

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

PRINTED: 02/04/2008  
FORM APPROVED  
OMB NO. 0938-0391

RECEIVED  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH REGULATION  
ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 01/16/2008
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  
**MTS**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**6014 32ND STREET, NW  
WASHINGTON, DC 20015**

(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 000} INITIAL COMMENTS

A follow-up to the November 14, 2007 recertification survey was conducted from January 15, 2008 through January 16, 2008, to verify corrective action identified in the submitted plan of correction. Interview with administrative staff and record review determined that the GHMRP had corrected the previously cited deficiency and was in substantial compliance with the regulations.

{W 125} 483.420(a)(3) PROTECTION OF CLIENTS RIGHTS

The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.

This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to demonstrate that the rights of all clients were protected and failed to allow and encourage individual clients to exercise their rights within the facility, and as citizens of the United States for one of two clients in the sample. (Client #2)

The finding includes:

The plan of correction for the November 14, 2007 survey specified that the psychologist would modify the Behavior Support Plan (BSP) to further address property destruction and also to include restitution parameters. Interview with the Interview with the Qualified Mental Retardation Professional (QMRP) on January 15, 2008 at 4:15 PM and the review of records revealed no

{W 000}

{W 125}

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Erette Moore* Resident Director  
TITLE  
2-15-08 / M.T.S  
(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following 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 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

PRINTED: 02/04/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 01/16/2008
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  M T S	STREET ADDRESS, CITY, STATE, ZIP CODE 6014 32ND STREET, NW WASHINGTON, DC 20015
---	---

(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 125}	Continued From page 1 evidence that the BSP had been updated since May 2, 2007. The November 14, 2007 survey report documented that financial records revealed a \$150.00 debit was made from Client #2's bank account because he broke Client #1's television during a behavioral episode.  On January 15, 2008 at approximately 1:15 PM, the QMRP informed the surveyor that the interdisciplinary team convened to discuss the issue, deemed the \$150.00 restitution to be appropriate, and approved that money be deducted from Client #2's account to pay for the television he broke. Additional interview with the QMRP however revealed that restitution was not included in the client's behavior support plan (BSP) dated May 2, 2007 and also that the BSP had not been modified. Additionally, there was no evidence a modified BSP, including restitution had been presented to the HRC for review and/or approval.  Observation of Client #2 on January 15, 2008 at 7:15 AM revealed limited verbal and communication skills. Interview with the QMRP on January 15, 2008 at approximately 4:15 PM revealed that Client #2 had a close relative who was his advocate, however he did not have a guardian. Review of the client's Psychological Assessment, dated April 27, 2007, 2007, indicated the resident's cognitive abilities tested in the severe range of retardation and that he lacked the capacity to process information effectively to make sound decisions. There was no evidence that the facility implemented an effective system to assist Client #2 in decision-making and to ensure that his rights were protected.	{W 125}	W125  Client #2 willfully and deliberately broke the TV set of his roommate. But as mentioned, the BSP for client #2, although it addresses property destruction, does not outline a specific, appropriate consequence if the behavior occurs. In addition, restitution is not addressed for individuals supported in the District although such a policy exists for individuals supported in Maryland. The \$150 dollars will be restored to client #2's account...2-20-08. MTS will address this issue in a team meeting and during the next HRC meeting and may modify its policies at that time to allow for such justifiable restitution. Such a policy would include due process for the person and the right to appeal.  Client #2's sister acts as his primary decision making support person. She has had his BSP and psychotropic drug regimen reviewed with her and has signed consent for it....2-14-08.	
{W 331}	483.460(c) NURSING SERVICES	{W 331}		

