

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

PRINTED: 01/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G334	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/03/2013
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)	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 Annual Licensure - Fundamental Survey Annual Certification	W 000			
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observation and record review the facility failed to ensure for 1 of 2 in the sample that staff are trained in health and hygiene methods to assure that outside services meet the needs of each client. Findings include: Per record review of the Individual Service Plan dated 2-7-12, R2 is a 50 year old male. R2 functions in the Profound Range. R2's diagnoses includes Cerebral Palsy and Anxiety. During observations at the day training area this surveyor observed R2 in the recycling area working on pulling toilet paper and putting it in a box at 11: 30 A.M. At 11:40 A.M. R2 was given a foam letter P from a can of sensory items. R2 was observed to throw the letter P to the floor. Z1 (Registered Nurse) was observed to pick up the letter P and give it back to R2. R2 would then hold the letter P and put it in his mouth. Per interview with Z1 (Registered Nurse) on	W 120			

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

TITLE

(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 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.

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W 120	Continued From page 1 1-2-13 at 12:00 P.M. when asked if R2 likes to put things in his mouth, Z1 replied that this was his own box of sensory items and that he will mouth the items. When asked if the alphabet letters get cleaned Z1 replied that she has cleaned them. When asked if she cleaned the letter P that fell on the floor prior to giving it back to R2, Z1 replied "probably not".	W 120			