### Statement of Deficiencies and Plan of Correction

#### 02/09/2021 - 02/10/2021

**Autumn Care of Drexel**

**307 Oakland Avenue, Morganton, NC 28655**

**Provider/Supplier/CLIA Identification Number:** 345222

**Date Survey Completed:** 02/10/2021

**Summary Statement of Deficiencies**

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td></td>
<td>The survey team entered the facility on 02/09/2021 to conduct an unannounced complaint investigation and exited on 02/09/2021. Additional information was obtained on 02/10/2021. Therefore the exit date was changed to 02/10/2021. There were 7 allegations investigated and they were all unsubstantiated. Event ID# ZVL111.</td>
</tr>
</tbody>
</table>

**Laboratory Director's or Provider/Supplier Representative's Signature:** Electronically Signed

**Date:** 02/24/2021

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*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.*