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

PRINTED: 02/04/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G101</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  R <b>01/16/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>MTS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6014 32ND STREET, NW WASHINGTON, DC 20015</b>		
(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 331}	Continued From page 2 The facility must provide clients with nursing services in accordance with their needs.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide nursing services in accordance with the needs of one of the two clients included in the sample. (Client #1)  The findings include:  1. The facility's nursing services failed to maintain an accurate accounting of controlled substances administered. [See also W385]  2. The facility's nursing services failed to ensure that Client #1 received psychotropic medication as prescribed.  The review of the medication administration record on January 15, 2007 at approximately 7:30 AM revealed Client #1 did not receive Clonazepam 2 mg on January 1 and January 2, 2008. The reason documented was that it was not available. Interview with the Director of Nursing on January 16, 2008 revealed that agency policy required that the DON be notified when medication was not available for administration to a client. There was no evidence that Client #1's lack of Clonazepam for two days was reported to the DON for follow-up.	{W 331}			
{W 356}	483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT  The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental	{W 356}			

W331  
Client #1 is receiving the medication at present. The lead RN will re-train the LPN on reporting any concerns with medication administration and will monitor the MARS at minimum weekly to insure appropriate administration... 2-20-08.

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

PRINTED: 02/04/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 01/16/2008
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  M T S	STREET ADDRESS, CITY, STATE, ZIP CODE 6014 32ND STREET, NW WASHINGTON, DC 20015
---	---

(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 356}	<p>Continued From page 3 health.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure comprehensive treatment services for the maintenance of dental health of three of the four clients residing in the facility. Clients #1, #2, and #3).</p> <p>The finding includes:</p> <p>1. According to the plan of correction (POC) for the November 14, 2007 survey, the facility nurse had been unsuccessful in obtaining the necessary authorization to schedule Client #2 for his dental treatments recommended during the dental assessments. Record review revealed dental assessment on dated June 27, 2006 and December 19, 2006. During both assessments, the dentist diagnosed heavy calculus deposits and recommended scaling. The dentist indicated that a request for pre-authorization would be submitted to Medicaid and that the facility would be contacted to schedule the procedure once pre-authorization was received.</p> <p>The POC for the November 14, 2007 survey further documented that a dental appointment was scheduled for December 28, 2007 for the client. Interview with the Director of Nursing (DON) on January 15, 2008 revealed that the client went for a dental consultation on an earlier date, November 20, 2007. No consultation report was available for a November 20, 2007 or a December 28, 2007 dental visit. At the time of the survey, however, there was no evidence that the dental scaling had been performed.</p>	{W 356}	<p>W 356</p> <p>Client #2 went back to dental on 2-13-08 and received the needed follow up. Timely dental follow up is a problem for all Medicaid recipients because of the dearth of dentists and the prior authorization for payment process, which is very slow. Providers need the support of government to solve this system problem.</p> <p>Client #3's follow up is pending authorization. Nursing will follow up with the dentist to schedule an appointment and then work to insure that payment authorization is approved in time for the visit. MTS will seek the support of DDS clinical services to obtain timely approval.....2-20-08.</p>	
---------	---	---------	--	--

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

PRINTED: 02/04/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 01/16/2008
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  M T S	STREET ADDRESS, CITY, STATE, ZIP CODE 6014 32ND STREET, NW WASHINGTON, DC 20015
---	---

(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 356} Continued From page 4  
2.. Interview with the primary RN on January 16, 2008 at 3:37 PM indicated that Client #3 went to the dentist on June 13, 2007. The review of the consultation reported revealed a large amount plaque deposits present on all teeth. The dentist further noted that the client had a fractured tooth #8 and that oral hygiene needed improvement. According to the report, an appointment would be scheduled to perform the needed services after the preauthorization was received from the funding agency. Further interview with the RN and the record review revealed an entry on the Health Summary Form which documented that the client had a dental consultation on July 19, 2006. Interview with the Director of Nursing and the RN revealed that the consultation report for the July 19, 2006 was not available for review. At the time of the survey, the last date that Client #3 received dental treatment services could not be determine. There was no evidence that the client received timely dental health maintenance services.

