F 000 INITIAL COMMENTS

The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).

Administrator 5/16/2012

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.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(x) PROVIDER/SUPPLIER</th>
<th>(x) MULTIPLE CONSTRUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification Number: 34893</td>
<td>A. BUILDING 01. MAIN BUILDING 01</td>
</tr>
<tr>
<td>B. WING:</td>
<td>05/25/2012</td>
</tr>
</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER**

MARYFIELD NURSING HOME.

**STREET ADDRESS, CITY, STATE, ZIP CODE**

1315 GREENSBORO ROAD
HIGH POINT, NC, 27269.

**SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEG-IDENTIFYING INFORMATION)**

<table>
<thead>
<tr>
<th>ID</th>
<th>INITIAL COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>K.000</td>
<td>Surveyor: 02249. This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a) using the Existing Health Care section of life LSC and its referenced publications. This building is Type II (222) construction, one story, with a complete automatic sprinkler system.</td>
</tr>
</tbody>
</table>

There were no Life Safety Code deficiencies noted at time of survey.

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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 patient. (See instructions.) Except for nursing homes, the findings stated above are discoverable 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 discoverable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.

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LISTER P HOSPITAL OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE:  

DATE:  

(For CMS-2587(05-06) Previous Version Obsolete.  

Form 10401/9/2011  

Facility ID: 023330  

If continuation, attach Page 1 of 1  

JPH)
K 000 INITIAL COMMENTS

Surveyor: 02249
This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register 42CFR 483.79(e) using the Existing Health Care section of the LSC and its referenced publications. This building is Type II (222) construction, one story, with a complete automatic sprinkler system.

There were no Life Safety Code deficiencies noted at time of survey.