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 04/02/2026
NAME OF PROVIDER OR SUPPLIER Maryfield Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0656 Level of Harm - Potential for minimal harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to develop an individualized comprehensive care plan in the areas of anticoagulant (blood thinner medication) use (Resident #58 and Resident #59) and in the area of communication (Resident #1, Resident #103, Resident #107) for 5 of 22 residents whose comprehensive care plans were reviewed. The findings included: 1. Resident #58 was admitted to the facility on [DATE] with diagnoses that included fracture of other parts of the pelvis and atrial fibrillation. A review of Resident #58's physician orders revealed an order dated 6/11/25 for Eliquis (an anticoagulant medication) 5 milligrams, one tablet by mouth twice a day for atrial fibrillation. A review of Resident #58's baseline care plan dated 6/12/25 indicated Resident #58 was at risk for bleeding due to anticoagulant medication use. A review of Resident #58's admission Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #58 was cognitively intact and was coded to have received an anticoagulant medication. A review of Resident #58's comprehensive care plan dated 6/20/25, last revised 2/26/26, revealed the care plan did not carry over the baseline care plan intervention of Resident #58 being at risk for bleeding due to the use of anticoagulant medication. An interview was conducted with Nurse Mentor #1 on 4/1/26 at 10:05 AM. She indicated she completed the care plan for Resident #58, and the care plan did not have a focus area for the use of anticoagulant medication and that it was an oversight. The Director of Nursing was interviewed on 4/1/26 at 10:17 AM and stated that Resident #58's care plan should have included the use of anticoagulant medication and felt this was missed by Nurse Mentor #1 due to an oversight. 2. Resident #59 was admitted to the facility on [DATE] with a diagnosis that included long term use of anticoagulants, unspecified atrial fibrillation, chronic systolic (congestive) heart failure, hypertensive heart and chronic kidney disease. Review of Resident #59 medication administration record (MAR) for the months from August 2025 through March 2026 revealed Resident #59 was administered Eliquis (blood thinner) 5 milligrams (mg) (continued on next page)

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

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 04/02/2026

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 0656 Level of Harm - Potential for minimal harm Residents Affected - Some	two times a day. An annual Minimum Data Set (MDS) dated [DATE] and quarterly assessment dated [DATE] revealed Resident #59 was moderately cognitively impaired and prescribed an anticoagulant with a diagnosis of heart failure. A medical record review revealed Resident # 59's care plan dated 2/9/2026 did not include a care plan with interventions or goals for the use of Eliquis. An interview with Nurse Mentor #2 was completed 4/1/26 at 4:11 PM. It was confirmed that Resident #59 was currently taking Eliquis 5 mg. She confirmed that she was responsible for completing Resident #59 care plan and she did not include Eliquis in the care plan. Nurse Mentor #2 stated that Eliquis, being a high-risk medication, should be on the care plan and was unable to explain why it was not included. An interview on 4/1/2026 at 4:40 PM with the Director of Nursing (DON) revealed Resident #59's use of an anticoagulant should have been included in the care plan. The care plan should include monitoring for high-risk medications and interventions. The DON was unable to explain why this was not included on Resident #59's care plan. The Administrator was interviewed on 4/1/2026 at 5:25 PM and she stated she expected any high-risk medication such as Eliquis to be included on the resident's care plan. The Administrator was unable to explain why Resident #59 did not have Eliquis included on her care plan. 3. Resident #1 was admitted to the facility on [DATE] with a diagnosis of congestive heart failure and respiratory failure. A review of Resident #1's Nursing admission assessment dated [DATE] revealed Resident #1 was hard of hearing in the left and right ear and required hearing aids to both ears. A review of Resident #1's baseline care plan dated 2/2/26 indicated that Resident #1 had impaired hearing in both ears and required hearing aids. The baseline care plan further indicated Resident #1 would be responsible for keeping up with her hearing aids. A review of Resident #1's Minimum Data Set (MDS) dated [DATE] revealed she had moderate cognitive impairment. The MDS further indicated Resident #1 had adequate hearing with the use of hearing aids, with the ability to be understood by others, and the ability to understand others. Review of Resident #1's comprehensive care plan dated 2/15/26 revealed Resident #1 had a history of falls and required moderate to extensive assistance with activities of daily living. There were no care areas or interventions related to communication. An interview and observation were conducted on 3/30/26 at 11:45 am with Resident #1. The surveyor had to move close and speak loudly within 12 inches of Resident #1's left ear to ask questions. Resident #1 reported she could not hear good and needed her hearing aids that were on her nightstand. The hearing aids were located on the opposite side of the room on Resident #1's nightstand and the resident was not able to get up independently to get them. The surveyor informed Resident #1 she would get someone to assist her with her hearing aids at that time. (continued on next page)

