



North Carolina Department of Health and Human Services
Division of Health Service Regulation • Nursing Home Licensure and Certification Section

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Western Regional Office • Black Mountain, North Carolina 28711-4501
<http://www.ncdhhs.gov/dhsr/>

Drexdal Pratt, Director

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Beverly Speroff, Section Chief

IMPORTANT NOTICE - PLEASE READ CAREFULLY

September 26, 2011

Mr. Richard Carothers, Administrator
Autumn Care of Drexel
307 Oakland Avenue, PO Box 1278
Drexel, NC 28619

admin106@autumncorp.com

Dear Mr. Carothers:

On September 12, 2011 to September 15, 2011, a recertification and complaint investigation survey was conducted at your facility by the Nursing Home Licensure and Certification Section of the Division of Health Service Regulation to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare/Medicaid programs. This survey found the most serious deficiency to be an isolated deficiency that constitutes no actual harm with potential for more than minimal harm that is not immediate jeopardy, as documented on the enclosed CMS-2567, whereby significant corrections are required. (D)

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Based on survey findings, the alleged complaint violations were not substantiated.

Plan of Correction (PoC)

The facility must submit a PoC for the deficiencies within 10 calendar days from the date it receives its Form CMS-2567. Failure to **submit an acceptable PoC by October 6, 2011** may result in imposition of additional remedies by October 26, 2011.

Your PoC for the deficiencies must:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- Address how corrective action will be accomplished for those residents having potential to be affected by the same deficient practice;
- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not occur;
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented and the corrective action evaluated for its effectiveness. The PoC is integrated into the quality assurance system of the facility.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.



The Division of Health Service Regulation is allowing you an opportunity to correct your deficiencies prior to recommending imposition of remedies for failure to substantially comply with program requirements. Remedies will be recommended for imposition by the Centers for Medicare & Medicaid Services (CMS) Regional Office, if your facility fails to achieve substantial compliance by the date specified in your Plan of Correction. It should be noted that the latest date in your Plan of Correction should be no later than October 13, 2011. Failure to specify this date can result in your Plan of Correction not being accepted by the State. Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended. A change in the seriousness of the deficiencies may result in a change in the remedy(ies) selected. When this occurs, you will be advised of any change.

The remedies which will be recommended if substantial compliance has not been achieved by October 13, 2011 may include the following:

- Directed Inservice Training
- Directed Plan of Correction
- Civil Money Penalty.

If you do not achieve substantial compliance within 3 months after the last day of the survey identifying noncompliance (December 15, 2011), the CMS Regional Office must deny payments for new admissions.

We are also recommending to the CMS Regional Office that your provider agreement be terminated on March 15, 2012 if substantial compliance is not achieved by that time.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, we will provide you with a separate formal notification of that determination.

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest scope and severity assessments for deficiencies that resulted in a finding of SQC or immediate jeopardy. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by October 6, 2011 to Gail Maloney, Nursing Home Licensure and Certification Section at the above listed address. An explanation of why you are disputing those deficiencies (or why you are disputing the scope and severity assessments of deficiencies which have been found to constitute SQC or immediate jeopardy) along with any supporting documentation must be sent and postmarked by October 16, 2011. You must submit 5 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to Gail Maloney, Nursing Home Licensure and Certification Section, at the above listed address. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: <http://www.ncdhhs.gov/dhsr/nhlcs/idr.html>.

Customer Service Feedback

In order to better serve our customers, and as part of our efforts to provide excellent services, you are being asked to complete a customer service survey. Your opinion is important to us, and will assist us in developing new and better ways to do our job. We have designed the survey to address key expectations of our surveyors and our division regarding the survey process.

Please note: Because the survey is confidential, your identity will not be known to the Division of Health Service Regulation or the North Carolina Department of Health and Human Services.

Thank you very much for your participation as we strive to improve the services we provide to licensed health care providers across the state of North Carolina.

The Customer Service Survey web site: <http://prod.ncsurveymax.com/TakeSurvey.aspx?SurveyID=12K0372>
(Survey Max does not work well with all browsers, please access survey with Internet Explorer)

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Thank you for participating in this confidential survey. Should you wish to have a confidential discussion regarding this survey or your interaction with the Division of Health Service Regulation, please feel free to contact Drexdal Pratt, Director at 919-855-3750 or email at drexdal.pratt@dhhs.nc.gov.

If you have any questions concerning the instructions contained in this letter, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Linda Felts /skh". The signature is written in a cursive style.

Linda Felts
Facility Survey Consultant

LF/skh

Enclosures
Statement of Deficiencies

Fax copies of plans of correction will no longer be accepted