**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**ID** 345268

<table>
<thead>
<tr>
<th>(X2) MULTIPLE CONSTRUCTION</th>
<th>(X3) DATE SURVEY COMPLETED</th>
</tr>
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<tbody>
<tr>
<td>A. BUILDING _____________________________</td>
<td>R-C 11/04/2021</td>
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<tr>
<td>B. WING _____________________________</td>
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**NAME OF PROVIDER OR SUPPLIER** 

AUTUMN CARE OF MARSHVILLE

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

311 W PHIFER STREET
MARSHVILLE, NC 28103

**PROVIDER'S PLAN OF CORRECTION**

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

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**INITIAL COMMENTS**

An onsite revisit, recertification survey, and complaint survey was conducted 11/1/2021 to 11/4/2021. Tag F609 was correct as of 11/4/2021. However, new tags were cited as a result of the complaint and recertification survey that was conducted at the same time as the revisit. The facility is still out of compliance.

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

Electronically Signed

11/22/2021

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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.