STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345222	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Care of Drexel	**307 Oakland Avenue , Morganton, North Carolina, 28655**

(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
E0000	Initial Comments An unannounced recertification and complaint investigation survey was conducted on 05/11/26 through 05/14/26. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# 2317CB-H1.	E0000		
F0000	INITIAL COMMENTS An unannounced onsite recertification and complaint survey was conducted on 05/11/26 through 05/14/26. Event ID# 2317CB-H1. The following intakes were investigated: 2790884, 2710670, 2706276, 2618161, and 2579399. 1 of the 12 complaint allegations resulted in deficiency.	F0000		
F0656 SS = D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide	F0656		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345222	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Care of Drexel	**307 Oakland Avenue , Morganton, North Carolina, 28655**

(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
F0656 SS = D	Continued from page 1 as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interviews, the facility failed to develop an individualized comprehensive care plan in the area of anticoagulant (blood thinner) medication use for 1 of 5 residents whose comprehensive care plans were reviewed (Resident #8). The findings included: Resident #8 was admitted to the facility on 12/30/2025 with diagnoses that included hemiplegia (severe or complete paralysis of one side of the body) following a cerebral infarction (a blocked or narrowed blood vessel that cuts off blood flow to a part of the brain) and chronic atrial fibrillation (a sustained irregular heart rhythm). A review of the active medication orders for Resident #8 revealed an order for rivaroxaban (an anticoagulant medication) 20 milligrams (mg) by mouth; take daily with evening meal for history of cerebral infarction. The medication had a start date of 12/30/2025.	F0656		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345222	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Care of Drexel	**307 Oakland Avenue , Morganton, North Carolina, 28655**

(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
F0656 SS = D	Continued from page 2 Review of the quarterly Minimum Data Set (MDS) assessment for Resident #8 dated 04/21/2026 indicated Resident #8 was receiving an anticoagulant. A review of Resident #8's Medication Administration Record from 12/30/2025 through 05/13/2026 revealed Resident #8 received rivaroxaban 20 mg daily with her evening meal. A review of Resident #8's comprehensive care plan dated 12/30/2025 and updated on 04/27/2026 did not include any care plan focus area or interventions related to Resident #8 receiving an anticoagulant medication. On 05/13/2026 at 12:25 PM an interview was conducted with the MDS Coordinator. The MDS Coordinator reviewed Resident #8's care plans and stated it did not address the anticoagulant medication. The MDS Coordinator explained that care plans were reviewed following completion of the MDS assessment. The MDS Coordinator further explained the care plan should include the use of an anticoagulant medication and she must have overlooked the anticoagulant medication when she updated the care plan on 04/27/2026. An interview was conducted with the Administrator on 05/14/2026 at 11:04 AM. The Administrator stated she expected all resident care plans to be reflective of high-risk medications including the use of anticoagulant medications.	F0656		
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:	F0880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345222	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Care of Drexel	**307 Oakland Avenue , Morganton, North Carolina, 28655**

(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
F0880 SS = D	Continued from page 3 §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F0880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345222	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Care of Drexel	**307 Oakland Avenue , Morganton, North Carolina, 28655**

(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
F0880 SS = D	Continued from page 4 §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observations, record reviews, and staff interviews, the facility failed to implement their Infection Control policies and procedures for Enhanced Barrier Precautions (EBP) when the Wound Nurse and Nurse Aide (NA) #1 failed to wear a gown while providing wound care to Resident #12. Resident #12 was admitted to the facility with a chronic heel wound with drainage. This deficient practice occurred for 2 of 8 staff observed for infection control practices (Wound Nurse and NA #1). The findings included: Review of the Enhanced Barrier Precautions policy and procedure which is part of the Infection Control policies and procedures last revised on 04/15/26 revealed the following: Policy: Enhanced Barrier Precautions (EBP) are intended to prevent transmission of multi-drug-resistant organisms (MDROs) via contaminated hands and clothing of healthcare workers to high-risk resident during high contact activities. High risk residents are those with chronic wounds and indwelling devices (such as central lines, urinary catheters, and traches) and for all those colonized or infected with a MDRO currently targeted by the Centers for Disease Control and Prevention (CDC). High contact care activities are activities that may result in transfer of MDROs to hands and clothing of healthcare personnel, even when blood and body fluid exposure is not anticipated. These include dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs, assisting with toileting, device care or use and wound care. Procedure: Standard precautions such as hand hygiene always apply. Staff engaging in high-contact activities will don both gloves and gown before initiating the activity and remove personal protective equipment (PPE) before exiting the room or area where the activity	F0880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345222	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Care of Drexel	**307 Oakland Avenue , Morganton, North Carolina, 28655**