W 368 3. Also see W436  
483.460(k)(1) DRUG ADMINISTRATION  
  
The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.  
  
This STANDARD is not met as evidenced by:  
Based on interview and record review, the facility failed to ensure that Client #1 received psychotropic medication as prescribed.  
  
The finding includes:  
  
Interview with the medication nurse on January

{W 356}

W 368

*C. Adedeh*

W368  
As indicated, the Lead RN will check the MARs on a routine weekly basis to insure medication administration is carried out as prescribed and will at the same time audit the medication supplies to insure no critical shortages exist...2-20-08.

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

PRINTED: 02/04/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 01/16/2008
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  M T S	STREET ADDRESS, CITY, STATE, ZIP CODE 6014 32ND STREET, NW WASHINGTON, DC 20015
---	---

(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 368	Continued From page 5 15, 2008 at approximately 7:30 AM revealed that Client #1's recently had an increase in his dosage of Klonopin from 2 mg BID to 4 mg. on January 9, 2008 due to an increase in his aggressive behavior. The review of the medication administration record (MAR) on January 15, 2008 at 8:37 AM revealed that Client #1 did not receive the prescribed Klonopin 2 mg BID on January 1 and January 2, 2008 because it was not available. Interview with the Director of Nursing at January 15, 2008 at 4:20 PM revealed that she was not informed by the nurse that Client #1's Clonazepam 2 mg was not available continuously for administration as prescribed. There was evidence that Client #1 received his medication as prescribed.	W 368		
W 385	483.460(l)(3) DRUG STORAGE AND RECORDKEEPING  The facility must maintain records of the receipt and disposition of all controlled drugs.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain an accurate accounting of the disposition of controlled drugs.  The finding includes:  Interview with the medication nurse on January 15, 2008 at 7:12 AM revealed on January 9, 2008 the psychiatrist prescribed that Client # 1's dosage of Clonazepam 2 mg BID be increased to Clonazepam 4 mg BID on January 9, 2008 due to an increase in his maladaptive behavior. Observation of the bubble pack instructions and the Declining Inventory Medication Sheet revealed that 42 tabs were dispensed by the	W 385	W385  The DON or Lead RN will re-train the LPN on completing the "Declining Inventory Form" to insure that it is properly used when necessary ...2-20-08.	

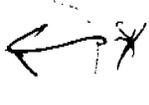
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/04/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 01/16/2008
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  M T S	STREET ADDRESS, CITY, STATE, ZIP CODE 6014 32ND STREET, NW WASHINGTON, DC 20015
---	---

(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 385	<p>Continued From page 6</p> <p>pharmacy. Observation of the medication card revealed the bubbles for January 10, 2008 (PM) through January 15, 2008 (AM) were empty.</p> <p>Record review revealed the client began receiving the Clonazepam 4 mg BID as prescribed after it was received at the facility on January 10, 2008. However, the review of the medication administration record (the morning declining inventory form) on January 15, 2008 at 7:35 AM revealed nursing signatures, time administered and dose given were missing on January 12, 2008 and January 13, 2008 for the 7:00 AM dosage. Interview with the Medication Nurse on duty at 7:20 AM indicated that she did not work on those dates. The facility's Director of Nursing (DON) acknowledged during interview that a medication nurse on duty on the aforementioned dates failed to accurately document the Clonazepam on the declining inventory form. There was no evidence the facility maintained an accurate accounting of controlled substances administered.</p>	W 385		
{W 426}	<p>483.470(d)(3) CLIENT BATHROOMS</p> <p>The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit.</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain water temperatures at or below 110 degrees Fahrenheit.</p> <p>The finding includes:</p>	{W 426}		

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

PRINTED: 02/04/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 01/16/2008
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  M T S	STREET ADDRESS, CITY, STATE, ZIP CODE 6014 32ND STREET, NW WASHINGTON, DC 20015
---	---

(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 426} Continued From page 7  
The review of the plan of correction (POC) for the November 14, 2007 survey revealed that the hot water was adjusted to a maximum of 110 degrees Fahrenheit by the end of the survey. The POC further documented that the water temperatures would be checked daily and documented to ensure that they were maintained routinely at or below 110 degrees. Additionally the POC stated that staff had been instructed to notify supervisors immediately whenever hot water temperatures measured more than 110 degrees Fahrenheit.