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 04/02/2026
NAME OF PROVIDER OR SUPPLIER Maryfield Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0656 Level of Harm - Potential for minimal harm Residents Affected - Some	An interview and observation were conducted on 4/1/26 at 2:28 pm with Resident #1 that revealed she was wearing hearing aids and was able to hear the surveyor. An interview and observation conducted on 4/2/26 at 8:30 am with Resident #1 revealed hearing aids were not placed in both ears. She indicated she did have a hard time hearing staff if she was not wearing her hearing aids. The hearing aids were out of reach at the time of the interview, and the resident was not able to get up independently to get them. An interview was conducted on 4/2/26 at 8:42 am with the MDS Coordinator who revealed she was responsible for implementing resident care plans and confirmed she had completed Resident #1's comprehensive care plan dated 2/15/26. She further indicated that if a resident was able to hear while wearing hearing aids, she did not include it on the comprehensive care plan. An interview was conducted on 4/2/26 at 8:55 am with Nurse Aide (NA) #1 who revealed if Resident #1 was not wearing hearing aids, she had a hard time hearing. NA #1 stated he knew about Resident #1's hearing aids because she told him she needed them to hear. He explained resident needs were listed on a board in their room. NA #1 indicated he was responsible for putting in Resident #1's hearing aids. An observation made on 4/2/26 at 9:05 am of the board in Resident #1's room revealed no information related to hearing aids. An interview was conducted on 4/2/26 at 9:20 am with Nurse #1 who revealed Resident #1 could hear if she was wearing hearing aids and if he was in close contact. He further indicated Resident #1 may not her you if you were across the room or not facing her directly. An interview was conducted with Director of Nursing (DON) on 4/2/26 at 3:35 pm who indicated if a resident was alert and oriented, she would not expect impaired hearing to be included in a regular care plan. She confirmed that the MDS Coordinator was responsible for care plans. The DON stated hearing was discussed during standup meetings in the morning. That was how staff were made aware of care areas outside of care plans. An interview was conducted on 4/2/26 at 4:11 pm with the Administrator and Transitional Rehabilitation (Rehab) Director. The Administrator indicated she would not expect Resident #1's comprehensive care plan to include impaired hearing if the baseline care plan indicated she would be responsible for keeping up with her hearing aids. She stated that the baseline care plan outlines the residents' care, and she would expect it to be completed within 48 hours. The Transitional Rehab Director indicated that they have a stand-up meeting at 9:30 am which included the MDS Coordinator, Social Worker, Transitional Rehab Mentor, and the DON. If there were any issues regarding hearing aids, the nurse would notify the staff at that time. 4. Resident #107 was admitted to the facility on [DATE] with a diagnosis of heart disease and surgical aftercare for right knee. A review of Resident #107's Nursing admission assessment dated [DATE] revealed Resident #107 was hard of hearing in the left and right ear and required hearing aids to both ears. A review of Resident #107's baseline care plan dated 02/26/26 indicated that Resident #107 had impaired hearing in both ears. There was no documentation if the resident required hearing aids on the (continued on next page)

