereof) related to the Emergency Medical Condition for which the individual has presented, available at</p>	H 145		

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H 145	<p>Continued From page 17</p> <p>the time of transfer, including records related to the individual's Emergency Medical Condition, observations of signs or symptoms, preliminary diagnosis, treatment provided, results of diagnostic studies or telephone reports of the studies, and the in informed written consent for transfer or certification if applicable... (iv) the transfer is effected through qualified personnel, transportation and equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer."</p> <p>A review of Patient #26's medical record from 1/13/2026 revealed that they presented to the facility's Emergency Department for evaluation of Gastrointestinal Bleeding.</p> <p>Further review of Patient #26's course of treatment revealed requirement for two blood transfusions.</p> <p>Patient #26's provider note revealed a decision to transfer Patient #26 to another hospital's Emergency Department for specialist management.</p> <p>Further review of Patient #26's transfer documentation revealed the following:</p> <ul style="list-style-type: none"> -No documentation of informed consent for transfer. -No documentation of Patient #26 certified stable for transfer by the qualified medical provider. -No documentation of risk and benefits of transfer explained. 	H 145		
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H 145	<p>Continued From page 18</p> <p>-No documentation of level of care (basic life support or advanced life support) and medical orders required for ambulance transport.</p> <p>On 02/13/2026 at approximately 2:00 PM the surveyor conducted a face-to-face interview with Employee #29 Emergency Department Medical Director. Employee #29 confirmed that any patient that is transferred from the facility's Dedicated Emergency Department is to be evaluated and certified stable or not by the medical provider.</p> <p>On 02/19/2026 at approximately 1:00 PM the surveyor conducted a face-to-face interview with Employee #30 Nursing Supervisor Emergency Department. Employee #30 reviewed Patient #26's medical record and confirmed the required transfer documentation was not present in Patient #26's medical record.</p> <p>3. Findings related to failure to document initial nursing assessments</p> <p>A review of the facility's 'Documentation of Patient Assessment and Patient Care Planning' policy, revised 06/20/2025, revealed under Comprehensive Assessment: "All patients should have an initial assessment based upon their individual needs and according to the clinical setting, status and entry point into the hospital."</p> <p>Review of Patient #8's medical record revealed the patient presented to the emergency department with a chief complaint of sexual assault. Further review of the records lacked documented evidence of a nursing assessment during the entire Emergency room stay as required by the facility's policy.</p>	H 145		

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H 145	<p>Continued From page 19</p> <p>Review of Patient #11's medical record revealed the patient arrived at the Emergency Department (ED) on 01/29/2026 at 07:44 PM with a chief complaint of sexual assault and was discharged on 01/31/2026 at 4:28 AM. Further review of the medical records lacked documented evidence of a nursing assessment during the entire Emergency room stay.</p> <p>Review Patient #17's medical record revealed the patient presented to the ED on 02/03/2026 at 4:30 AM with chest pain and discharged on 02/03/2026 at 6:12 AM. Further review of the records lacked documented evidence of a nursing assessment during the entire Emergency room stay as required by the facility's policy.</p> <p>Review of Patient #19's medical record revealed the patient presented to the ED on 01/20/2026 at 1:45 PM with complaints of intermittent dizziness and chest pains. Further review of the records lacked documented evidence of a nursing assessment during the Emergency room visit, per policy.</p> <p>Review Patient #21's medical record revealed the patient came to the ED on 2/15/2026 at 2:15 PM with a chief complaint of black eye on the left side and Chemosis of the left Conjunctiva band, and was discharged 02/15/2026 at 9:14 PM. Review of the records lacked documented evidence of nursing assessment during the patients entire Emergency room visit, per policy.</p> <p>Review of the medical records of Patient #28 revealed the patient came to the Emergency Department (ED) on 01/31/2026 at 04:41 AM with a chief complaint of suicidal ideation and was discharged 01/31/2026 at 11:27 AM. Further review of the medical records lacked documented</p>	H 145		

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H 145	<p>Continued From page 20</p> <p>evidence of nursing assessment during the entire Emergency room visit, per policy.</p> <p>The surveyor conducted a face-to-face interview with Employee #20, Clinical Supervisor, on 02/13/2026 at approximately 11:45 AM. Employee #20 stated that patients are required to have an initial nursing assessment on admission and during their stay in the emergency department. Employee #20 acknowledged the above missing nursing assessments.</p> <p>4. Findings related to failure to conduct the required vital signs</p> <p>Review of the facility policy and procedure titled, "The Administration of Blood Components" revised on 05/17/2025, showed " ...Guidelines for Administration of Blood/Blood products: Vital signs are taken immediately prior to initiation of transfusion. Monitor vital signs and assess for the first 15 minutes, then every hour thereafter and document in the medical record. Vital signs must be taken and documented one hour after transfusion is completed."</p> <p>Review of the medical record showed Patient #26 presented to the emergency room on 01/13/2026 with fatigue and dark stools. According to the ED physician note dated 01/13/26, Patient #26's Hemoglobin levels were 4.1 gm/dL (grams per deciliter) and Hematocrit levels as 13.4 %. Additionally, Patient #26 required two units of blood products.</p> <p>The second unit of blood product administration started at 11:06 PM. However, the medical record lacked documentation indicating vital signs were obtained hourly, during the transfusion, per policy.</p>	H 145		

