### Statement of Deficiencies and Plan of Correction

#### Name of Provider or Supplier
**Autumn Care of Salisbury**

#### Street Address, City, State, Zip Code
1505 Bringle Ferry Road  
Salisbury, NC 28146

#### ID Prefix Tag
- A. Building: 345269
- B. Wing: R-C

#### Date Survey Completed
03/10/2020

#### Summary Statement of Deficiencies
- **F 000**  
  **Initial Comments**

  A paper follow up was conducted on 3/10/20 and the facility is back in compliance effective 2/24/20.

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Electronically Signed

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.