# Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:** 34553

**Date Survey Completed:** 05/09/2022

**Autumn Care of Fayetteville**

**Address:** 1401 71ST SCHOOL ROAD, FAYETTEVILLE, NC 28314

**Summary Statement of Deficiencies**

- **Event ID:** UG6V11
- **Facility ID:** 060241

**Initial Comments:**

A complaint investigation survey was conducted on 05/09/2022. Event ID# UG6V11

17 of the 17 complaint allegations were not substantiated.

The following intakes were investigated: NC00183963, NC00184959, NC00185426, NC00187435, and NC00187575

**Provider's Plan of Correction**

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

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.

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

Electronically Signed 05/13/2022