### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:**

345511

**Multiple Construction B. Wing**:  

**Statement of Deficiencies and Plan of Correction**

**Date Survey Completed**: 01/07/2021

**Name of Provider or Supplier**

Autumn Care of Statesville  

**Address**

2001 Vanhaven Drive  

Statesville, NC 28625

**Provider's Plan of Correction**

(Each corrective action should be cross-referenced to the appropriate deficiency)

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Summary Statement of Deficiencies</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>The survey team entered the facility on 1/6/2020 to conduct an unannouncement complaint survey and exited 1/6/2020. Additional information was obtained on 1/7/2020. Therefore, the exit date was changed to 1/7/2020. 8 of the 8 complaint allegations were unsubstantiated. Event ID# GR8411</td>
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</tbody>
</table>

**Laboratory Director's or Provider/Supplier Representative's Signature**

Electronically Signed  

01/15/2021

**Electronically Signed**

01/15/2021

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.