PRINTED: 09/04/2007
FORM APPROVED
OMB NO. 0938-0391

ARTMENT OF HEALTH AND HUMAN SERVICES
NTERS FOR MEDICARE & MEDICAID SERVICES

MENT OF DEFICIENCIES LAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G184	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 08/17/2007
E OF PROVIDER OR SUPPLIER S MTS		STREET ADDRESS, CITY, STATE, ZIP CODE 39 PEABODY STREET, NE WASHINGTON, DC 20011	

(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) COMPLETION DATE
/ 000	INITIAL COMMENTS	W 000		
	This re-certification survey was conducted from August 14, 2007 through August 16, 2007, utilizing the fundamental survey process. The census at the time of the survey was five (three females and two male) clients all diagnosed with profound mental retardation. A random sample of three was selected. The findings of the survey were based on observations at the group home and one-day program, interviews with facility and day program staff. Medical records, policy records, program records, administrative records, to include incident reports, were reviewed.			
W 104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.	W 104		
	This STANDARD is not met as evidenced by: Based on observation and interview, the governing body failed to ensure its contract transportation service arrived timely in order to get the clients to day programs for three clients. (Clients #3, #4 and #5) The finding includes: On August 14, 2007 at 8:00 AM the staff was observed preparing Clients #3, #4, and #5 to go the their day programs. Interview with the direct care staff and the nurse at 9:12 AM revealed that the facility's van was not working and that they were waiting on a transportation company contracted by the provider. When asked when the clients are supposed to arrive at their day			

RECEIVED DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 2007 OCT -1 P 2:56

ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Director of Residential Services 9-13-07

/ deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that er safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days owing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued gram participation.

PRINTED: 09/04/2007
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G184		08/17/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
M T S	39 PEABODY STREET, NE WASHINGTON, DC 20011

(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) COMPLETION DATE
W 104	Continued From page 1 programs, the staff indicated that the client are usually at their programs by 9:00 a.m. The contract transportation van arrived at 10:00 AM. Interview with Client #3 's day program staff revealed that she arrived at 10:45 AM.	W 104	W104 The van routinely used by Peabody was repaired within 3 days of the survey date and is being used routinely to insure that each person supported arrives at his or her day programs in a timely manner...9-10-07.	
W 126	483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. This STANDARD is not met as evidenced by: Based on the review of clients' financial assessments and interviews with the Qualified Mental Retardation Professional (QMRP), the facility failed to demonstrate that clients were granted their rights to manage their financial affairs and to be taught to do so to the extent of their capabilities for two of three clients in the sample. (Client #1 and Client #2) The findings include: 1. Review of Client #1's active treatment program goals and objectives on August 15, 2007 at 11:00 AM revealed that Client #1 did not have a program to enhance his money management skills. Review of Client #1's money management assessment dated May 11, 2007, revealed that he was not able to manage money. Interview with the QMRP on August 16, 2007 acknowledged that the client could benefit from some form of a money management program. 2. Review of Client #2's active treatment program	W 126	When vehicles break down it is necessary to use the available transportation services. These entities vary in terms of their reliability. The new Transportation Broker system developed by MAA should help this problem...9-10-07.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G184	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/17/2007
NAME OF PROVIDER OR SUPPLIER M T S		STREET ADDRESS, CITY, STATE, ZIP CODE 39 PEABODY STREET, NE WASHINGTON, DC 20011	

(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) COMPLETION DATE
W 126	Continued From page 2 goals and objectives on August 15, 2007 at 11:00 AM revealed that the client did not have a program to enhance his money management skills. Review of Client #1's money management assessment dated May 11, 2007, revealed that he was not able to manage money. Interview with the QMRP on August 16, 2007 acknowledged that the client could benefit from some form of a money management program.	W 126	W126 All of the MTS QMRPs have received training in the last two months on the importance of insuring that each person supported receives training in areas that help them to better exercise their rights and make important decisions. Managing one's own personal funds is such an area and was addressed. The QMRP will insure that appropriate money management objectives are in place for residents #1 and #2 by...10-1-07.	
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility's Qualified Mental Retardation Professional (QMRP) failed to adequately monitor, integrate and coordinate each client's active treatment programs . The findings include: 1. The QMRP failed to coordinate with nursing to ensure clients received audiologist assessments (See W322) 2. The QMRP failed to ensure the maintenance of clients wheelchairs. (See W436) 3. The QMRP failed to ensure that clients were granted their rights to manage their financial affairs and to be taught to do so to the extent of their capabilities. (See W126) .	W 159		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/04/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G184		08/17/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MTS	39 PEABODY STREET, NE WASHINGTON, DC 20011