A. On January 15, 2008 at approximately 5:30 PM during handwashing, water temperature felt very warm. Measurement of the water temperature revealed the following temperatures:

Kitchen degrees Fahrenheit at the kitchen sink was 124 degrees Fahrenheit  
Lower level bathroom was 125 degrees Fahrenheit  
Upper level bathroom was 123 degrees Fahrenheit

B. After the Qualified Mental Retardation Professional (QMRP) adjusted the hot water heater control, the hot water was monitored again from 6:27 PM to 6:37 PM and revealed that the water temperatures were unstable at the following sinks:

Kitchen (dropped from 130 to 60 degrees Fahrenheit)  
Lower bathroom (dropped from 128 to 60 degrees Fahrenheit)  
Upper bathroom (dropped from 128 to 60 degrees Fahrenheit)

C. The water temperature was checked again at

{W 426}

W426  
The water temperature is checked daily at this point and documented. Staff has been trained to report immediately any readings above 110 degrees. The January and February water temperature readings reflect temperatures below 110 degrees on a consistent basis (see attached copies of the charts)... 2-14-08.

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

PRINTED: 02/04/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 01/16/2008
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  M T S	STREET ADDRESS, CITY, STATE, ZIP CODE 6014 32ND STREET, NW WASHINGTON, DC 20015
---	---

(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 426}	<p>Continued From page 8</p> <p>7:05 PM on January 15, 2008. The water temperature read at 110 degrees in both bathrooms but immediately dropped to 65 degrees Fahrenheit while the hot water was running.</p> <p>Interview with the direct staff indicated that each client required supervision during bathing. Further interview with the QMRP revealed that he notified his supervisor of the water temperature and requested assistance to correct the problem. The QMRP was observed to remain on site and stated that he would instruct staff to document the water temperatures until the clients leave for their day programs on January 16, 2007. The temperature log was reviewed on 1/16/08 and reflected that on 1/15/08 at 9:00 PM the water temperature was 122 degrees, and at 11:00 PM was 105 degrees Fahrenheit. The next morning (1/16/08) at 7:00 AM, the temperature log read 120 degrees Fahrenheit.</p> <p>The water temperatures were checked on 1/16/07 between 8:15 AM and 8:18 AM and revealed the following:</p> <p>Kitchen (130 degrees Fahrenheit) Lower bathroom (130 degrees Fahrenheit) Upper bathroom (135 degrees Fahrenheit)</p> <p>The water temperatures were checked on 1/16/07 between 8:55 AM to 9:00 AM and revealed the following:</p> <p>Kitchen (144 degrees Fahrenheit) Lower bathroom (147 degrees Fahrenheit) Upper bathroom (147 degrees Fahrenheit)</p> <p>D. A repairman was observed in the facility at</p>	{W 426}		
---------	--	---------	--	--

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

PRINTED: 02/04/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G101</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/16/2008</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>M T S</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6014 32ND STREET, NW WASHINGTON, DC 20015</b>
--	---

