**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**A. BUILDING**

**B. MULTIPLE CONSTRUCTION WING**

**NAME OF PROVIDER OR SUPPLIER**

**AUTUMN CARE OF FAYETTEVILLE**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

1401 71ST SCHOOL ROAD

FAYETTEVILLE, NC 28314

**ID**

**PREFIX**

**TAG**

**ID**

**PREFIX**

**TAG**

**SUMMARY STATEMENT OF DEFICIENCIES**

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

<table>
<thead>
<tr>
<th>F 000 INITIAL COMMENTS</th>
<th>F 000</th>
</tr>
</thead>
<tbody>
<tr>
<td>An on-site revisit was completed 3/22/21 and the facility is back in compliance 2/19/21.</td>
<td></td>
</tr>
</tbody>
</table>

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

**TITLE**

**DATE**

**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.