A. BUILDING ______________________________________

B. WING ________________________________

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

AUTUMN CARE OF CORNELIUS

STREET ADDRESS, CITY, STATE, ZIP CODE

19530 MOUNT ZION PARKWAY

CORNELIUS, NC  28031

X5) COMPLETION DATE

<table>
<thead>
<tr>
<th>ID PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 000</td>
<td></td>
<td>Initial Comments</td>
<td>E 000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

An unannounced COVID-19 Focused Survey and Complaint Survey was conducted on 05/28/20 through 06/01/20. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# 9XHC11.

<table>
<thead>
<tr>
<th>F 000</th>
<th>INITIAL COMMENTS</th>
</tr>
</thead>
</table>

An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 05/28/20 through 06/01/20. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. One complaint allegation was investigated and it was unsubstantiated. Event ID# 9XHC11.

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.