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 _____	03/30/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARYFIELD NURSING HOME	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
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).	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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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FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345093	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/03/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARYFIELD NURSING HOME	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
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 5/3/11 at approximately noon the following exit discharge illumination was observed as noncompliant: specific findings include, (A) There was not lighting on the exit discharge path at the Hayworth house leading from the gate to the public way. (B) Confirm the step lighting from the French Country & McEwen house is on emergency power. Lighting must be arranged to provide light from the exit discharge leading to the public way (parking lot). The walking surfaces within the exit discharge shall illuminated to values of at least 1 ft-candle measured at the floor. Failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candles in any designated area. NFPA 101 7.8.1.1, 7.8.1.3, and 7.8.1.4.	K 045	RECEIVED MAY 20 2011 CONSTRUCTION SECTION Please see attached	5-17-11
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in	K 144		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Linda Dillingsworth — TITLE: Administrator — (X6) DATE: 5/20/11

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	345093	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/03/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARYFIELD NURSING HOME	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
K 144	Continued From page 1 accordance with NFPA 99. 3.4.4.1.	K 144		

Please see attached

5-17-11

This STANDARD is not met as evidenced by:
42 CFR 483.70(a)
By observation on 5/3/11 at approximately noon the following operational inspection and testing was non-compliant. Specific findings include: documentation for monthly load test was conducted without recording percent rated load or temperature rise. A load bank test had not been completed within the past year.

NFPA 99 3-4.4.2 Recordkeeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction.

NFPA 110 6-4.2 (1999 edition) generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:
(a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating
(b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.

NFPA 110 6-4.2.2 (1999 edition) Diesel-powered

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	345093	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/03/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARYFIELD NURSING HOME	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
K 144	Continued From page 2 EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPPS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours. (load bank testing)	K 144	Please see attached	5-17-11

Maryfield, Inc
Plan of correction: K 045 Main Building

What corrective action(s) will be accomplished by the facility to correct the deficient practice?

1. A directional 2 fixture flood light was installed on the corner of Hayworth House to provide illumination to the public way. The new light fixture was connected to the emergency power panel. Date completed (5/10/2011)
2. On 5/17/2011 the step lighting at French Country and McEwen house was confirmed to be connected to the emergency power panel all step lights operational.
3. On 5/6/2011 single fixture light from Congdon House to the public way was updated to a double light fixture.

How will you identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective actions will be taken?

1. An inspection of all lighting exiting households was conducted to insure compliance of appropriate lighting to the public way. While conducting this inspection we replaced the light fixture exiting Congdon House to a two lamp fixture also on the emergency panel. Completed 5/6/2011

What measures will be put into place or systemic changes made to ensure that the deficient practice does not occur?

1. All new fixtures will be added to the preventative maintenance schedule to ensure there proper operation for emergency egress to the public way.

How the facility plans to monitor to ensure deficient practice will not occur. (I.e. what Quality Assurance program will be put in place.).

1. The Maintenance staff will check all exterior emergency lighting on there normal Preventive Maintenance schedule.
2. The Facility Leader will ensure Preventive Maintenance has been completed on all exterior lighting and all lighting is operational.

Completion Date:5/17/2011

Maryfield, Inc
Plan of correction: K 144 Main Building 1

What corrective action(s) will be accomplished by the facility to correct the deficient practice?

1. On 5/5/2011 a Load bank test was conducted by Covington Detroit Diesel (Results of test are attachment A)

How will you identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective actions will be taken?

1. The load bank test for the generator has been added to our annual service agreement with Covington Detroit Diesel to be performed on an annual basis.

What measures will be put into place or systemic changes made to ensure that the deficient practice does not occur?

1. The Facility Manager will insure that all generator services and documentation has been completed.
2. The Facility Leader will also have a copy of the Load Bank test available with generator log book.

How the facility plans to monitor to ensure deficient practice will not occur. (I.e. what Quality Assurance program will be put in place.).

1. The Facility Leader will insure that all generator services and documentation has been completed by staff and Service Vendor.

Completion Date:5/17/2011

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	345093	A. BUILDING 02 - BUILDING 02 B. WING _____	05/03/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARYFIELD NURSING HOME	1315 GREENSBORO ROAD HIGH POINT, NC 27260

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K 000	INITIAL COMMENTS There were no Life Safety Code Deficiencies noted at time of survey.	K 000	Please see attached	5-17-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Linda Billingsley
TITLE: Administrator
(X6) DATE: 5/20/11

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DLW