MTS
Multi-Therapeutic Services, Inc.
4201 Connecticut Avenue, NW, Suite #405, Washington, DC 20008

FAX COVER SHEET

FAX NO.: (202) 244-8048

DATE: 9/21/07

TO: Sheila Pannell, DOH

COMPANY/AGENCY: DOH/HRA

FAX NO.: 202-442 9430

NO. OF PAGES TRANSMITTED (INCLUDING COVER SHEET)

MESSAGE: Please see attached

FROM: John Green PHONE NO: (202)244-4500

RECEIVED 9/21/07

PRINTED: 09/21/2007
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G098	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/13/2007
NAME OF PROVIDER OR SUPPLIER: MTS	STREET ADDRESS, CITY, STATE, ZIP CODE: 927 55th Street N.E. 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 A licensure survey was conducted on September 13, 2007. The facility's bed capacity was six. According to the facility's management five clients were scheduled to transfer to the home upon the approval for licensure. The findings of the survey were based on observation and staff interviews.	I 000		
I 082	3503.10 BEDROOMS AND BATHROOMS Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting. This Statute is not met as evidenced by: Based on observation the facility failed to ensure that bathrooms be equipped with a cup dispenser and toilet paper holder. The finding includes: Observations of the facility's environment on September 13, 2007 revealed that there was no cup dispenser, and toilet paper holder.	I 082	The toilet paper holder and cup dispenser is at the clay homeand will be brought to 55th Street when the individuals move in.	9/26/07

Health Regulation Administration
Lutte L. Moore
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
TITLE Director of Residential Services
(X6) DATE 9-21-07
STATE FORM
8899 M41711
If continuation sheet: 1 of 1