



# STATE LICENSING COMPLIANCE REPORT

Report #: HL389518742C

Date Concluded: May 18, 2023

**Name, Address, and County of Facility**

**Investigated:**

Shiftmed LLC

7925 Jones Branch Drive Suite 1100

McLean, VA 22102

Fairfax County

**Facility Type: Supplemental Nursing Service**

**Agency**

**Evaluator's Name: Willette Shafer, RN**

Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144A.72. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>, or call 651-201-4201 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  38951	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/15/2023
NAME OF PROVIDER OR SUPPLIER  SHIFTMED LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  7925 JONES BRANCH DRIVE STE 1100 MACLEAN, VA 22102		
(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
1 000	<p><b>INITIAL COMMENTS:</b></p> <p><b>ISSUANCE OF CORRECTION ORDERS</b></p> <p>When corrections are completed please sign and date, make a copy of the form for your records and return the original to the enclosed Minnesota Department of Health address. In lieu of a reinspection visit, documentation may be submitted when appropriate as evidence of your correction.</p> <p>Signed: _____ _____ _____ _____</p> <p>Date: _____</p> <p>A pattern of failure to comply with section 144A.72 subdivisions 1 through 9, shall subject the supplemental nursing services agency to revocation or nonrenewal of its registration. Violations of section 144A.74 are subject to a fine equal to 200 percent of the amount billed or received in excess of the maximum permitted under that section.</p> <p>Notwithstanding subdivision 2, the registration of a supplemental nursing services agency that knowingly supplies to a health care facility a person with an illegally or fraudulently obtained or issued diploma, registration, license, certificate, or background study shall be revoked by the commissioner. The commissioner shall notify the</p>	1 000		

Minnesota Department of Health

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

TITLE

(X6) DATE

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1 000	<p>Continued From page 1</p> <p>supplemental nursing services agency 15 days in advance of the date of revocation.</p> <p>a) No supplemental nursing services agency's registration may be revoked without a hearing held as a contested case in accordance with chapter 14. The hearing must commence within 60 days after the proceedings are initiated.</p> <p>(b) If a controlling person has been notified by the commissioner of health that the supplemental nursing services agency will not receive an initial registration or that a renewal of the registration has been denied, the controlling person or a legal representative on behalf of the supplemental nursing services agency may request and receive a hearing on the denial. This hearing shall be held as a contested case in accordance with chapter 14.</p> <p>On May 3-15, 2023, the Minnesota Department of Health initiated an investigation of complaint #HL389518742C. The following immediate correction order is issued.</p> <p>On May 8, 2023, at 1:30 p.m., an immediate correction order was issued for registration order 0087.</p> <p>As of May 15, 2023, at 3:52 a.m., the immediacy of licensing order 0087 was corrected.</p>	1 000	<p>The Minnesota Department of Health documents the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes.</p> <p>The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule number out of compliance are listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This</p>	

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1 000	Continued From page 2  No Further Action Required	1 000	<p>column also includes the findings, which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the Surveyors' and/or Investigators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN, WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p> <p>No Further Action Required</p>	
1 087	<p>144A.72 Subd.1 (10) Registration Criteria (10)</p> <p>(10) the supplemental nursing services agency shall retain all records for five calendar years. All records of the supplemental nursing services agency must be immediately available to the department.</p> <p>(b) In order to retain registration, the supplemental nursing services agency must provide services to a health care facility during the year preceding the supplemental nursing services agency's registration renewal date.</p> <p> This MN Requirement is not met as evidenced by: Based on interview and document review, the agency failed to respond to Minnesota Department of Health (MDH) investigator after</p>	1 087	<p>As of May 15, 2023, at 3:52 a.m., the correction order 0087 was corrected when the agency was able to provide requested</p>	

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1 087	<p>Continued From page 3</p> <p>notification of a complain investigation and failed to provide agency records that should be immediately made available. This had the potential to impact all residents and facilities receiving services from the agency.</p> <p>Findings include:</p> <p>During an interview on May 4, 2023, at 10:55 a.m., the Minnesota Department of Health (MDH) investigator spoke with agency Call Agent (CA)-A and informed CA-A of an active complaint investigation. CA-A stated she was unable to transfer the investigator to a supervisor of the agency. CA-A stated she would have a member of the agency's legal team contact the investigator the same day.</p> <p>On May 4, 2023, at 11:04 a.m., the MDH investigator sent a message through the agency's website message system titled "contact us".</p> <p>During an interview on May 8, 2023, at 11:38 a.m., CA-B was informed of an active complaint investigation. CA-B placed MDH investigator on hold while she spoke to her supervisor. CA-B stated she was unable to provide MDH investigator with any contact information for the agency. CA-B stated she did not have an email address she could provide to investigator. MDH investigator asked to speak to CA-B's supervisor. CA-B placed investigator on hold. MDH investigator was on hold for over an hour. The agency never took the investigator off hold.</p> <p>The agency has not responded to multiple attempts for interviews. The agency has not responded to the email sent through their website procedure. The agency has not provided any documentation. The agency's legal team has not</p>	1 087	<p>information for the complaint investigation.</p> <p>No further action required.</p>	

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1 087	<p>Continued From page 4</p> <p>contacted the investigator.</p> <p>TIME PERIOD FOR CORRECTION: IMMEDIATE</p> <p>On May 8, 2023, at 1:30 p.m., an immediate correction order was issued for correction order 0087.</p> <p>As of May 15, 2023, at 3:52 a.m., the correction order 0087 was corrected when the agency was able to provide requested information for the complaint investigation.</p>	1 087		