(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
F0880 SS = D	Continued from page 5 occurred. Residents placed on EBP should remain on EBP for the duration of their stay or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk. An observation of wound care on 05/12/26 at 12:33 PM on Resident #12 revealed the Wound Nurse and NA #1 went into the room with mask and gloves but no gown. There was no sign on the door indicating the resident was on EBP and there were no supplies in a caddie on the door or cabinet in the hallway outside the door. Resident #12 was sitting up in his wheelchair beside his bed and the door to his room was open. The Wound Nurse began with Resident #12's right leg and foot. He washed his hands with soap and water and donned gloves but did not don a gown and proceeded to paint the wound on the resident's right leg with betadine. NA #1 washed her hands with soap and water and donned clean gloves but no gown to hold Resident #12's right leg up for the Wound Nurse. The Wound Nurse doffed his gloves, washed his hands with soap and water and donned clean gloves and removed the old dressing from Resident #12's right heel while NA #1 held his leg up. The old dressing had a moderate amount of serosanguinous drainage (thin watery fluid with pale pink, light red, or blood-tinged drainage from wound). The Wound Nurse doffed his gloves, washed his hands and donned clean gloves and cleaned the wound with wound cleanser-soaked gauze. He doffed his gloves, washed his hands and donned clean gloves and applied calcium alginate (highly absorbent wound dressing frequently utilized in wound care to manage heavy drainage) and covered with a bordered gauze dressing. The Wound Nurse and NA #1 doffed their gloves, washed their hands and donned clean gloves but no gown and the Wound Nurse removed the old dressing on Resident #12's 3rd toe on the left foot. He proceeded to doff his gloves, sanitize his hands and donned clean gloves and cleansed the 3rd toe with wound cleanser-soaked gauze. The Wound Nurse doffed his gloves, sanitized his hands and donned clean gloves and applied calcium alginate and bandage to the toe. He then doffed his gloves, sanitized his hands and donned clean gloves but no gown and while NA #1 held his left leg up removed the dressing on the left heel. The Wound Nurse doffed his gloves, sanitized his hands and donned clean gloves and applied calcium alginate to the heel and covered with bordered gauze dressing. He doffed his gloves, washed his hands with soap and water and donned clean gloves and gathered his supplies and barrier off the overbed table and took	F0880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345222	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Care of Drexel	**307 Oakland Avenue , Morganton, North Carolina, 28655**

(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
F0880 SS = D	Continued from page 6 them out of the room. NA #1 doffed her gloves, washed her hands and took the trash out of Resident #12's room. An interview on 05/12/26 at 12:53 PM with the Wound Nurse revealed that since there was no sign on the door he thought he didn't have to wear a gown into Resident #12's room to do his wound care. The Wound Nurse stated he had talked with the Infection Preventionist (IP) and learned that he should have worn a gown into Resident #12's room to provide wound care. An interview on 05/12/26 at 2:33 PM with NA #1 revealed she didn't wear a gown in the room to assist the Wound Nurse with wound care because there was no sign on the door and the Wound Nurse had not worn a gown. NA #1 stated she had since learned that she and the Wound Nurse should have worn a gown in the room. An interview on 05/14/26 at 10:26 AM with the IP revealed Resident #12 should have had a sign on his door for EBP with a caddie on the door or cabinet in the hall with personal protective equipment (PPE) available. She stated the resident had just moved from a different hall and his sign had probably been left on his previous room door along with the supplies. The IP stated she would have expected the Wound Nurse and NA #1 to have worn a gown into Resident #12's room to provide wound care. An interview on 05/14/26 at 10:43 AM with the Director of Nursing (DON) revealed she would have expected the Wound Nurse and NA #1 to have worn a gown while providing wound care to Resident #12. She further stated wound care was a high contact activity and the Wound Nurse and NA #1 should have worn a gown.	F0880		
F0565 SS = B	Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-(iv)(6)(7) §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation.	F0565		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345222	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Care of Drexel	**307 Oakland Avenue , Morganton, North Carolina, 28655**

