

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

PRINTED: 07/02/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345077</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/27/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>KINDRED TRANSITIONAL CARE &amp; REHAB-SUNNYBROOK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>25 SUNNYBROOK RD RALEIGH, NC 27610</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	
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). Event ID XJMH11.	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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345077	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  07/23/2013
NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE & REHAB-SUNNYBROOK			STREET ADDRESS, CITY, STATE, ZIP CODE 25 SUNNYBROOK RD RALEIGH, NC 27610	
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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 II construction, one story, with a complete automatic sprinkler system.	K 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>  <i>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.</i>	
K 067 SS-D	The deficiencies determined during the survey are as follows:  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  This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 7/23/13 at approximately noon the following Heating, Ventilating, and Air Conditioning system (HVAC) was non-compliant; specific findings include  A. The HVAC system near room 9, did not shut down with fire alarm activation. The new HVAC unit in the electrical room did not shut down with fire alarm activation. Other HVAC systems throughout the facility shut down with fire alarm activation.  B. The master emergency shut down switch located at the fire alarm control panel did not	K 067	Life Safety Issue A:  1. During inspection, the HVAC unit near to room #9 did not shut down with the fire alarm activation. The new wall mount HVAC unit in the electrical room did not shut down with the fire alarm activation. All other HVAC units shut down with the fire alarm activation. The unit will be inspected by an outside contractor for proper equipment and proper operation. Components will be replaced and/or adjustments will be made in order to comply with Life Safety requirements. As a result, the HVAC unit near room#9 will shut down upon fire alarm activation. Additionally, the wall mount unit in the electrical room will shut down upon fire alarm activation. This work will be completed by 8/7/2013.  2. All other HVAC will be inspected to ensure proper operation in accordance with Life Safety requirements.  3. The maintenance department will monitor HVAC unit near room #9 for proper operation on a weekly basis. If indicated, corrective action will take place immediately.  4. Results of the weekly inspections and corrective action will be reported to the PI Committee each month for the following two month period. The HVAC unit near room #9, the wall mount HVAC unit in the electrical room and all other HVAC units will continue to be inspected thereafter as set forth in our company preventive maintenance program.	August 15, 2013

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

TITLE

(X6) DATE

*[Signature]*

EXECUTIVE DIRECTOR

8/7/13

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.

*[Handwritten initials]*

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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE & REHAB-SUNNYBROOK			STREET ADDRESS, CITY, STATE, ZIP CODE 25 SUNNYBROOK RD RALEIGH, NC 27610	
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K 067	Continued From page 1 operate properly and it was discussed that the new HVAC unit in the electrical room would need to be tied into the emergency shut down switch as well.  C. 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	<i>This Plan of Correction is the center's credible allegation of compliance.</i>  <i>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.</i>  Life Safety Issue B:  1. During inspection the HVAC Master Emergency Shut-Down Switch malfunctioned. The switch will be inspected by an outside contractor for proper operation. Components will be replaced and/or adjustments will be made in order to comply with Life Safety requirements. As a result, all units will shut down upon Master Emergency Shut-Down Switch activation. This work will be completed by August 7, 2013.  2. The HVAC Master Emergency Shut-Down Switch will be inspected to ensure proper operation in accordance with Life Safety requirements.  3. The maintenance department will monitor the HVAC Master Emergency Shut-Down Switch for proper operation on a weekly basis. If indicated, corrective action will take place immediately.  4. Results of the weekly inspections and any corrective action will be reported to the PI Committee each month for the following two month period. The HVAC Emergency Shut-Down Switch will continue to be inspected thereafter as set forth in our company preventive maintenance program.	August 15, 2013

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STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

345077

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING

B. WING

AUG 12 2013

(X3) DATE SURVEY  
COMPLETED

07/23/2013

NAME OF PROVIDER OR SUPPLIER

KINDRED TRANSITIONAL CARE & REHAB-SUNNYBROOK

STREET ADDRESS, CITY, STATE, ZIP CODE

25 SUNNYBROOK RD  
RALEIGH, NC 27610

(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  
operate properly and it was discussed that the  
new HVAC unit in the electrical room would need  
to be tied into the emergency shut down switch as  
well.  
  
C. 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

*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.*

Life Safety Issue C:

Waiver is requested.

Further, subcategories are addressed as follows: 1.)  
Air handling units are equipped with properly operating  
smoke detectors. 2.) There is a complete corridor  
smoke detection system in place. 3.) All smoke  
detectors are wired to the fire alarm panel. 4.) Air  
handling units are completely shut down by fire alarm  
activation as a result of inspection and work performed  
under Issues A & B.

August 15, 2013

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K 067 SS=D		K 067	Life Safety Issue A:  1. During inspection, the HVAC unit near to room #9 did not shut down with the fire alarm activation. The new wall mount HVAC unit in the electrical room did not shut down with the fire alarm activation. All other HVAC units shut down with the fire alarm activation. The unit will be inspected by an outside contractor for proper equipment and proper operation. Components will be replaced and/or adjustments will be made in order to comply with Life Safety requirements. As a result, the HVAC unit near room#9 will shut down upon fire alarm activation. Additionally, the wall mount unit in the electrical room will shut down upon fire alarm activation. This work will be completed by /August 7, 2013.  2. All other HVAC will be inspected to ensure proper operation in accordance with Life Safety requirements.  3. The maintenance department will monitor HVAC unit near room #9 for proper operation on a weekly basis. If indicated, corrective action will take place immediately.  4. Results of the weekly inspections and corrective action will be reported to the PI Committee each month for the following two month period. The HVAC unit near room #9, the wall mount HVAC unit in the electrical room and all other HVAC units will continue to be inspected thereafter as set forth in our company preventive maintenance program.	August 15, 2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE EXECUTIVE DIRECTOR (X6) DATE 8/7/13

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REGISTRY  
AUG 12 2013  
CONSTRUCTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345077	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED  07/23/2013
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