

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/03/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345093	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2025
NAME OF PROVIDER OR SUPPLIER MARYFIELD NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1315 GREENSBORO ROAD HIGH POINT, NC 27260		
(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	
E 000	Initial Comments The survey team entered the facility on 01/26/25 to conduct a recertification survey and complaint investigation. The survey team was onsite 01/26/25 through 01/29/25. Additional information was obtained offsite on 01/31/25. Therefore, the exit date was 01/31/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #VX3411.	E 000			
F 000	INITIAL COMMENTS The survey team entered the facility on 01/26/25 to conduct a recertification survey and complaint investigation. The survey team was onsite 01/26/25 through 01/29/25. Additional information was obtained offsite on 01/31/25. Therefore, the exit date was 01/31/25. Event ID#VX3411. The following intakes were investigated. NC00216130.	F 000			
F 851 SS=F	4 of 4 allegations did not result in a deficiency. Payroll Based Journal CFR(s): 483.70(p)(1)-(5) §483.70(p) Mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS. §483.70(p)(1) Direct Care Staff. Direct Care Staff are those individuals who, through interpersonal contact with residents or	F 851		2/14/25	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/21/2025

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.

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F 851	<p>Continued From page 1</p> <p>resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping).</p> <p>§483.70(p)(2) Submission requirements. The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following:</p> <ul style="list-style-type: none"> (i) The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS); (ii) Resident census data; and (iii) Information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual). <p>§483.70(p)(3) Distinguishing employee from agency and contract staff. When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency.</p> <p>§483.70(p)(4) Data format. The facility must submit direct care staffing information in the uniform format specified by CMS.</p>	F 851			

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F 851	<p>Continued From page 2</p> <p>§483.70(p)(5) Submission schedule. The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to submit accurate payroll data on the Payroll Based Journal (PBJ) report to the Centers for Medicare and Medicaid Services (CMS) related to Registered Nurse (RN) hours and licensed nursing coverage 24-hours per day. This was reviewed for 1 of 3 quarters for sufficient nurse staffing (Quarter 3-April 1- June 30, 2024).</p> <p>Findings included:</p> <p>Review of the PBJ for Fiscal Year Quarter 3 2024 (April 1 through June 30) revealed there were no Registered Nurse (RN) hours and no licensed nursing coverage for the entire month of June 2024.</p> <p>Review of the Posted Daily Nursing Staffing Forms, Daily Staffing Sheet, and the nursing staff time detail reports for June 2024 revealed there was a RN on site for at least 8 hours a day every 24 hours and there was licensed nursing coverage at the facility 24 hours a day.</p> <p>During an interview on 1/29/25 at 11:27 am with the Payroll Manager, she stated she had been in her position for 5 years and had input data into the PBJ quarterly regularly with no issues. She stated she did not recall receiving any errors or doing anything different than she normally did and was unsure why the PBJ would read that there</p>	F 851	<p>1. Corrective actions taken:</p> <p>An audit of RN and LPN payroll data for the month of June 2024 was completed on 1/29/2025. The facility had more than adequate RN and LPN staffing for the entire month of June 2024.</p> <p>It is impossible for any past, current, or future resident to be negatively impacted by data errors related to coding for Centers for Medicare Services (CMS) Payroll Based Journal (PBJ.)</p> <p>2. How will the facility identify other residents having the potential to be affected:</p> <p>On 2/14/2025, an audit was completed for the most recent quarterly PBJ staffing data that was submitted to CMS for October, November, and December 2024. No concerns were noted.</p> <p>As previously stated, it is impossible for any past, current, or future resident to be negatively impacted by data errors related to coding for CMS PBJ.</p> <p>3. Measures in place/system changes:</p> <p>On 2/14/2025, the Chief Operating Officer</p>		

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F 851	Continued From page 3 was no RNs or licensed nursing coverage for the entire month of June during Quarter 3 2024 (April 1-June 30) period. During a follow-up interview on 1/29/25 at 3:44 with the Payroll Manager, she stated she recalled receiving a rejection error after inputting data on the deadline of 8/14/24 at 5:48 pm. After researching and opening a ticket with CMS it was determined that one employee's hours had been entered incorrectly, and that issue was corrected. CMS acknowledged the employee hours were corrected and the ticket was closed by CMS on 8/21/24 at 2:00 pm. CMS acknowledged the employee hours correction and then closed the ticket. The Payroll Manager reported she was not aware of the missing hours for June until the time of the interview.	F 851	(COO), Payroll Manager, and Human Resources Director were educated on CMS requirements for PBJ reporting guidelines. The facility will submit PBJ staffing data to CMS monthly to exceed quarterly reporting requirements. An ad hoc Quality Assurance Improvement (QAPI) committee meeting was held on 2/14/2025 to review CMS requirements for PBJ reporting guidelines. The administrator or designee will audit PBJ data monthly for 12 weeks. 4. Monitoring of corrective action taken: The QAPI committee will review the results of the audits completed for PBJ compliance at the next quarterly meeting.		