(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
F0565 SS = B	Continued from page 7 (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their response and rationale for such response. (B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group. §483.10(f)(6) The resident has a right to participate in family groups. §483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility. This REQUIREMENT is NOT MET as evidenced by: Based on record reviews, and resident and staff interviews, the facility failed to resolve and communicate the facility's efforts to address repeated concerns voiced by residents during Resident Council meetings for twelve of thirteen months reviewed (May 2025, June 2025, July 2025, August 2025, September 2025, October 2025, November 2025, December 2025, January 2026, March 2026, April 2026, and May 2026). The findings included: Review of the Resident Council Meeting minutes for the period May 2025 through May 2026 revealed the following: The Resident Council Meeting minutes dated 05/06/25 revealed the Old Business section noted no concerns. Under the New Business section there were noted concerns from residents regarding staff being slow answering call lights on the 3:00 PM to 11:00 PM shift on the 200 hall. A grievance form was not attached to the minutes. There were 15 residents in attendance including Resident #4 who was the	F0565		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345222	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Care of Drexel	**307 Oakland Avenue , Morganton, North Carolina, 28655**

(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
F0565 SS = B	Continued from page 8 president of the resident council and Residents #39, #46, #80 and #89. The Resident Council Meeting minutes dated 06/04/25 revealed the Old Business section noted no concerns. Under the New Business section there were noted concerns of call lights not being answered in a timely manner, staff turning off call lights and not meeting the needs of residents and not returning for a long time and when the residents turned the call light back on, staff questioned residents as to why they turned their call light back on. The residents also voiced concerns of ice was not being passed on 2nd and 3rd shift on all halls. A grievance form was completed on 06/04/25 regarding call lights not being answered in a timely manner and turning off call lights, not returning for long periods of time and ice not being passed on 2nd and 3rd shift. The grievance form was assigned to the Director of Nursing (DON) on 06/04/26 for completion. There were 15 residents in attendance including Residents #39, #46, #80 and #89. The Resident Council Meeting minutes dated 07/01/25 revealed the Old Business section noted call lights not being answered in a timely manner, ice not being passed daily on all shifts. The resolution on the grievance form completed on 06/04/26 was that inservice education was provided to staff regarding when answering call lights, they were to address the resident's needs at the time of entering the room and not just tell the resident they would be back, cut off the call light and not return. A sporadic call bell audit was completed for four weeks but only one room was checked per day. The grievance was documented as resolved on 06/18/25. Under the New Business section there were complaints that call lights were still not being answered in a timely manner especially on the 200 hall and ice was not being passed routinely. A grievance form was completed on 07/01/25 regarding call lights not being answered in a timely manner especially on the 200 hall and ice not being passed routinely. The grievance form completed on 07/01/25 was assigned to the DON. There were 12 residents in attendance including Residents #4, #46, and #80. The Resident Council Meeting minutes dated 08/04/25 revealed the Old Business section noted call lights were not being answered timely on 200 hall and ice was not being passed routinely. The resolution on the grievance form completed on 07/01/25 was that staff were educated on answering call light in a timely manner and not turning lights off until the resident's needs were met and that ice	F0565		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345222	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Care of Drexel	**307 Oakland Avenue , Morganton, North Carolina, 28655**

(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
F0565 SS = B	Continued from page 9 was to be passed to residents each shift. The resolution was effective 07/15/26. Under New Business there were no complaints. There were 12 residents in attendance including Residents #4, #46 and #80. The Resident Council Meeting minutes dated 09/02/25 Under the Old Business section there were no complaints or follow-up. Under the New Business section there were complaints of issue still with call lights being answered and ice not being passed. A grievance form was completed on 09/02/25 regarding issue still with call lights being answered and ice not being passed. The grievance form dated 09/02/25 was assigned to the DON. There were 12 residents in attendance including Residents #4, #46 and #80. The Resident Council Meeting minutes dated 10/07/25 revealed the Old Business section noted an issue with call lights and ice not being passed. A grievance form completed on 09/02/26 revealed all staff were inserviced on answering call lights and clinical staff were educated on passing ice on all 3 shifts. The resolution date was 09/16/25. Under the New Business section there were complaints about call lights being answered in a timely manner, staff with attitudes (cursing and aggressive tone of voice), staff still turning call lights off before care provided and not returning, water pitchers not being washed weekly and ice not being passed on every shift daily. A grievance form was completed on 10/07/25 regarding call lights not being answered in a timely manner, staff with attitudes, staff turning call light off before care was provided and not returning, ice not being passed on every shift daily, and water pitchers not being washed weekly. The grievance form was assigned to the DON. There were 12 residents in attendance including Residents #4, #46 and #80. The Resident Council Meeting minutes dated 11/03/25 revealed the Old Business section noted issues with call lights not being answered in a timely manner, staff turning call lights off and not meeting needs or returning to meet needs, attitudes of staff, passing ice and water and not washing watcher pitchers. The resolution on the grievance form completed on 10/07/25 was that staff were educated on professional standards with families, maintaining professional standards with difficult family members and staff to refrain from use of cursing and/or aggressive tone of voice. Staff were educated on call lights to be answered and reminded of water pitcher cleaning schedule and passing ice each shift. Audits of call light response time were	F0565		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345222	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Care of Drexel	**307 Oakland Avenue , Morganton, North Carolina, 28655**

