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

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

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 [DATE] 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.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.

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	TITLE	(X6) DATE