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H 145	Continued From page 21 The surveyor conducted a face-to-face interview with Employee #20, Clinical Manager, on 02/13/2026 at approximately 2:30 PM. Employee #20 acknowledged the lack of vital signs monitored or documented during the blood transfusion while Patient #26 was in the emergency room.	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 observations, hospital policy review, medical record review, supporting documentation review, and interviews, the facility failed to maintain a central log identifying all patients that presented to the facility's Dedicated Emergency Department for a Medical Screening Exam for one patient (Patient #33). Findings Include: A review of the facility's 'Emergency Medical Treatment and Active Labor Act' policy, last reviewed 04/18/2025, revealed: "1. Central Log Procedure: c. The Central Log must contain at a minimum, the name of the individual, the date, time and means of the individual's arrival, the individual's age, the individual's sex, the individual's record number, the nature of the individual's complaint, the individual's disposition, the individual's time of departure, and whether the individual refused treatment, was refused treatment, was transferred, was admitted and treated, was stabilized and transferred, was	H 170		

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H 170	<p>Continued From page 22</p> <p>stabilized and discharged, or expired"</p> <p>A review of Patient #33 ' s Prehospital Care Report from 02/11/2026 at 11:21 PM revealed the following: "[Ambulance unit number] aostf [unspecified acronym] [Patient #33] inside of home c/o [complaint of] feeling lightheaded and dizzy. Pt sts [states] shes been feeling that way all day today as well as yesterday. Pt sts shes been stress and not getting the proper amount of rest. Pt presents as axo4 [alert and oriented times 4] neg signs of trauma no additional complaints. Pt wants to be evaluated so pt was transported to [facility ' s name] where we were told they were not taking any patients for the night due to them being on diversion. Pt was given [another hospital within District of Columbia] for new hospital destination per ELO [Emergency Liaison Officer]"</p> <p>A review of the facility ' s video footage dated 02/11/2026 from 11:50 PM to 12:03 AM revealed the following:</p> <p>-At approximately 11:51 PM Patient #33 is seen walking into the facility ' s a Dedicated Emergency Department entrance accompanied by Emergency Medical Services.</p> <p>-At approximately 12:01 AM Patient #33 is seen walking back to Emergency Medical Services ' ambulance.</p> <p>-At approximately 12:03 AM Emergency Medical Services ' ambulance departs the facility's property.</p> <p>A review of the facility 's Central Log arrivals from 02/11/2026 to 02/12/2026 revealed no documentation of arrivals of patients via</p>	H 170		
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H 170	Continued From page 23 Emergency Medical Services from 11:00 PM to 12:00 AM. On 02/13/2026 at approximately 1:00 PM the surveyor conducted a face-to-face interview with Employee #7 Director of Quality. Employee #7 confirmed that the facility's Central Emergency Department log did not contain any arrivals via Emergency Medical Services. Employee #7 reviewed the video footage with the surveyors and confirmed one patient was observed entering the facility ' s Dedicated Emergency Department accompanied by Emergency Medical Services.	H 170		
H 172	2030.3 Hospitals Each medical record shall contain, when applicable, the following information: (a) Identification data; (b) Chief complaint; (c) Present illness; (d) History and physical examination; (e) Admitting diagnosis; (f) All pathology/laboratory and radiology reports; (g) Properly executed informed consent forms; (h) Consultation reports; (i) Medical practitioner orders;	H 172		

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H 172	<p>Continued From page 24</p> <ul style="list-style-type: none"> (j) Documentation of all care and treatment, medical and surgical; (k) Tissue report; (l) Progress notes of all disciplines; (m) Discharge summary and final diagnosis; (n) Autopsy findings; and (o) Advanced directives, if available. <p>This CONDITION is not met as evidenced by:</p> <p>Based on medical record review, policy review, and staff interview, the facility failed to ensure complete and consistent documentation of vital signs for one (1) of ten (10) patients (Patient #1).</p> <p>Findings include:</p> <p>The facility's guidelines titled "[Hospital's Name] Vital Sign Assessment and Re-Assessment According to ESI [Emergency Severity Index] Level-Based on ENA Guidelines," (undated) showed, "ESI Level 3: Vital signs no less frequently than every two hours for the first four hours, then every four hours if clinically stable..."</p>	H 172		