(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
<p>{W 426}</p> <p>W 436</p>	<p>Continued From page 9</p> <p>approximately 10:45 A.M. on January 16, 2007. Interview with the repairman revealed that he calibrated the hot water heater and that the temperature should adjust to 110 degrees Fahrenheit.</p> <p>The water temperatures were checked on 1/16/07 between 10:47 and 10:52 AM revealed the following:</p> <p>Kitchen (144 degrees Fahrenheit) Lower bathroom (146 degrees Fahrenheit) Upper bathroom (145 degrees Fahrenheit)</p> <p>The water temperatures were checked on 1/16/07 between 5:10 PM and 5:15 PM revealed the following:</p> <p>Kitchen (101.5 degrees Fahrenheit) Lower bathroom (101.6 degrees Fahrenheit) Upper bathroom (101.4 degrees Fahrenheit)</p> <p>According to the facility's instructions on the Hot Water Log Sheet, "Temperature is to be read weekly. Should read between 100 - 110 degrees Fahrenheit. If temperature is above, contact your supervisor." Interview with the Director of Residential Service on January 16, 2008 at 4: 20 PM indicated that hot water temperatures should be monitored daily at the facility ensure that they remain within the established range. There was no evidence however that the facility had implemented measures timely and consistently to ensure that the hot water temperature did not exceed 110 degrees Fahrenheit.</p> <p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed</p>	<p>{W 426}</p> <p>W 436</p>		

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

PRINTED: 02/04/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 01/16/2008
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  M T S	STREET ADDRESS, CITY, STATE, ZIP CODE 6014 32ND STREET, NW WASHINGTON, DC 20015
---	---

(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	<p>Continued From page 10</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure monitoring of dentures to ensure that they fit properly for one of one of two clients in the sample (Client #1).</p> <p>The finding includes:</p> <p>On January 15, 2008 at approximately 7:35 AM, Client #1 appeared to be edentulous, and received a chopped diet. On January 15, 2008 at 8:40 AM, the client's one on one direct care staff showed the surveyor the client's upper and lower dentures which were stored in a container in the drawer in the office. Polygrip denture adhesive was also observed in the drawer.</p> <p>Interview with staff indicated the client required a chopped textured diet due to not often wearing his dentures. When questioned why he was not wearing his dentures, the client stated they were in the drawer because they hurt his gums. Interview with the client's one on one staff revealed the dental adhesive had been applied to the dentures however they still did not fit the client's gums. Further interview with the staff and the record review on January 16, 2008 at 3:30 PM revealed the client had a training program which required that staff offer the client his dentures each morning and document whether or not he accepts them. Staff indicated and the review of documentation revealed that the client often</p>	W 436	<p>W436</p> <p>Client #1 has consistently complained about his dentures since getting them and has been re-fitted at least three times to date. He is scheduled to return to the dentist on March 12, 2008. At that time, the question will be undertaken as to whether he is a good candidate for dentures. It may be that he simply does not want to wear dentures. The dentist will either try once again for a perfect fit or provide feedback about whether he is indeed a good candidate for dentures. 3-12-08.</p>	
-------	---	-------	---	--

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

PRINTED: 02/04/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G101</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/15/2008</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>MTS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6014 32ND STREET, NW</b> <b>WASHINGTON, DC 20015</b>
--	---

(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	<p>Continued From page 11</p> <p>refused to wear his dentures. Interview with the primary RN on January 16, 2008 indicated that the client's teeth may hurt his mouth due to not fitting properly on his gums.</p> <p>Record review revealed the client had an annual dental assessment on November 20, 2007. Through interview and record review however, it could not be determined if the client took his dentures to the appointment with him for observation/assessment of the fit by the dentist. The dentist indicated " Patient completely edentulous; oral cavity structure in good condition. Come back in one year. It could not be. There was no evidence the client received dental assessment/treatment services in accordance with his assessed needs.</p>	W 436		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G101</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/16/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>MTS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6014 32ND STREET, NW WASHINGTON, DC 20015</b>		
(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}	<b>INITIAL COMMENTS</b>  A follow-up to the November 14, 2007 licensure survey was conducted from January 15, 2008 through January 16, 2008, to verify corrective action identified in the submitted plan of correction. Interview with administrative staff and record review determined that the GHMRP had corrected the previously cited deficiency and was in substantial compliance with the regulations.	{1 000}			
{1 206}	<b>3509.6 PERSONNEL POLICIES</b>  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: Based on interviews and record review, the facility failed to achieve compliance with State regulations pertaining to health (22 DCMR Chapter 35, Section 3509.6) for three staff.  The finding includes:  According to the plan of correction for the November 14, 2007 survey, staff would be given a deadline to obtain an updated health certificate or would come off the work schedule by December 30, 2007. The QMRP and the Assistant to the Residential Director separately would conduct periodic audits of the personnel files to ensure that staff are notified proactively about the upcoming file issues.	{1 206}			