(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) COMPLETION DATE
W 159	Continued From page 3 4. The QMRP failed to ensure that Client #3's day program utilized the recommended adaptive feeding utensils for Client #3 as evidenced by the following: During the the observation at Client #3's day program on August 14, 2007 at 11:35 AM, the client was observed eating her lunch. The client fed herself independently with a regular plastic spoon. There was minimal spillage of food from the spoon. Observation of the snack at the group home on the same day at 2:50 PM, Client #3 was observed using a built up handle spoon to eat. The same observation was made at 6:05 PM at dinner. Interview with the QMRP on August 16, 2007 at 11:00 AM revealed that she was unaware that the day program was not using the adaptive equipment as recommended. During the same interview with the QMRP, the surveyor inquired if the client's feeding skills had been re-assessed to determine the appropriate eating utensil. The QMRP indicated that the client had not been re-assessed; however she acknowledged that the client's feeding skills needed to be re-assessed.	W 159	W159 MTS via the Peabody QMRP and her support team have taken the action steps necessary to correct the issues cited in W159 as evidenced by the responses for W322, W436 and W126. In addition, the QMRP will visit the day program of resident #3 to insure that the program both has and uses the necessary adaptive feeding equipment...9-20-07. OT will re-assess resident #3 by...9-26-07. Adjustments in the feeding strategies will be made if necessary based on the results of the re-assessment. The QMRP will visit the day program at minimum monthly to insure routine follow up is occurring...9-1-07.	
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure clients received audiology assessments for two of three clients in the sample. (Clients #2 and #3)	W 322		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G184	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/17/2007
NAME OF PROVIDER OR SUPPLIER: ITS		STREET ADDRESS, CITY, STATE, ZIP CODE: 39 PEABODY STREET, NE WASHINGTON, DC 20011	

(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) COMPLETION DATE
W 322	Continued From page 4 The findings include: 1. Review of Client #3 ' s medical record on August 15, 2007, at 1:00 PM revealed that she was last evaluated by the audiologist on September 29, 2006. The consultation report indicated that the client had blood in her ear canal, excessive cerumen (ear wax) and needed to be sedated for further testing. Client #3 was treated by an ENT specialist on October 18, 2006. There was no evidence that the client returned to Audiology for the recommended testing . Interview with the facility's nurse on August 16, 2007 12:55 PM acknowledged that the client had not returned for the recommended audiological test. 2. Review of Client #2 ' s medical record on August 15, 2007, at 10:20 AM revealed that she was last evaluated by the audiologist on September 6, 2005. The consultation report indicated that the audiologist recommended to continue with ENT management and monitoring of middle ear status. Further review of the medical record failed to evidence that the client had received an audiologic examination. Interview with the nurse on August 16, 2007 at 12:59 PM to ascertain if the clients hearing had been evaluated acknowledged that the client had not returned for an audiologic examination.	W 322	W322 Audiology appointments have been scheduled for October 4, 2007 for residents #2 and #3 ...9-12-07. Nursing will use MTS medical appointment tracking forms to insure that all needed appointments are scheduled in a timely manner....9-1-07. The RN will review the medical records monthly for the same purpose. .9-1-07.	
W 323	483.460(a)(3)(f) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. This STANDARD is not met as evidenced by: Based on interview and record review, the facility	W 323		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G184	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 08/17/2007
NAME OF PROVIDER OR SUPPLIER M T S		STREET ADDRESS, CITY, STATE, ZIP CODE 39 PEABODY STREET, NE WASHINGTON, DC 20011	

(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) COMPLETION DATE
W 323	Continued From page 5 failed to ensure the hearing status of Clients #2 and #3 had been assessed. The findings includes: [Cross refer to W322.1 and .2] There was no evidence that Clients #1 and #2's hearing had been assessed.	W 323	W323 See response for W322 above.	
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on staff interview and record review the facility failed to ensure nursing services in accordance with the needs for two of the three clients in the sample. (Client #2 and #3) The finding includes: [Cross refer to W322.1 and .2] There was no evidence that the nursing staff ensured that Clients #1 and #2's audiology assessments had been completed.	W 331		
W 436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, interview and record	W 436		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G184		08/17/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MTS	39 PEABODY STREET, NE WASHINGTON, DC 20011

(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) COMPLETION DATE
W 436	Continued From page 6 review, the facility failed to maintain in good repair the wheelchair of Client #5. The finding includes: On August 14, 2007, Client #5 was observed in her wheelchair. The covering of the chair ' s foot box was torn and the metal was exposed. Interview with the Qualified Mental Retardation Professional on August 16, 2007, at 12:55 PM, revealed that the Provider had submitted the needed paperwork (719 form) for the repair of the wheelchair, however at the time of the survey, the paperwork was not available.	W 436	W436 The wheelchair repair needed has been ordered as indicated by the surveyor (see: attached copy of the 719A)...9-10-07.	