(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
F0565 SS = B	Continued from page 10 conducted on 10/10/25 at different times of day from 9:30 AM to 3:30 PM, on 10/17/25 at different times from 9:53 AM to 11:34 AM, on 10/25/25 at different times from 9:16 AM to 3:37 PM and on 10/31/25 from 11:40 AM to 3:28 PM with no concerns for the response time. The response times ranged from seconds to 8 minutes being the longest wait time. The resolution date was 10/21/25. Under the New Business section there were complaints of call lights not being answered in a timely manner, call lights being turned off before taking care of the resident's need, leaving the room and not returning and ice not being passed on each shift daily and water pitchers not being washed weekly. A grievance form was completed on 11/03/25 regarding call lights not being answered in a timely manner, call lights being turned off before taking care of the resident's need, leaving the room and not returning, ice not being passed on each shift daily and water pitchers not being washed weekly. The grievance form was assigned to the DON. There were 10 residents in attendance including Residents #4, #46 and #80. The Resident Council Meeting minutes dated 12/01/25 revealed the Old Business section noted issues with call lights, ice not being passed routinely, and water pitcher washing schedule. The resolution on the grievance form completed on 11/03/26 was that a water pitcher washing schedule was implemented and reviewed with all staff during the Town Hall meeting. Unit Managers were to check with staff Monday through Friday about passing ice and weekend Nursing Supervisor to check on Saturday and Sunday. The Manager on Duty on weekends was to also check on halls for call lights. The resolution date was 11/17/25. Under the New Business section, the residents indicated call lights were still being turned off without resident needs being met and when residents turned the call light back on staff told residents they were not supposed to turn their call lights back on and resident's responded to staff that they had not met their needs. A grievance form was completed on 12/01/25 regarding call lights and ice not being passed as ongoing problem. The grievance form was assigned to the DON. There were 13 residents in attendance including Residents #4, #46, #80 and #89 The Resident Council Meeting minutes dated 01/06/26 revealed under the Old Business complaints about call lights not being answered and ice not being passed as ongoing problem. The resolution on the grievance form dated 12/01/25 was that administrative staff were to check that ice was being passed and they were trying "to go" cups of	F0565		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345222	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Care of Drexel	**307 Oakland Avenue , Morganton, North Carolina, 28655**

(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
F0565 SS = B	Continued from page 11 ice or ice water for 2 weeks. The resolution date was 12/15/25. Under the New Business section, it was noted there were no complaints. There were 15 residents in attendance including Residents #4, #6, #46, #75, #80 and #89. The Resident Council Meeting minutes dated 03/03/26 revealed the Old Business section had no noted concerns. Under the New Business section, it was noted that call light response time was still a problem, ice not being passed consistently was still a problem and care not being provided during meal times was a problem. A grievance form was completed on 03/03/26 stating that call light response time, ice being passed and resident care not being provided during meal time was still a problem. The grievance form completed on 03/03/26 was assigned to the DON. There were 14 residents in attendance including Residents #4, #6, #39, #46, #75, #80 and #89. The Resident Council Meeting minutes dated 04/07/26 revealed the Old Business section had complaints that call light response time was still a problem, ice not being passed consistently was still a problem and care not being provided during meal times was a problem. The resolution on the grievance form completed on 03/03/26 was that ongoing education was provided to staff on call lights being answered timely, ice being passed, and care being provided during meal time. Staff were instructed that call lights were to be and needs met in a timely manner, ice was to be passed on all three shifts, and care was to be provided during meal times unless staff were actively feeding another resident and then other staff were to assist in meeting the residents' needs. The resolution date was 04/21/26. Under the New Business section there were no new complaints. There were 12 residents in attendance including Residents #4, #6, #39, #46, #75, #80 and #89. The Resident Council Meeting minutes dated 05/05/26 revealed the Old Business section had no noted concerns. Under the New Business section, it was noted that call lights were still not being answered in a timely manner, ice was not being passed consistently and the coffee on the hall cart was either empty or cold at breakfast. A grievance form was completed on 05/05/26 regarding call lights still not being answered in a timely manner, ice not being passed consistently and coffee on the hall cart empty or cold at breakfast. The grievance form completed on 05/05/26 was assigned to the DON. There were 12 residents in attendance including Residents #4, #46, #62, #75, #80 and #89.	F0565		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345222	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Care of Drexel	**307 Oakland Avenue , Morganton, North Carolina, 28655**

