### Provider/Supplier/CLIA Identification Number:

345280

### Statement of Deficiencies and Plan of Correction

#### Name of Provider or Supplier

AUTUMN CARE OF RAEFORD

#### Street Address, City, State, Zip Code

1206 N FULTON STREET
RAEFORD, NC 28376

### Summary Statement of Deficiencies

#### ID Tag

<table>
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<th>ID Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>ID Tag</th>
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<tbody>
<tr>
<td>E 000</td>
<td>Initial Comments</td>
<td>E 000</td>
<td>Cross-referenced to the appropriate deficiency</td>
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<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
<td>Completion Date</td>
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**E 000 Initial Comments**

An unannounced COVID-19 Focused Survey was conducted on 09/22/2020 through 09/23/2020. 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#JUDP11

**F 000 INITIAL COMMENTS**

An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 09/22/2020 to 09/23/2020. The facility was found to be 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. Event ID#JUDP11.

7 of the 7 complaint allegations were not substantiated.

### Signature

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

Electronically Signed

09/30/2020

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.