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H 172	<p>Continued From page 25</p> <p>Medical record review showed Patient #1 presented to the Emergency Department with abdominal pain, nausea, and vomiting on 01/31/2026 at 1:01 AM with an (ESI) of 3.</p> <p>Further review of the medical record revealed incomplete vital sign documentation from 10:00 AM through 5:00 PM on 01/31/2026. Specifically, blood pressures and temperatures were not documented during this time.</p> <p>The surveyor conducted an interview with Employee #38, Interim Emergency Department Manager on 02/19/2026 at approximately 1:50 PM. Employee #38 stated that Patient #1 refused some vital sign monitoring, including blood pressure measurements. When asked what documentation should be present in the medical record when a patient refuses vital sign monitoring, Employee #38 stated that nursing staff should document the patient's refusal. Employee #38 acknowledged that documentation reflecting refusal was not present and confirmed that vital sign documentation was missing for the identified date and times.</p>	H 172		
H 183	<p>2032.1 Hospitals</p> <p>In the absence of applicable requirements in this chapter, the following services shall be operated in accordance with the indicated provisions of the Medicare/Medicaid participation requirements:</p> <p>(a) Pharmaceutical services, Title 42 of the Code of Federal Regulations (hereinafter "CFR") Section 482.25;</p> <p>(b) Radiological services, 42 CFR</p>	H 183		

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NAME OF PROVIDER OR SUPPLIER CEDAR HILL REGIONAL MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 PECAN ST SE WASHINGTON, DC 20032
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H 183	<p>Continued From page 26</p> <p>Section 482.26;</p> <p>(c) Laboratory services, 42 CFR Section 482.27;</p> <p>(d) Infection control services , 42 CFR Section 482.42;</p> <p>(e) Surgical services, 42 CFR Section 482.51;</p> <p>(f) Anesthesia services, 42 CFR Section 482.52;</p> <p>(g) Outpatient services, 42 CFR Section 482.54;</p> <p>(h) Emergency services, 42 CFR Section 482.55; and</p> <p>(i) Rehabilitation services, 42 CFR Section 482.56.</p> <p>This CONDITION is not met as evidenced by:</p> <p>Based on review of medical records review, facility documents, and staff interviews, the hospital failed to ensure the timely provision of emergent surgical services for one (1) of one (1) sampled patients (Patient #1) requiring an urgent surgical procedure.</p> <p>This deficient practice was determined through investigation of complaints received on 2/3/26, 2/5/26, and 2/9/26 and resulted in actual harm.</p> <p>Findings include:</p>	H 183		