(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
F0565 SS = B	Continued from page 12 The resolution on the grievance form completed on 05/05/26 was the nurses will be educated that they will be held accountable to ensure the nurse aides are answering call lights timely and that ice is being passed each shift. Staff were also educated where snacks were located during hours when the kitchen was closed and Dietary educated to send more coffee out on halls in the morning hours. The resolution date was 05/19/26. A Resident Council group interview was conducted on 05/12/26 at 2:00 PM. There were 10 residents in attendance. During the interview, Residents # 39, #46, #62 and #80 who all resided on the 200 hall and attended Resident Council meetings regularly, all stated they felt the facility staff did not really address their concerns because the response they typically received from staff was “staff were being educated,” but there was no resolution because the concerns continued to happen. Residents #6, #39, #62, #75 agreed with the other residents that the call lights not being answered timely was a continual problem although the staff had been educated, the residents stated they just wanted resolution and their needs to be met. The residents all agreed they would like to know they were being heard and receive feedback from administration on the efforts that had been made or attempted and to resolve their concerns about the call lights. Resident #4 who was the Resident Council president stated she resided on another hall and had not had any issues with her call light being answered timely or ice and water being passed. During an interview with the Activities Director on 05/12/26 at 2:44 PM, she stated she arranged the Resident Council Meetings but that the Social Worker was the one who attended the meetings and recorded the meeting minutes. During an interview with the Social Worker on 05/12/26 at 2:49 PM, she stated she attended the Resident Council Meetings and recorded the minutes from the meetings. The Social Worker stated if the members discussed any concerns with any of the staff or departments that she completed a grievance form and assigned it to the appropriate department head. The Social Worker further stated they had 2 weeks to take action and complete the grievance form with the action taken towards resolution and then she discussed it with the residents at the next scheduled Resident Council Meeting. The Social Worker agreed that the call light response time, passing ice on all shifts and providing care during meal time had been discussed numerous times	F0565		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345222	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Care of Drexel	**307 Oakland Avenue , Morganton, North Carolina, 28655**

(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
F0565 SS = B	Continued from page 13 during meetings with the residents and that there still was no resolution to the resident's issues. The Social Worker stated that staff had been educated several times over the last 13 months about answering call lights and passing ice and that it was discouraging that this was still a concern with the residents. During an interview with the Director of Nursing (DON) on 05/14/26 at 10:37 AM, she stated she had been assigned the grievance forms from Resident Council Meetings regarding clinical issues. The DON further revealed they had done ongoing education about answering call lights in a timely manner and had talked with staff about answering call lights during Town Hall meetings. The DON stated they had recently reiterated to staff that all staff can answer call lights not just nurses and Nurse Aides (NA) and had hoped that would help with the call light response time. The DON further stated they had discussed on more than one occasion that the staff should not turn off the call light and tell the resident they would be back and then not go back to address their need. The DON stated that the administrative staff had discussed educating the staff not to turn the call light off if the resident's need had not been met but said they had not yet implemented that directive. The DON stated she felt like the issues with the 200 hall were related to the residents on that hall being alert and oriented and able to vocalize their needs more than some of the other residents on other halls. The DON stated 200 hall was a challenging hall because there were a lot of residents on that hall with behaviors and said their perception also could be that they were waiting a longer time than they actually were waiting. The DON further stated there were always 2 NAs on that hall on both 1st and 2nd shift and if there was an extra NA on shift they usually floated between 100 and 200 to help the staff. The DON added they had hired several positions and were hoping to get more continuity with the nurses and NAs on each hall and hoped that would help in resolving this ongoing issue with the call lights. She stated the issue with the ice and water being passed had been resolved since they had assigned a NA on the assignment sheet to pass ice and water each shift. During an interview with the Administrator on 05/14/26 at 11:15 AM, she stated that she had only been in the facility for a couple of weeks but said they were hoping to get resolution to the call light response for the residents. The Administrator stated her expectation was for the resident's call lights to be answered as quickly as possible but said sometimes they may have to wait but certainly the	F0565		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345222	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Care of Drexel	**307 Oakland Avenue , Morganton, North Carolina, 28655**

(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
F0565 SS = B	Continued from page 14 light should not be turned off and staff not return timely to meet the resident's needs. The Administrator stated it was an opportunity for improvement.	F0565		