

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

PRINTED: 01/04/2024
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345553 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/14/2023 |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF FAYETTEVILLE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1401 71ST SCHOOL ROAD FAYETTEVILLE, NC 28314 | | |
| (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 | |
| E 000 | Initial Comments | E 000 | | | |
| F 000 | An unannounced recertification and complaint investigation survey was conducted on 12/11/23 through 12/14/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #4WL011. INITIAL COMMENTS | F 000 | | | |
| F 809 SS=E | A recertification and complaint investigation survey was conducted from 12/11/23 through 12/14/23. Event ID# 4WL011. The following intakes were investigated NC00206424, NC00196590, NC00198452, NC00206637, NC00195035, NC00197316, NC00209668, NC00209835, NC00201829, and NC00207670. 1 of the 29 of the complaint allegations resulted in deficiency. Frequency of Meals/Snacks at Bedtime CFR(s): 483.60(f)(1)-(3) §483.60(f) Frequency of Meals §483.60(f)(1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care. §483.60(f)(2) There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span. §483.60(f)(3) Suitable, nourishing alternative meals and snacks must be provided to residents | F 809 | | 12/21/23 | |

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

TITLE

(X6) DATE

Electronically Signed

12/21/2023

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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345553 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/14/2023 |
|--|---|---|--|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF FAYETTEVILLE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1401 71ST SCHOOL ROAD FAYETTEVILLE, NC 28314 | | |
| (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 809 | <p>Continued From page 1</p> <p>who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, resident and staff interview the facility failed to ensure the lunch meal was provided at the regularly scheduled mealtime comparable to normal mealtimes in the community for 1 of 1 hall observed (600 hall). This practice had the potential to affect meals served to other residents.</p> <p>The findings included:</p> <p>The scheduled mealtimes were as follows: breakfast 8:30 AM, lunch 12:30 PM and dinner 5:30 PM.</p> <p>The lunch menu for 12/11/2023 indicated the main dish was turkey.</p> <p>An observation of the lunch meal on 12/11/2023 revealed the tray cart arrived on the 600 hall at 1:45 PM.</p> <p>Resident #52 was admitted to the facility on 09/15/2021.</p> <p>The Minimum Data Set (MDS) dated 11/25/2023 had Resident coded as cognitively intact.</p> <p>An interview with Resident #52 who resided on the 600 hall was conducted on 12/11/2023 at 1:26 PM. The Resident stated he was waiting for lunch, and it was supposed to be served around 12:30 PM but today it was late. He also stated he was not offered a mid-morning snack and was</p> | F 809 | <ol style="list-style-type: none"> 1. All residents received their meal. the 24 hour summary report in point click care was reviewed by the Director Of Nursing and there were no adverse effects noted from the late meal. 2. The Director of Nursing interviewed the alert and oriented residents and they had no concerns about the food or times of food delivery. 3. The root cause of the late meal was that the turkey breast was not temping properly due to the thickness of the breast. The dietary department will be preparing the meals using the prep and pull sheets that are provided in the corporate menus at least 1-2 days prior to the meal. This will allow for the item to be cooked the day before and reheated prior to serving. The nursing and dietary staff have received education on calling the Administrator immediately if a meal is going to be late and a snack or alternative must be offered to the residents. 4. The deficiency was discussed in an Adhoc Quality Assurance and performance Improvement meeting on 12/20/2023 and the POC was approved. This will be added to the Quality Assurance and Performance Improvement program to be monitored daily times 4 weeks then weekly times 4 weeks then monthly times 6 months. | | |

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

PRINTED: 01/04/2024
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345553 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/14/2023 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF FAYETTEVILLE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1401 71ST SCHOOL ROAD FAYETTEVILLE, NC 28314 | | |
| (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 809 | <p>Continued From page 2</p> <p>hungry. His breakfast was on time, and he expected to receive his meals according to agreed mealtimes and to at least let him know when they were running late. Resident #52 indicated meals had previously been late, but he was unable to provide specific information on frequency or dates.</p> <p>An observation of lunch on 12/11/2023 for Resident #52 revealed his lunch was delivered at 1:45 PM.</p> <p>An interview with Certified Nursing Assistant #1 was conducted on 12/11/2023 at 1:44 PM. The Assistant stated they were late with meals at times. She did not recall how late the meals were and there had not been any complaints from the residents about late meals.</p> <p>An interview with the Regional Registered Dietitian (RD) was conducted on 12/12/2023 at 10:19 AM. The Regional RD stated she was covering for the Dietary Manager that was out on Family Medical Leave Act (FMLA) and she was there to help them out in the kitchen. Lunch time was supposed to be 12:30 PM, but the late lunch was random. She explained the turkey that was on the lunch menu did not fully cook in time for the regularly scheduled lunch mealtime on 12/11/2023. She also stated they did not have a log that showed when the carts left the kitchen. The Regional RD further stated they would put a plan in place to avoid late meals in the future.</p> <p>An interview with the Director of Nursing (DON) was conducted on 12/14/23 at 9:39 AM. The DON stated the turkey was not done on time, but it was close to mealtime, so they continued to prepare it. The DON also stated they would</p> | F 809 | | | |

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

PRINTED: 01/04/2024
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345553 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 12/14/2023 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF FAYETTEVILLE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1401 71ST SCHOOL ROAD FAYETTEVILLE, NC 28314 | | |
| (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 809 | Continued From page 3 usually offer a snack if they knew in advance that meals were going to be late but did not get a chance to offer them. An interview with the Administrator was conducted on 12/14/23 at 10:47 AM. The Administrator stated they have not had any issues with late meals but on that day the turkey that was on the menu was still cooking and they could not serve undercooked meat. | F 809 | | | |