th Regulation Administration

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

TITLE

(X6) DATE

TE FORM

8100

X9IV12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  R 01/16/2008
NAME OF PROVIDER OR SUPPLIER  M T S		STREET ADDRESS, CITY, STATE, ZIP CODE 6014 32ND STREET, NW WASHINGTON, DC 20015			
(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	
{1206}	Continued From page 1  Interview with the Qualified Mental Retardation Professional (QMRP) on January 15, 2008 at 3:45 PM revealed that the health certificates requested for Staff #8, #9 and #12 were not available for review. The QMRP indicated that these health certificates would be requested from the administrative office. Interview with the Director of Residential Services and the review of the personnel records provided on January 16, 2008 at 2:50 PM revealed current health certificates were not available for Staff #8, #9 and #12. At the time of the follow-up survey, there was no documented evidence that the aforementioned staff had current health certificates.	{1206}	Chapter 35 11/13 3509.6  All of the health certificates have been obtained (see attachments)...2-14-08.		
I 222	3510.3 STAFF TRAINING  There shall be continuous, ongoing in-service training programs scheduled for all personnel.  This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure staff working with the residents had current training in emergency procedures (Cardiopulmonary resuscitation and first aid).  The finding includes:  Interview with administrative staff (Qualified Mental Retardation Professional and the Director of Residential Services on January 15 and 16, 2008 revealed the following staff lacked CPR and/or first aid:  a) Staff #2 - no current CPR b) Staff #3 - no current CPR or first aid c) Staff #8 - no current CPR or first aid d) Staff #9 - no current CPR or first aid	I 222	3510.3  Proof of CPR certification is attached...2-14-08.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 01/16/2008
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  M T S	STREET ADDRESS, CITY, STATE, ZIP CODE 6014 32ND STREET, NW WASHINGTON, DC 20015
---	---

(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
1394	<p><b>3520.2(d) PROFESSION SERVICES: GENERAL PROVISIONS</b></p> <p>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:</p> <p>(d) Nutrition;</p> <p>This Statute is not met as evidenced by: Based on Interview and record review, the GHMRP failed to ensure the professional license was available for the (d) nutritionist.</p> <p>The finding includes:</p> <p>Record review on January 15, 2007 at approximately 2:10 PM revealed a current DC License was not on file for the nutritionist. Interview with the Qualified Mental Retardation Professional on January 15, 2007 indicated that the license would be requested from the administrative office. Interview with the Director of Residential Services on January 16, 2008 at 4:15 PM revealed this consultants should have current professional license at the administrative office, however at the time of the follow-up survey, the license was not available for review.</p>	1394	<p>3520.2 (d)</p> <p>A copy of the nutritionist current license is attached.....2-14-08.</p>	
1396	<p><b>3520.2(f) PROFESSION SERVICES: GENERAL PROVISIONS</b></p>	1396		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 01/16/2008
NAME OF PROVIDER OR SUPPLIER  M T S		STREET ADDRESS, CITY, STATE, ZIP CODE 6014 32ND STREET, NW WASHINGTON, DC 20015	