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 04/02/2026
NAME OF PROVIDER OR SUPPLIER Maryfield Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0656 Level of Harm - Potential for minimal harm Residents Affected - Some	baseline care plan. A review of Resident #107's MDS dated [DATE] revealed Resident #107 was cognitively intact. The MDS further indicated Resident #107 had adequate hearing with the use of hearing aids, with the ability to be understood by others understood, and the ability to understand others. Review of Resident #107's comprehensive care plan dated 3/12/26 revealed no care areas or interventions related to communication. An interview was conducted on 4/2/26 at 8:42 am with the MDS Coordinator who revealed she was responsible for implementing resident care plans and confirmed she had completed Resident #107's comprehensive care plan dated 3/12/26. She further indicated that if a resident was able to hear while wearing hearing aids, she did not include it on the comprehensive care plan. An interview was conducted with Director of Nursing (DON) on 4/2/26 at 3:35 pm who indicated if a resident was alert and oriented, she would not expect impaired hearing to be included in a regular care plan. She confirmed that the MDS Coordinator was responsible for care plans. The DON stated hearing was discussed during standup meetings in the morning. That was how staff were made aware of care areas outside of care plans. An interview was conducted on 4/2/26 at 4:11 pm with the Administrator and Transitional Rehab Director. The Administrator indicated she would expect Resident #107's comprehensive care plan to include impaired hearing if the base line care plan did not indicate he would be responsible for keeping up with his hearing aids. She stated that the baseline care plan outlines the residents' care needs. The Transitional Rehab Director added that they have a standup meeting at 9:30 am which included the MDS Coordinator, Social Worker, Transitional Rehab Mentor, and the DON. If there were any issues regarding hearing aids, the nurse would notify the staff at that time. 5. Resident #103 was admitted to the facility on [DATE] with a diagnosis of chronic obstructive pulmonary disease. A review of Resident #103's Nursing admission assessment dated [DATE] revealed Resident #103 was hard of hearing in the left and right ear and required hearing aids to both ears. A review of Resident #103's baseline care plan dated 3/14/26 indicated that Resident #103 had impaired hearing in both ears. There was no documentation if the resident required hearing aids on the baseline care plan. A review of Resident #103's MDS assessment dated [DATE] revealed Resident #103 had moderate cognitive impairment. The MDS further indicated Resident #103 had minimal difficulty with hearing, with the ability to be understood by others, and the ability to understand others. Hearing Aide use was not indicated on the MDS. Review of Resident #103 comprehensive care plan dated 3/25/26 revealed no care areas or interventions related to communication. A review of Resident #103's Care Area Assessment (CCA) summary revealed it was completed on 3/26/26 by the MDS Coordinator. Further review revealed the area of communication was a triggered care area due to some hearing loss, even with hearing aids used. It was indicated in the CAA summary (continued on next page)

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 04/02/2026
NAME OF PROVIDER OR SUPPLIER Maryfield Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0656 Level of Harm - Potential for minimal harm Residents Affected - Some	that communication would be addressed in the care plan. An interview was conducted on 4/2/26 at 8:42 am with the MDS Coordinator who revealed she was responsible for implementing resident care plans and confirmed she had completed Resident #103's comprehensive care plan. She further indicated that if a resident was able to hear while wearing hearing aids, she did not include it on the comprehensive care plan. An interview was conducted with Director of Nursing (DO)N on 4/2/26 at 3:35 pm who indicated if a resident was alert and oriented, she would not expect impaired hearing to be included in a regular care plan. She confirmed that the MDS Coordinator was responsible for care plans. The DON stated hearing was discussed during standup meetings in the morning. That was how staff were made aware of care areas outside of care plans. An interview was conducted on 4/2/26 at 4:11 pm with the Administrator and Transitional Rehab Director. Resident #103 was discussed at that time. The Administrator indicated she would expect Resident #103's comprehensive care plan to include impaired hearing if the base line care plan did not indicate he would be responsible for keeping up with his hearing aids. She stated that the baseline care plan outlines the residents' care needs. The Transitional Rehab Director added that they have a standup meeting at 9:30 am which included the MDS Coordinator, Social Worker, Transitional Rehab Mentor, and the DON. If there were any issues regarding hearing aids, the nurse would notify the staff at that time.