STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345260	A. BUILDING _____ B. WING _____	05/09/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE & REHAB-ROCKY MOUNT	160 WINSTEAD AVE ROCKY MOUNT, NC 27804

(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
F 000	INITIAL COMMENTS The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey). No deficiencies were cited as a result of the complaint investigation. Event ID # CU9A11.	F 000		

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.

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	(X3) DATE SURVEY COMPLETED
	345260	A. BUILDING 01 - MAIN BUILDING 01 B. WING	05/29/2013

RECEIVED
6/18/13
CONSTRUCTION SECTION

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE & REHAB-ROCKY MOUNT	160 WINSTEAD AVE ROCKY MOUNT, NC 27804

(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
K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type V construction, one story, with a complete automatic sprinkler system. The census for the day was 115 out of 117 beds. The deficiencies determined during the survey are as follows:	K 000	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.*	
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 5/29/13 at approximately noon the cooking facilities did not comply with NFPA 96, specific findings include grease filters in the kitchen protective hood system was not properly installed.	K 069	It is the practice of this facility to assure that all cooking facilities are protected in accordance to NFPA 96. To maintain compliance at all times to Include: Grease filters were immediately removed from the kitchen protective hood system washed and installed correctly. All other kitchen equipment was inspected for compliance. The Director of Food Service and kitchen staff was in-serviced by the Director of Maintenance on the correct installation of the kitchen hood grease filters after cleanings. The Director of Maintenance will check for proper placement of grease filters three times weekly for 30 days and then twice weekly for 60days. Continued compliance will then be maintained through the facility preventive maintenance program and logs This will be monitored by the administrator and reported to the PI committee.	6/21/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Penny OMS Corp	Administrator	6/14/13

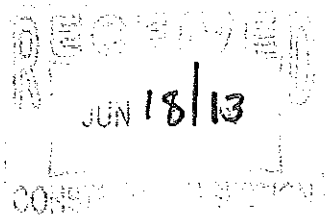
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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.

DRS

Kindred
Transitional Care
and Rehabilitation
Rocky Mount

Kindred Healthcare's Mission *is to promote healing, provide hope, preserve dignity and produce value for each patient, resident, family member, customer, employee and shareholder we serve.*

June 13, 2013



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Construction Section
2705 Mail Service Center Raleigh, NC 27699-2705

Re: Kindred Transitional Care and Rehab-Rocky Mount
Plan of Correction
Credible Allegation of Compliance

Dear Ms. Woollen,

On May 29, 2013, a surveyor from The Department of Health and Human Services completed a Life Safety survey at Kindred Transitional Care & Rehab-Rocky Mount. As a result of the inspection, the surveyor alleged that the findings were isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy, whereby corrections are required. Enclosed you will find the CMS-2567 with the Nursing Center's Plan of Correction for the alleged deficiencies. Preparation of the Plan of Correction does not constitute an admission by the Nursing Center's of the validity of the cited deficiencies or of the facts alleged to support the citation of the deficiencies.

Please also consider this letter and the Plan of Correction to be the Facility's credible allegation of compliance. The Facility will achieve substantial compliance with the applicable certification requirements on June 28, 2013. Please notify me immediately if you do not find the Plan of Correction to be written credible evidence of the Facility's substantial compliance with the applicable requirements as of this date. In the event, I will be happy to provide you with additional evidence of compliance so you may certify that the Facility is in substantial compliance with the applicable requirements.

This letter is also our request for a re-survey, if one is necessary, to verify that the facility achieved substantial compliance with the applicable requirements as of dates set forth in the Plan of Correction and credible allegation of compliance.

Thank you for your assistance with this matter. Please call me if you have any questions.

Yours truly,

Penny McCoy, Executive Director