

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345553	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Autumn Care of Fayetteville		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 71st School Road Fayetteville, NC 28314	

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)
<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38702</p> <p>Based on record review, resident interview and staff interviews, the facility failed to honor a dependent resident's preference for a shower and provided a bed bath instead. This deficient practice affected 1 of 1 sampled resident. (Resident #1).</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on [DATE].</p> <p>The quarterly Minimum Data Set (MDS) dated [DATE] had Resident #1 coded as cognitively intact and was on hospice.</p> <p>The care plan dated 11/28/2024 had a focus area for Resident #1 being on hospice services and for activities of daily living (ADL) self-care deficit related to decreased functional mobility.</p> <p>Resident #1's shower was scheduled to be each Tuesday and Friday during 1st shift.</p> <p>A review of care history dated 09/01/2024 to 12/31/2024 revealed Resident #1 missed 36/36 of her scheduled showers.</p> <p>During an interview with Resident #1 on 01/06/25 at 3:52 PM, the resident stated she was supposed to have a shower twice a week and had not had a shower in a very long time. The staff had not asked her if she wanted a shower and just gave her bed baths. The Resident also stated she did not refuse showers.</p> <p>An interview with the Unit Manager (UM) was conducted on 01/07/2025 at 3:35 PM. The UM stated he never had any reports of Resident #1 refusal of showers. The Nursing Assistants (NA) were supposed to offer showers on shower days and if the showers were refused, then they were to document and report to the Director of Nursing (DON). The UM also stated he was not aware Resident #1 was not getting her scheduled showers.</p> <p>(continued on next page)</p>

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
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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with NA #1 was conducted on 01/08/2025 at 9:13 AM. The NA stated she has been at the facility since October 2024. The NAs were trained to ask the residents on their shower days if the residents wanted a shower. The NA explained she had not asked Resident #1 if she wanted showers because she was on hospice services and thought the hospice NAs gave the resident her showers. The NA also stated Resident #1 always received a bed bath.</p> <p>An interview with the Administrator was conducted on 01/08/2025 at 2:54 PM. The Administrator stated every Resident that wished to have a shower should have a shower on their scheduled shower days. The Administrator also stated she expected her staff to ask the residents if the resident would like a shower and provide the shower for the resident and not to just provide a bed bath.</p> <p>An interview with the DON was conducted on 01/09/2025 at 12:29 PM. The DON stated she was not aware that Resident #1 was not receiving her showers on her scheduled shower days. The nurses reported any refused showers, and she would speak with the Resident or the residents Responsible Party (RP) to update their care plans. The DON also stated she wanted all staff to give showers to the residents on their shower days and report if there were any refusals.</p>		