PRINTED: 03/31/2008
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/13/2008
NAME OF PROVIDER OR SUPPLIER: M T S	STREET ADDRESS, CITY, STATE, ZIP CODE: 809 49TH ST, NE WASHINGTON, DC 20019		

(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
I 000	INITIAL COMMENTS An annual relicensure survey was conducted from March12, 2008 through March 13, 2008. At the time of the survey there was one resident with mental retardation and other disabilities that resided in the group home. The survey findings were based on observations in the group home, interviews and a review of records, including incident reports.	I 000	Received on 4/15/08 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
I 043	3502.2(c) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (c) Reviewed at least quarterly by a dietitian. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure that the resident with a modified diet had been reviewed at least quarterly by the consulting dietitian. (Resident #1) The finding includes: Review of Resident #1's record on March 13, 2008 at 5:14 PM revealed a Nutritional Assessment dated August 7, 2007. According to the assessment, Resident #1 had a recommendation for a 1500 calorie, mechanical soft diet to aid with weight loss. At the time of the survey, the GHMRP failed to show evidence that a dietitian or nutritionist had reviewed Resident #1's modified diet plan since August 2007.	I 043	3502.2 (c) The QMRP will contact the nutritionist to get a summary review done for Resident #1 and will insure the review is done by…4-30-08. The QMRP thereafter will review the records monthly and proactively notify each clinician of upcoming review deadlines…4-30-08. The nutritionist is also stretched rather thin and serves many providers. MTS is seeking new clinicians to diversify the caseload…5-30-08.	
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician's	I 206		

Health Regulation Administration

Evette Moore, Executive Director — TITLE — (X6) DATE

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

PRINTED: 03/31/2008
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/13/2008
NAME OF PROVIDER OR SUPPLIER: M T S	STREET ADDRESS, CITY, STATE, ZIP CODE: 809 49TH ST, NE WASHINGTON, DC 20019		

(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
I 206	Continued From page 1 certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on review of records, the GHMRP failed to ensure each employee had a current physician's certification that indicated a health inventory had been performed and documented the consultants health status would allow him/her to preform their required duties. The finding includes: Review of the personnel files on March 13, 2008 reflected that the GHMRP failed to provide physician's certification for one of the facility's direct care staff.	I 206	3509.6 MTS has notified each person and will acquire the physician and direct care staff member's health certificate by…4-30-08. The records will be audited quarterly and proactive notices will be sent to relevant staff and clinicians to insure routine compliance.	..4-30-08.
I 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure each training program included specialty areas needed by the residents being served.	I 229	3510.5 (f) Human sexuality training will be completed for staff by…4-30-08. The QMRP will develop a six-month calendar to insure all required areas are done at minimum twice annually…5-30-08.	

PRINTED: 03/31/2008
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/13/2008
NAME OF PROVIDER OR SUPPLIER: M T S	STREET ADDRESS, CITY, STATE, ZIP CODE: 809 49TH ST. NE WASHINGTON, DC 20019		

(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
I 229	Continued From page 2 The findings include: Review of the in-service training records on March 13, 2008 at 2:15 PM failed to show evidence that the facility's staff received training in the area of Human Sexuality.	I 229		
I 274	3513.1(e) ADMINISTRATIVE RECORDS Each GHMRP shall maintain for each authorized agency ' s inspection, at any time, the following administrative records: (e) Signed agreements or contracts for professional services; This Statute is not met as evidenced by: Based on record review, the Group Home for the Mentally Retarded (GHMRP) failed to provide evidence of contracts with each of their consultants. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) and review of the GHMRP's personnel files on March 13, 2008 revealed the GHMRP failed to have a contract on file for their pharmacist who provided onsite ongoing services to the resident.	I 274	3513.1 (e) MTS will obtain a contract with the pharmacist by.	4- 30-08.
I 406	3520.8 PROFESSION SERVICES: GENERAL PROVISIONS Each professional service provided shall be documented in each resident ' s record. This Statute is not met as evidenced by: Based on interview and record review, the	I 406	3520.8 The QMRP will contact the speech pathologist to acquire a summary review on the services rendered to Resident #1 to date that summarizes her progress to date...4-30-08. The speech pathologist will be asked to provide review notes for each session thereafter.	4-30-08.

PRINTED: 03/31/2008
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/13/2008
NAME OF PROVIDER OR SUPPLIER M T S	STREET ADDRESS, CITY, STATE, ZIP CODE 809 49TH ST, NE WASHINGTON, DC 20019		

(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
I 406	Continued From page 3 GHMRP failed to ensure that each professional service provided was documented in each resident's record. (Residents #1) The findings include: Interview with the Qualified Mental Retardation Professional (QMRP) revealed on March 13, 2008 at 10:56 AM revealed Resident #1 had a Individual Support Plan (ISP) meeting in October 2007. According to the QMRP a recommendation was made at the resident's ISP meeting for her to receive speech therapy. Review of Resident #1's habilitation record on March 12, 2008 revealed a speech assessment dated March 20, 2007. Further review of the assessment revealed that the resident communicates poorly and that the therapist recommended to work with the resident on a six month trial period. An interview with the administrative staff was conducted on March 12, 2008. According to the administrative staff the speech therapist had worked with the resident, however, at the time of the survey, there was no documented evidence to substantiate that the speech therapist provided services for Resident #1.	I 406		
I 407	3520.9 PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall obtain from each professional service provider a written report at least quarterly for services provided during the preceding quarter. This Statute is not met as evidenced by: Based on observation, staff interview and record review, the Group Home for Mentally Retarded	I 407	3520.9 See response for 3520.9 above.	

