

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

PRINTED: 03/18/2013
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|--|---|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345049 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/28/2013 |
| NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB-RALEIGH | | | STREET ADDRESS, CITY, STATE, ZIP CODE 616 WADE AVENUE RALEIGH, NC 27605 | | |
| (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 No deficiencies were cited as a result of a recertification and complaint investigation survey on 2/28/13 for Event ID# 06MJ11. | 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.

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345049 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 03/13/2013 |
|---|--|--|--|--|
| NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB-RALEIGH | | | STREET ADDRESS, CITY, STATE, ZIP CODE 616 WADE AVENUE RALEIGH, NC 27605 | |
| (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) | (X6) 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 11 (222) construction, three story, with a complete automatic sprinkler system. | K 000 | | |
| K 038 SS=D | The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 | K 038 | The second lock in men's room has been removed. Doors to bath rooms will be checked for extra locks. Maintenance staff will be in serviced by the administrator in importance of having one motion of hand to exit the room. The locking system will be monitored weekly by maintenance director for a month and then quarterly for a year and the results will be reported to the PI comity. | 4/1/13 |
| K 067 SS=D | This STANDARD is not met as evidenced by: A. Based on observation on 03/13/2013 the door to the first floor mens room required more than one (1) motion of the hand to exit the room. 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 | K 067 | | |
| | This STANDARD is not met as evidenced by: | | | |

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

Amir Jarril

TITLE

Administrator

(X6) DATE

3-26-13

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.

CD

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|---|--|--|--|--|
| NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB-RALEIGH | | | STREET ADDRESS, CITY, STATE, ZIP CODE 616 WADE AVENUE RALEIGH, NC 27605 | |
| (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 067 | Continued From page 1 Based on observation on 03/13/2013 the facility was using the corridor as a return air plenum. Note: If a waiver is requested, the provider must certify that the following conditions are met: (1) Air handling units must be equipped with smoke detectors. (2) There must be a complete corridor smoke detection system. (3) Smoke detectors must be wired to the fire alarm system. (4) Fire alarm system must shut down all air handling units when activated. | K 067 | Waiver Request | 4/1/13 |
| K 147 SS=D | 42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: A. Based on observation on 03/13/2013 there was storage in front of the electrical panels in the laundry. 42 CFR 483.70 (a) | K 147 | 1. All air-handling units are equipped with smoke detectors. 2. All corridors are equipped with Smoke detectors. 3. All smoke detectors are wired into the fire alarm system. 4. Fire alarm system shuts down all air handling units when activated. The Storage in front of electrical panels has been removed. The electrical panel will be monitored for clearance of storage in front of them. Maintenance staff will be in serviced by the administrator in importance of not having storage in front of electrical panels. The electrical panels will be monitored for clearance of storage weekly by maintenance director for a month and then quarterly for a year and the results will be reported to the PI.comity. | 4/1/13 |

FACILITY REQUEST FOR WAIVER OR VARIANCE

TO BE COMPLETED BY STATE AGENCY



Life Safety Code (405.1134a)



Physical Environment



7-Day R.N. Requirement



Patient Room Size (405.1134c)



Medical Director (4DS.1911b)



Beds Per Room (405.113-k)

1.

Name of Facility: Kindred Transition Care

Address: 616 Wade Ave.
Ral., N.C. 27605

2.

Type facility: SNF

3.

Vendor No. _____

Program: XVIII/XIX XIX

Provider No. 34-5049

4.

Date of Survey: Life Safety Code
General: _____

5.

Expiration Date of Current Agreement:
_____ NA _____

6.

State Agency recommendation: Approved
 Not Approved



Waiver/Variance Previously Approved

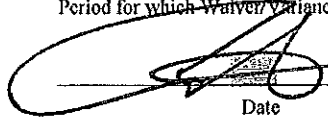
7.

Reason for Recommendation: Annual waiver for 1yr, K-67 using corridor
as a return air plenum See Attached request.

8.

Period for which Waiver/Variance is Recommended: 1 yr. until April 1, 2014

9.


Date

10.

4/26/13
Authorizing Signature of State Agency

TO BE COMPLETED BY REGIONAL OFFICE

1.

Waiver/Variance Approved
(a) _____
(b) _____
(c) _____
(d) _____

2.

Waiver/Variance Not Approved
(a) _____
(b) _____
(c) _____
(d) _____

3.

Program Reviewer Signature

Date

4.

Discipline Reviewer Signature

Date

5.

Authorizing Signature
Acting Director, Survey & Certification

Date



APR 08 2013

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.

April 8, 2013

Dear Mr. Daniel,

Enclosed is our plan of correction, Request for waiver, for tag K 067 until April 1, 2014 to use the corridors as a return air plenum in response to the statement of deficiencies issued as result of life safety survey conducted on March 13, 2013.

Please feel free to contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Amir Zarif". The signature is fluid and cursive, with a long horizontal stroke at the end.

Amir Zarif
Executive Director

| LSC REQUIREMENTS | | | |
|------------------------------------|-------------------------------------|--------------------------|--------------------------|
| BUILDING CONSTRUCTION | | | |
| ID Prefix | MET | NOT MET | N/A |
| K11 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K12 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K103 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K14 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K15 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K16 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CORRIDOR WALLS AND DOORS | | | |
| K17 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K18 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K19 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K22 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| VERTICAL OPENINGS | | | |
| K20 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K21 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K33 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SMOKE COMPARTMENTATION AND CONTROL | | | |
| K23 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K24 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K25 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K26 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K27 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K28 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K104 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HAZARDOUS AREA | | | |
| K29 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K30 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K211 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EXIT AND EXIT ACCESS | | | |
| K32 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EXITS AND EGRESS | | | |
| K34 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K35 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K36 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K37 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| EXITS AND EGRESS | | | |
|----------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| ID Prefix | MET | NOT MET | N/A |
| K38 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| K39 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K40 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K41 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K42 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K43 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K44 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ILLUMINATION AND EMERGENCY POWER | | | |
| K45 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K46 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K47 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K105 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K107 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K108 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EMERGENCY PLAN AND FIRE DRILLS | | | |
| K48 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K50 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FIRE ALARM SYSTEMS | | | |
| K51 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K52 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K155 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K53 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K109 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K54 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K55 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AUTOMATIC SPRINKLER SYSTEMS | | | |
| K56 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K154 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K60 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K61 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K62 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K63 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K64 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SMOKING REGULATIONS | | | |
| K66 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| BUILDING SERVICE EQUIPMENT | | | |
|---------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ID Prefix | MET | NOT MET | N/A |
| K67 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| K68 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K69 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K70 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K71 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K160 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K161 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FURNISHINGS AND DECORATIONS | | | |
| K72 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K73 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K74 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K75 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LABORATORIES | | | |
| K31 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| K136 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| K131 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| K132 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| K133 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| K134 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| K135 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| MEDICAL GASES AND ANESTHETIZING AREAS | | | |
| K76 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K77 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K78 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K140 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K141 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K142 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K143 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRICAL | | | |
| K106 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K144 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K145 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K146 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K147 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| K130 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Attachments: Yes No

Notes: _____