(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
1396	<p>Continued From page 3</p> <p>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:</p> <p>(f) Occupational Therapy;</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure the professional license was available for the (f) occupational therapist.</p> <p>The finding includes:</p> <p>Record review on January 15, 2007 at approximately 2:12 PM revealed a current DC License was not on file for the Occupational Therapist. Interview with the Qualified Mental Retardation Professional on January 15, 2008 indicated that the license would be requested from the administrative office. Interview with the Director of Residential Services on January 16, 2008 at 4:15 PM revealed this consultant should have current professional licenses at the administrative office, however at the time of the follow-up survey, the license was not available for review.</p>	1396	<p>3520.2 (f)</p> <p>A copy of the current OT license is attached...2-14-08</p> <p>MTS audits personnel file information quarterly and notifies staff proactively to address upcoming issues.....2-14-08.</p>	
{1500}	<p>3523.1 RESIDENT'S RIGHTS</p> <p>Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this</p>	{1500}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 01/16/2008
NAME OF PROVIDER OR SUPPLIER  M T S		STREET ADDRESS, CITY, STATE, ZIP CODE 6014 32ND STREET, NW WASHINGTON, DC 20015	

(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
{1 500}	<p>Continued From page 4</p> <p>chapter, and other applicable District and federal laws.</p> <p>This Statute is not met as evidenced by: Based on the interview and record review, the GHMRP failed to ensure that the rights of each resident were protected in accordance with D.C. Law 2-137, this chapter and other applicable laws.</p> <p>The finding includes:</p> <p>The plan of correction for the November 14, 2007 survey specified that the psychologist would modify the Behavior Support Plan (BSP) to further address property destruction and also to include restitution parameters. Interview with the Qualified Mental Retardation Professional (QMRP) on January 15, 2008 at 4:15 PM revealed no evidence that the BSP had been updated since the May 2, 2007. According to the November 14, 2007 survey report, the review of financial records revealed a \$150.00 debit was made from Client #2's bank account because he broke Client #1's television during a behavioral episode.</p> <p>On January 15, 2008 at approximately 1:15 PM, the QMRP informed the surveyor that the interdisciplinary team convened to discuss the issue, deemed the \$150.00 restitution to be appropriate, and approved that money be deducted from Client #2's account to pay for the broken television. Additional interview with the QMRP however revealed that restitution was not included in the client's behavior support plan (BSP) dated May 2, 2007 and also that the BSP had not been modified. Additionally, there was no evidence a modified BSP, including restitution</p>	{1 500}	<p>WHS 3523.1</p> <p>Client #2 willfully and deliberately broke the TV set of his roommate. But as mentioned, the BSP for client #2, although it addresses property destruction, does not outline a specific, appropriate consequence if the behavior occurs. In addition, restitution is not addressed for individuals supported in the District although such a policy exists for individuals supported in Maryland. The \$150 dollars will be restored to client #2's account... 2-20-08.</p> <p>MFS will address this issue in a team meeting and during the next HRC meeting and may modify its policies at that time to allow for such justifiable restitution. Such a policy would include due process for the person and the right to appeal.</p> <p>Client #2's sister acts as his primary decision making support person. She has had his BSP and psychotropic drug regimen reviewed with her and has signed consent for it... 2-14-08.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R 01/16/2008
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  M T S	STREET ADDRESS, CITY, STATE, ZIP CODE 6014 32ND STREET, NW WASHINGTON, DC 20015
---	---

(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
{1 500}	<p>Continued From page 5</p> <p>had been presented to the HRC for review and/or approval.</p> <p>Observation of Client #2 on January 15, 2008 at 7:15 AM revealed limited verbal and communication skills. Interview with the QMRP on January 15, 2008 at approximately 4:15 PM revealed that Client #2 had a close relative who was his advocate, however he did not have a guardian. Review of the client's Psychological Assessment, dated April 27, 2007, indicated the resident's cognitive abilities tested in the severe range of retardation and that he lacked the capacity to process information effectively to make sound decisions. There was no evidence that the facility implemented an effective system to assist Client #2 in decision-making and to ensure that his rights were protected.</p>	{1 500}		