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

PRINTED: 02/27/2014 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  CANTERBURY PLACE    STREET ADDRESS, CITY, STATE, ZIP CODE 2503 CANTERBURY LANE ROCKFORD, IL 61101			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			(X3) DATE SURVEY COMPLETED	
CANTERBURY PLACE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  W 000  INITIAL COMMENTS  Annual Certification - Fundamental Inspection of Care 48.3.410(a)(1) GOVERNING BODY  The governing body must exercise general policy, budget, and operating direction over the facility.  This STANDARD is not met as evidenced by: Based on observations and interview the governing body falled to exercise operating direction over the facility when cleaning chemicals were left on the floor of the homes hallway for 2 of 2 sample clients, (R1 & R2), and 2 clients outside the sample, (R3 & R4).  Findings include: According to an undated client roster supplied by the facility, R1 functions in the mild range, R1 functions in the Moderate range, R2 functions in the Severe range and R4 functions in the Profound range.  During morning observations on 2-11-14 at 7.10am R4 was in the bathroom standing to the side of the tollet with his pants down to his ankles and the door was open. On the floor of the hallway in front of the bathroom door was a bucket filled with various cans and bottles of cleaning supplies.  At 7:18am this surveyor asked RSD E3 about the cleaning products in the bucket. One had an			14G334	B. WING			02/	11/2014
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  W 000  INITIAL COMMENTS  Annual Certification - Fundamental Inspection of Care  W 104  483.410(a)(1) GOVERNING BODY  The governing body must exercise general policy, budget, and operating direction over the facility.  This STANDARD is not met as evidenced by: Based on observations and interview the governing body failed to exercise operating direction over the facility when cleaning chemicals were left on the floor of the homes hallway for 2 of 2 sample clients, (R1 & R2), and 2 clients outside the sample, (R3 & R4).  Findings include:  According to an undated client roster supplied by the facility, R3 functions in the mild range, R1 functions in the Moderate range, R2 functions in the Severe range and R4 functions in the Profound range.  During morning observations on 2-11-14 at 7:10am R4 was in the bathroom standing to the side of the toilet with his pants down to his ankles and the door was open. On the floor of the hallway in front of the bathroom door was a bucket filled with various cans and bottles of cleaning supplies.  At 7:18am this surveyor asked RSD E3 about the cleaning products in the bucket. One had an					2	503 CANTERBURY LANE		
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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		cleaning products in	n the bucket. One had an					

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other 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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
14G334		B. WING	i	02/11/2014			
NAME OF PROVIDER OR SUPPLIER  CANTERBURY PLACE				STREET ADDRESS, CITY, STATE, ZIP CODE 2503 CANTERBURY LANE ROCKFORD, IL 61101			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTIVE ACTION SHOWS CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 104	environmentally friendly label. E3 picked up another bottle and said that it was a vinegar-based product. Then surveyor picked up a bottle that had "bowl cleaner" on the front of it. On the back were the words, "Phosphoric Acid - Caution - Keep Out of Reach of Children." E3 said that he was sorry and that he would lock them up, which he then did.		W				
	Based on observarinterview the facility one in the sample is to dine with that the services meet the reservices meet the reser	s not met as evidenced by: tion, record review, and r failed to ensure for one of R2 that uses a protective cloth refacility assured that outside needs of each client.  of the Individual Service Plan is a 39 year old male who were Range. R2's diagnoses Palsy and Excessive Drooling.  s on 2-10-14 at the day M. R2 was observed eating late on top of his protective  s on 2-10-14 at 5:30 P.M. R2 ag with his protective cloth ap and not under his plate.					

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

PRINTED: 02/27/2014 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		14G334	B. WING			02/11/2014		
NAME OF PROVIDER OR SUPPLIER  CANTERBURY PLACE				25	TREET ADDRESS, CITY, STATE, ZIP CODE 503 CANTERBURY LANE COCKFORD, IL 61101			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			Х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE		
W 120	Per record review of the Individual Service Plan dated 5-22-13 is written R2 is able to feed himself using a scoop plate, weighted utensils, deep lipped plate, two handed cup, and a clothing protector. R2 is able to eat with little staff assistance and the aid of adaptive devices.  Per interview with Z1 (Day Trainer) on 2-10-14 at 11:50 A.M. when asked if R2 always eats with his plate on top of the protective cloth, Z1 replied "yes that way it does not get on his lap and they are not big enough for him".		W 1					
	Based on record refailed to ensure that used and consent is incorporates the ust that these programs written informed collegal guardians for R2.  Findings include:  According to an une the facility, R1 funcand his diagnosis in the facility of the facilit	s not met as evidenced by: eview and interview the facility t no blanket-type consent is s for the program that e of restrictive technique and s are conducted only with the nsent of the client, parents or 2 of 2 sample clients, R1 &  dated client roster supplied by tions in the Moderate range ncludes Cerebral Palsy. R2 vere range and his diagnosis Palsy.						

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14G334			B. WING			02/11/2014		
NAME OF PROVIDER OR SUPPLIER  CANTERBURY PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE  2503 CANTERBURY LANE  ROCKFORD, IL 61101					
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W 263	During a review of thave consents in pleasure consents have Restrictive Measure consent form it statinclude the followin straps, locked cabin bed rails, etc. This restrictive measure  During an interview Facility Representa Administrator E1 beforms. They both storms and pointed of specific restrictive trexample, checkbood pointed out that the measures listed about the strategy of	Consents for R1 & R2, both lace for their checkbooks. e a title, "Consent for es*". At the bottom of the es, "*Restrictive measures g: use of a lap buddy, wrist nets or other areas, the use of is only a sample of possible s, not an all inclusive list."  Ton 2-11-14 at 11:30am tive E2 and at 1:15pm of the discussed these consent aid that these are corporate out that they addressed echniques, in the above less. When this surveyor way the list of restrictive ove were written made them a ant they both said that they	W 2	263				