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H 183	<p>Continued From page 27</p> <p>Review of the facility's policy titled "Scheduling Operative Procedures" (revised 06/20/2025) showed, "D. Add-On Cases: 1. Add-On cases are posted through the AOD [House Supervisor] and Operating Room (OR) Charge Nurse using the categories noted below. 2. Add-On Case Categories for the Main Operating Room ...b) Hot Emergency: Must start within 2 hours..."</p> <p>Review of the facility's policy titled "Scheduling Operative Procedures" (revised 08/2025) showed, "D. "Hot/2 Hour" (Urgent) case is defined as an operation that must begin within 2 hours of case posting ...E. Scheduling of Add-On Cases 1. Add-On case is requested using the Add-On Scheduling Request Form. The surgeon must define the case acuity defined in section III."</p> <p>Patient #1 presented to the Emergency Department (ED) with abdominal pain, nausea, and vomiting on 01/31/2026 at 1:01 AM and was triaged with an Emergency Severity Index (ESI) of 3, requiring two or more sources with stable vital signs.</p> <p>A Computed Tomography (CT) scan at approximately 12:00 PM revealed an infection of the gallbladder and/or uterus.</p> <p>A History & Physical Surgical Consult note completed by Employee #5, General Surgeon, for 01/31/2026 at 1:33 PM showed Patient #1 required the need for emergent transfer to the facility's operating room.</p> <p>The "Add On Scheduling Form" noted case date was on 01/31/2026 with add-on request time listed as "ASAP" (as soon as possible). The date of procedure was listed as 01/31/2026 with</p>	H 183		
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H 183	<p>Continued From page 28</p> <p>requested time listed as "ASAP." Additionally, the classified case acuity for Patient #1 was listed as "Hot Urgent" (2 hours), defined by policy as surgery to occur within two hours.</p> <p>Further review of the Add-On Scheduling Form showed the "Notification" section was not filled out. This section should include the time the procedure was confirmed, when the surgeon and the anesthesia team were notified, when the operating room (OR) team was notified, and the name, date, and time the OR clinical supervisor was notified. However, all these spaces were left blank.</p> <p>While in the ED, the hospital continued to monitor Patient #1's vitals, administer ordered medications, and perform ancillary tests (abdominal ultrasound).</p> <p>A physician note dated 01/31/2026 showed, "While in ED patient [Patient #1] had cardiac arrest was notified by family that she was breathing abnormally. Upon assessment pt [patient] had agonal breathing and no palpable pulse. CPR [Cardiopulmonary resuscitation] initiated ACLS [Advanced Cardiovascular Life Support] performed."</p> <p>A nursing note dated 01/31/26 showed that Patient #1 went into cardiac arrest at 5:01 PM. ROSC (Return of Spontaneous Circulation) was obtained after two rounds of CPR and two doses of Epinephrine administration. Patient #1 was stabilized and taken to OR for surgical intervention.</p> <p>A Pre-Anesthesia noted dated 01/31/2026 showed, "...a decision was made to proceed urgently to OR [Operating Room] around 18:40</p>	H 183		
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H 183	<p>Continued From page 29</p> <p>[6:40 PM] official OR time started at 18:55 [6:55 PM]."</p> <p>An operative note dated 01/31/2026 showed a hysterectomy, bilateral-salpingo-oophorectomy was performed; however, "upon removal of the uterus, the patient decompensated, and a pulse was noted to be absent at which time CPR was initiated at 9:51 PM, and the time of death was called at 10:05 PM ..."</p> <p>The surveyor conducted an interview with Employee #5, General Surgeon, on 02/18/2026 at approximately 3:00 PM. Employee #5 stated on 01/31/2026 that they were contacted by the Emergency Department Attending physician due to concerns that Patient #1's gallbladder was inflamed. Employee #5 reported evaluating Patient #1 and planned to take the patient to the Operating Room emergently to perform the surgical procedure. Employee #5 stated that the House Supervisor was notified at approximately 1:00 PM and explained that the House Supervisor is responsible for contacting the surgical team to ensure surgical interventions are initiated timely. Employee #5 indicated they were unaware that there had been no further communication regarding the patient after notifying the House Supervisor.</p> <p>Employee #5 further stated that approximately one hour later, they called to check on the status of the surgical team. At that time, the surgeon contacted the Lead Surgical Technician, who then notified the surgical team. Employee #5 stated they did not recall the exact time the surgical team was notified. Additionally, Employee #5 stated Patient #1 should have gone to the operating room a lot earlier, and it should have taken under two hours to get the patient into the</p>	H 183		

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H 183	<p>Continued From page 30</p> <p>operating room.</p> <p>The surveyor conducted an interview with Employee #12, House Supervisor, on 02/19/2026 at approximately 11:20 AM. According to Employee #12, they were scheduled during the day shift from 7:00 AM-7:00 PM on 01/31/2026. When asked about the events that occurred with Patient #1 on 01/31/2026, Employee #12 stated, "The General Surgeon [Employee #5] called and told me I needed to call the surgical team for this patient. I don't remember exactly when maybe around 2:00 PM. I called the Charge Surgical Nurse and the Surgical Technician on the office phone and notified them of the case. I called them right after I talked to the General Surgeon. I told them the General Surgeon's name, where the patient was, and I told them they wanted to start the case right then. If there was a concern with a delay, we would notify the AOC [Administrator On Call]. There were no concerns brought up otherwise about this patient."</p> <p>The surveyor conducted an interview with Employee #26 Surgical Technician on 02/19/2026 at approximately 2:49 PM. According to Employee #26 they were on- call on 01/31/2026. According to the employee, "The Lead Surgical Technician, called me at 2:45 PM and told me that we had an urgent case which meant I needed to be at the facility within 45 minutes. I arrived at the facility at 3:30 PM. The policy says the House Supervisor is supposed to call the Charge Surgical Nurse and the Surgical Technician. The House Supervisor did not call me that day."</p> <p>According to Employee #7, Quality Director, the Charge Surgical Nurse on-call on 01/31/2026 was currently serving on active duty during the survey,</p>	H 183		

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H 183	Continued From page 31 and was not available for an interview. The surveyor conducted an interview with Employee #6 (Director of Surgical Services) on 02/17/2026 at 3:07 PM. Employee #6 stated the House Supervisor never contacted the surgical team and they were not made aware of the request until approximately 3:00 PM. Employee #6 (Director of Operating Room) confirmed the procedure should have occurred based on the General Surgeon's plan and within two (2) hours of surgical cases classification as "Hot Urgent."	H 183		