**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**KINDRED TRANSITIONAL CARE & REHAB-PETTIGREW**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

1515 W PETTIGREW ST
DURHAM, NC  27705

**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).

**LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE**

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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 60 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.
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(K1) PROVIDER/SUPPLIER/CLA

IDENTIFICATION NUMBER: 345053

(K2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01

B. WING

(K3) DATE SURVEY COMPLETED 06/08/2012

NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB-PETTIGREW

STREET ADDRESS, CITY, STATE, ZIP CODE 1516 W PETTIGREW ST DURHAM, NC 27705

(K4) ID PREFIX TAG

K 000

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG

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.

This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type III(111) construction, one story, with a complete automatic sprinkler system.

The deficiencies determined during the survey are as follows:

NFPA 101 LIFE SAFETY CODE STANDARD

K 027 SS=E

Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core.

Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14.

Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7

This STANDARD is not met as evidenced by:

Based on observation on Friday 6/7/12 at approximately 9:00 AM onward the following was noted:

1) The Rose Guardian Dining room opens to two smoke compartments. The corridor door opening to the front hall of this room is not equipped with a self-closing device.

42 CFR 483.70(a)

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

Leticia Nicole Battle, Ed.D. 6-19-12

TITLE

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 80 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.
### Kindred Transitional Care & Rehab - Pettigrew

**Statement of Deficiencies and Plan of Correction**

- **ID Tag:** K 029
  - **ID Prefix:** SS=F
  - **Description:** NFPA 101 Life Safety Code Standard
  - **Details:**
    - One hour fire-rated construction (with ½ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.6.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1

- **ID Tag:** K 067
  - **ID Prefix:** SS=D
  - **Description:** NFPA 101 Life Safety Code Standard
  - **Details:** Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.6.2.1, 9.2, NFPA 90A, 19.6.2.2

**Summary Statement of Deficiencies**

- **Identification Number:** 345053
- **Address:** 1518 W Pettigrew St, Durham, NC 27705
- **Date Survey Completed:** 06/08/2012
- **Date of Completion:** June 22, 2012

**Provider's Plan of Correction**

- **Description:** 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.**

- **Additional Details:**
  - **A.** The storage room corridor Door to Laundry room was fix with rated unit by June 22, 2012.
  - **All doors will be inspected by June 22, 2012**
  - **Any other doors found will be replaced by June 22, 2012**
  - **All doors will be checked for proper closing and latching by June 22, 2012**

- **B.** The storage room located on Short hall hole in the wall has been repaired will be repaired using materials specifically designed for this task by June 22, 2012

- **C.** Walls will be repaired using materials specifically designed for this task by June
<table>
<thead>
<tr>
<th>K 087</th>
<th>Continued From page 2</th>
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<tbody>
<tr>
<td></td>
<td>This STANDARD is not met as evidenced by: Based on observation on Friday 06/7/12 at approximately 8:00 AM onward the following was noted:</td>
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<tr>
<td></td>
<td>1) At the time of survey, 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.</td>
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<tr>
<td></td>
<td>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD</td>
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<tr>
<td></td>
<td>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</td>
</tr>
<tr>
<td></td>
<td>This STANDARD is not met as evidenced by: Based on observation on Friday 06/7/12 at approximately 9:00 AM onward the following was noted:</td>
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<table>
<thead>
<tr>
<th>K 072</th>
<th>SS=D</th>
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<tbody>
<tr>
<td></td>
<td>Waiver Request June 22, 2012</td>
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<tr>
<td></td>
<td>1. All air-handling units are equipped with smoke detectors</td>
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<td></td>
<td>2. All corridors are equipped with smoke detectors.</td>
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<tr>
<td></td>
<td>3. All smoke detectors are wired into the fire alarm system.</td>
</tr>
<tr>
<td></td>
<td>4. Fire alarm system shuts down all air handling units when activated.</td>
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1) The corridor or door to the Station #2 Bio Hazard room opens into the corridor less than 180 degrees as there were handrails installed. With this condition the doors must have a device installed to bring the door back to the closed and latched position after being opened.

CFR#: 42 CFR 483.70 (a)

K 072

This Plan of Correction is the center's credible allegation of compliance.

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K 072

It is the practice of this center to assure that all miscellaneous life safety issues are within compliance at all times to include:

A. The Corridor to Station #2 Bio Hazard room opens into the corridor less than 180 degrees as there were handrails installed. A latch and door closer will be installed by June 22, 2012

Preventive Maintenance Logs will be reviewed by the PI committee quarterly to ensure continued compliance for one year following the noted issue.