STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345093	A. Building B. Wing	01/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maryfield Nursing Home	1315 Greensboro Road High Point, NC 27260

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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 42007 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). Findings included: 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. 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. 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 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.

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