**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

- **(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:** 345129
- **(X2) MULTIPLE CONSTRUCTION**
  - A. BUILDING ___________________________
  - B. WING _____________________________
- **(X3) DATE SURVEY COMPLETED:** C 06/26/2018

**NAME OF PROVIDER OR SUPPLIER:** AUTUMN CARE OF MOCKSVILLE

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

- 1007 HOWARD STREET
- MOCKSVILLE, NC 27028

**SUMMARY STATEMENT OF DEFICIENCIES**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

No deficiencies were cites as a result of the complaint investigation. Event ID #H3FW11.

---

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.
**Autumn Care of Mocksville**

**Address:**
1007 Howard Street, Mocksville, NC 27028

**Provider Identification Number:**
345129

**Date Survey Completed:**
06/26/2018

---

### Summary Statement of Deficiencies

Each deficiency must be preceded by full regulatory or LSC identifying information.

---

#### Initial Comments

On June 26, 2018, The Division of Health Service Regulation Nursing Home Licensure and Certification Section conducted an onsite follow up survey. The facility was found to be in compliance effective May 14, 2018.

---

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.