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G184	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/17/2007
NAME OF PROVIDER OR SUPPLIER: M T S	STREET ADDRESS, CITY, STATE, ZIP CODE: 39 PEABODY STREET, NE WASHINGTON, DC 20011		

(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 This re-licensure survey was conducted from August 14, 2007 through August 16, 2007. The census at the time of the survey was five (three females and two male) residents all diagnosed with profound mental retardation. A random sample of three was selected. The findings of the survey were based on observations at the group home and one-day program, interviews with facility and day program staff. Medical records, policy records, program records, administrative records; to include incident reports, were reviewed.	I 000		
I 074	3503.3(c) BEDROOMS AND BATHROOMS Each bedroom shall be equipped with at least the following items for each resident: (c) Drawer space; and... This Statute is not met as evidenced by: The finding includes: The drawers on Client #3's dresser were off track.	I 074	Chapter 35 3503.3 © Resident #3's dresser will be repaired if possible and if not possible replaced by.....9-30-07.	
I 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: The findings inclue:	I 090		

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

PRINTED: 09/04/2007
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G184	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 08/17/2007
NAME OF PROVIDER OR SUPPLIER: M T S	STREET ADDRESS, CITY, STATE, ZIP CODE: 39 PEABODY STREET, NE WASHINGTON, DC 20011		

(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 090	Continued From page 1 1. The tub in the bathroom adjacent to the front door was dusty needed to be cleaned. 2. The base boards in the dinning room were dusty and needed to be cleaned.	I 090	3504.1 The bathtub was cleaned...8-17-07 And is cleaned daily after each use. The baseboards were cleaned...8-17-07. The facility manager will conduct a minimum bi-weekly walk through surveys of the physical environment to insure that the environment in total is appropriately maintained at all times...9-1-07.	
I 203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: The finding includes: Two of thirteen staff records failed to show evidence that the staff's job duties were reviewed with them on annual basis. Staff #1 and Staff #2	I 203	3509.3 One of the two staff members cited for not having a current, signed job description has resigned. The other has a current, signed job description (see: signed copy attached).....9-10-07. MTS is developing Master files to be maintained at the main office to insure that all such personnel material is properly audited, updated and filed routinely...9-30-07.	
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician's 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: The finding includes: One of the thirteen staff files reviwed failed to show evidence of a current health certificate. Staff #3	I 206	3509.6 The one staff member cited has an updated health certificate...9-12-07. See also 3509.3 above.	

PRINTED: 09/04/2007
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G184	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/17/2007
NAME OF PROVIDER OR SUPPLIER: M T S	STREET ADDRESS, CITY, STATE, ZIP CODE: 39 PEABODY STREET, NE WASHINGTON, DC 20011		

(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 395	Continued From page 2	I 395		
I 395	3520.2(e) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (e) Nursing; This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure clients received audiology assessments for two of three clients in the sample. (Clients #2 and #3) The findings include: See Federa Deficiency Report CMS 2567 citations W322, W323, and W331.	I 395	3520.2 (e) See responses for W322.	
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); This Statute is not met as evidenced by: Based on the review of residents' financial assessments and interviews with the Qualified Mental Retardation Professional (QMRP), the	I 443		

PRINTED: 09/04/2007
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G184	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/17/2007
NAME OF PROVIDER OR SUPPLIER: M T S	STREET ADDRESS, CITY, STATE, ZIP CODE: 39 PEABODY STREET, NE WASHINGTON, DC 20011		

(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 3 facility failed to demonstrate that residents were granted their rights to manage their financial affairs and to be taught to do so to the extent of their capabilities for two of three residents in the sample. (Resident #1 and Resident #2) The findings include: 1. Review of Resident #1's active treatment program goals and objectives on August 15, 2007 at 11:00 AM revealed that Resident #1 did not have a goal to enhance his money management skills. Review of Resident #1's money management assessment dated May 11, 2007, revealed that he was not able to manage money. Interview with the QMRP on August 16, 2007 acknowledged that the resident could benefit from some form of a money management program. 2. Review of Resident #2's active treatment program goals and objectives on August 15, 2007 at 11:00 AM revealed that the resident did not have a goal to enhance his money management skills. Review of Resident #1's money management assessment dated May 11, 2007, revealed that he was not able to manage money. interview with the QMRP on August 16, 2007 acknowledged that the resident could benefit from some form of a money management program	I 443	See responses for W126.	