PRINTED: 03/31/2008
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/13/2008
NAME OF PROVIDER OR SUPPLIER M T S	STREET ADDRESS, CITY, STATE, ZIP CODE 809 49TH ST, NE WASHINGTON, DC 20019		

(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
I 407	Continued From page 4 Persons' (GHMRP) Qualified Mental Retardation Professional (QMRP), failed to provide evidence of a written quarterly report for each resident. (Resident #1) The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) revealed on March 13, 2008 at 10:56 AM revealed Resident #1 had a Individual Support Plan (ISP) meeting in October 2007. According to the QMRP a recommendation was made at the resident's ISP meeting for her to receive speech therapy. Review of Resident #1's habilitation record on March 12, 2008 revealed a speech assessment dated March 20, 2007. Further review of the assessment revealed that the resident communicates poorly and that the therapist would work with the resident on a six month trial period. An interview with the administrative staff was conducted on March 12, 2008. According to the administrative staff the speech therapist had worked with the resident, however, at the time of the survey, there was no documented evidence to substantiate that the speech therapist provided written reports at least on a quarterly basis for Resident #1.	I 407		
I 443	3521.7(m) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (m) Financial management (including budgeting and banking);	I 443	3521.7 (m) Resident #1's money management skills will be assessed using the DDS review tool. Once her skill level is determined, she will be given a measurable objective for money management that reflects her existing skill level and potential for growth. Both will be done by.	4-30-08.

PRINTED: 03/31/2008
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/13/2008
NAME OF PROVIDER OR SUPPLIER: M T S	STREET ADDRESS, CITY, STATE, ZIP CODE: 809 49TH ST, NE WASHINGTON, DC 20019		

(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
I 443	Continued From page 5 This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that resident's were afforded the opportunity to take part in managing their finances as required by this section. (Resident #1) The finding includes: Interview with the Qualified Mental Retardation Professsional (QMRP)on March 13, 2008 at approximately 1:45 PM revealed that Resident #1 had not received a comprehensive assessment that outlined her current money management skills and specific needs. Review of the records on the aforementioned date revealed Resident #1 had a Psychological Evaluation dated October 15, 2007. Further review of the evaluation revealed that the resident understood the function of money; however, she had difficulty counting simple combinations of coins. At the time of the survey, there was no documented evidence that the resident was taught to manage her finances to the extent of her capability.	I 443		
I 444	3521.7(n) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (n) Academic and pre-academic skills (including development of attention span, discrimination, association, memory, and number, time, and spatial concepts); This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure habilitation and training	I 444	3521.7 (n) The DDS skills assessment will be used to assess the skills of Resident #1 in both areas mentioned (communication, survival skills) and programs will be developed to improve her skills in both areas by...4-30-08. The ISP will be amended to reflect the new objectives.	

PRINTED: 03/31/2008
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/13/2008
NAME OF PROVIDER OR SUPPLIER M T S	STREET ADDRESS, CITY, STATE, ZIP CODE 809 49TH ST, NE WASHINGTON, DC 20019		

(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
I 444	Continued From page 6 of its residents in the area of academic and pre-academic skills. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) and record review of Resident #1's record on March 13, 2008 revealed an Individual Support (ISP) dated October 17, 2007. Further review of the ISP revealed that the resident was able to print her name; however, she was unable to spell functional words (e.g. Stop,(SOP) and Men (M). At the time of the survey, the GHMRP failed to assess the resident's communication skills to determine if the resident would benefit from an academic program or survival training program.	I 444		
I 500	3523.1 RESIDENT'S RIGHTS Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: Based on observation, interview and record review, the Group Home for Persons with Mental Retardation (GHMRP) failed to observe and protect the rights of a resident, in accordance with D.C. Law 2-137 (now Title 7, Chapter 13), and this chapter. The findings include: Section 7-1305.05 (g). [Formerly 6-1965] The facility failed to ensure the resident's right to	I 500	3523.1 As is well know in the service system, obtaining dental services in a timely manner is a system issues based on the slow approval process and the small number of dentists available to deliver the service. In addition, DDS no longer has a Dentist Coordinator as Dr. Lyons' position has been eliminated. MTS nursing will pursue a dental appointment for Resident #1 until one is obtained and will involve the DDS Service Coordinator in follow up if need be.	4-30-08.

PRINTED: 03/31/2008
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0030	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/13/2008
NAME OF PROVIDER OR SUPPLIER: M T S	STREET ADDRESS, CITY, STATE, ZIP CODE: 809 49TH ST. NE WASHINGTON, DC 20019		

(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
I 500	Continued From page 7 receive prompt and adequate medical attention, as evidenced below: Interview with the facility's Licensed Practical Nurse (LPN) on March 13, 2008 at 9:57 AM revealed Resident #1 had been on several dental appointments, but had not received treatment, because she was waiting medicaid authorization. Review of the resident's medical record on March 13, 2008, at 10:00 AM, revealed a dental consult dated January 24, 2007. Further review of the consult revealed the dentist recommended scaling and that preauthorization would be submitted to medicaid for approval. On the next visit to the dentist (October 15, 2007), the resident was diagnosed with "moderate calculus deposits and again the recommendation was the "patient needed scaling." On January 16, 2008 the resident had a dental appointment and was diagnosed with "heavy calculus deposits and gingival tissues were very inflamed." The dentist continued to recommend that the "patient needs scaling, will submit preauthorization to medicaid for approval. Will call to reschedule once returned. Soak dentures over night and rinse mouth with warm salt water. At the time of the survey, there was no documented evidence that Resident #1 received adequate medical attention.	I 500		