PRINTED: 02/03/2020 FORM APPROVED

Division of Health Service Regulation										
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		MHL0411016	B. WING		01/30/2020					
NAME OF PE	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STAT	E, ZIP CODE						
NOWLIN HOME			LLOW ROAD SBORO, NC 27406	3						
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE					
V 000	INITIAL COMMENTS		V 000							
	An annual survey was completed on 1/30/2020. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability.									
V 752	V 752 27G .0304(b)(4) Hot Water Temperatures		V 752							
	EQUIPMENT (b) Safety: Each facil constructed and equipensures the physical visitors. (4) In areas of exposed to hot water.	ity shall be designed, oped in a manner that safety of clients, staff and the facility where clients are the temperature of the ined between 100-116								
	failed to maintain the degrees Fahrenheit (as evidenced by: ns and interviews, the facility hot water between 100-116 F) in area where clients water. The findings are:								
		degrees F;								
	The facility's hot way110 degrees F.Staff #1 always adju	20 with staff #1 revealed: ter temperature was usually ested the water temperature is time for their showers or								

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
AND PLAN OF CORRECTION		IDENTIFICATION NO.	A. BUILDING:		OOM: E	-125					
		MHL0411016	B. WING		01/30/2020						
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
NOWLIN HOME 2110 WILLOW ROAD											
GREENSBORO, NC 27406											
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	TIVE ACTION SHOULD BE COMPLETE DATE						
V 752	Continued From page 1		V 752								
V 752	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		V 752								

Division of Health Service Regulation

STATE FORM 6899 LIJ011 If continuation sheet 2 of 2