STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345280	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Care of Raeford	**1206 N Fulton Street , Raeford, North Carolina, 28376**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E0000	Initial Comments An unannounced recertification and complaint investigation survey was conducted on 02/23/26 through 02/26/26. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 1E4959-H1	E0000		03/02/2026
F0000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 01/23/26 through 02/26/26. Event ID# 1E4959-H1. The following intakes were investigated: 2718488, 2664260, 2628013, 2567990, 843405 and 843403. 10 of the 10 allegations did not result in deficiency.	F0000		03/02/2026
F0640 SS = A	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment. §483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility	F0640		03/02/2026

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 reverse for further 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	TITLE	(X6) DATE

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F0640 SS = A	Continued from page 1 must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State. §483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following: (i)Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. §483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS. This REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interviews, the facility failed to transmit the Minimum Data Set (MDS) assessment within 14 days after completion for 1 of 24 Residents sampled for assessments (Resident #78). The findings included: Record review showed that Resident #78 was admitted on 05/28/2021 and expired on 10/11/2025. The Death in Facility MDS dated 10/11/2025 remained in progress and had not been finalized or transmitted.	F0640		

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F0640 SS = A	Continued from page 2 During an interview on 02/25/2026 at 12:38 PM, the MDS Nurse stated she had completed the Death MDS but did not finalize it due to human error. During an interview on 02/26/2026 at 2:47 PM, the Administrator stated he expected MDS assessments to be completed and transmitted within the required timeframe.	F0640		
F0759 SS = D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is NOT MET as evidenced by: Based on observations, record reviews, staff, Resident and Physician interviews, the facility failed to have a medication error rate of less than 5% as evidenced by 2 medication errors out of 30 opportunities, resulting in a medication error rate of 6.67% for 1 of 4 residents observed during the medication administration (Resident #116). The findings included: Review of Resident #116's physician orders revealed an order for aspirin, 81 milligrams (mg) chewable tablet, once a day for deep vein thrombosis (DVT) prevention dated 08/28/2025 and an order for polyethylene glycol 3350 powder; 17 grams, 1 scoop daily for constipation dated 08/28/2025. Review of Resident #116's quarterly Minimum Data Set (MDS) assessment dated 02/03/2026 revealed Resident #116 was cognitively intact. On 02/26/2026 at 8:41 AM an observation of a medication pass was made of Nurse #1 who was medicating Resident #116. Nurse #1 was observed to remove one aspirin 8 mg enteric coated (EC) tablet from a stock bottle and placed it in a cup of medications she was preparing to administer to Resident #116. Nurse #1 was observed to administer the aspirin tablet to Resident #116. During the same medication observation, Nurse #1 did not administer the polyethylene glycol 3350 powder, 17 grams to Resident #116.	F0759	F0759: Free of Medication Error Rates greater than 5% 1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. On February 26th, 2026 the facility was noted to have a medication error rate percentage of 6.67% noted by the surveyor evidenced by 2 medication errors out of 30 opportunities for 1 of 4 residents. Nurse #1 administered Aspirin 81mg enteric coated orally to resident #116; despite the physician order stating Aspirin 81mg chewable orally once a day for deep vein thrombosis prevention. Resident #116 also had a routine order for polyethylene glycol 3350 powder (miralax); 17 grams, 1 scoop daily for constipation. Nurse #1 did not offer or administer the miralax to resident #116. Nurse #1 documented the miralax as a refusal. The Director of nursing assessed resident #116 for adverse reactions and for signs or symptoms of constipation. Resident #116 displayed no signs or symptoms of adverse reactions or constipation. Resident #116 reported to the Director of Nursing (DON) that he had also had a bowel movement on 2-26-2026 and the he usually has a bowel movement every day or every other day. The provider was notified of both medication errors and there were no new orders provided. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. All current and newly admitted residents have the potential to be affected by the deficient practice. On March 3rd, 2026 each unit manager completed an audit of all medication carts to ensure that all forms of aspirin to include 81mg chewable, 81 mg enteric coated, and 325 mg tablet were available and labeled on all medication carts for medication administration according to each physician order. The DON completed an audit on March 3rd, 2026 using the order listing report to determine all residents receiving routine miralax. The administration record for February was reviewed by the DON to identify documented refusals of miralax. The	03/04/2026

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F0759 SS = D	Continued from page 3 At 8:50 AM on 02/26/2026 an interview was conducted with Nurse #1 who explained that she did not notice it was EC and not chewable aspirin. The Nurse stated she did not administer the polyethylene glycol because he refuses the medication and did not find the need to ask if he wanted the medication. An interview with Resident #116 was conducted on 02/26/2026 at 9:03 AM. He stated he moved his bowels every day to every other day and will let the nurse know if he did not have a bowel movement within that timeframe. An interview was conducted with the Director of Nursing (DON) on 02/26/2026 at 12:10 PM. The DON stated she expected the nurses to administer the medications according to the physicians' orders. The resident was assessed and there were no issues found from the EC aspirin that was administered. The DON also stated Resident #116 is alert and oriented and will make it known if he did not have a daily bowel movement. A telephone interview with the Medical Doctor (MD) was conducted on 02/26/2026 at 1:33 PM. She stated she was aware of the medication errors that Nurse #1 had made. There were no adverse reactions from the missing dosage of polyethylene and the administration of an EC aspirin instead of the chewable aspirin. She also stated she expected the nurses to look closer at the medication administration record to avoid making errors and to give the medications that were ordered.	F0759	Continued from page 3 DON interviewed all alert and oriented residents with a documented refusal of miralax to ensure accuracy of the refusal. The DON reviewed the administration record for the month of February for all non-interviewable resident's that had refused miralax to determine if any refusal trends were evident. There were no reports of not being offered routine miralax by any of the alert and oriented residents with documented refusals. There were also no noted trends with any documented refusals of mirlax. 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. All current and newly hired registered nurses, licensed practical nurses, and medication aides will receive education regarding the 10 rights of medication administration to include right patient, right assessment/reason, right education, right to refuse, right medication, right dose/dosage, right time, right route, right response and right documentation. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The Director of Nursing and/or designee will perform 5 random medication observation audits a week for 60 days to ensure medication administration accuracy. The results of the audits will be reviewed in the facility's next scheduled Qapi meeting to determine ongoing compliance. ADHOC: March 3rd, 2026	