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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		ETED
	MHL0411016	B. WING		08/1	9/2022
ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
OME	2110 WILL	OW ROAD			
	GREENSB	ORO, NC 2740	06		
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETE DATE
INITIAL COMMENTS		V 000			
category: 10A NCAC	27G .5600B Supervised				
census of 2. The surv	ey sample consisted of				
27G .0209 (B) Medica	ation Requirements	V 117			
REQUIREMENTS (b) Medication packat (1) Non-prescription dispensed by a pharm manufacturer's label of visible; (2) Prescription medion or obtained as sample tamper-resistant pack risk of accidental ingerpackaging includes plowith tamper-resistant unit-of-use packaged may be adequate; (3) The packaging ladrug dispensed must (A) the client's name (B) the prescriber's r (C) the current disperior (C) the current disperior (E) the name, streng date of the prescriber (F) the name, address	aging and labeling: drug containers not nacist shall retain the with expiration dates clearly lications, whether purchased les, shall be dispensed in laging that will minimize the lestion by children. Such lastic or glass bottles/vials caps, or in the case of drugs, a zip-lock plastic bag label of each prescription include the following: ; name; nsing date; or self-administration; th, quantity, and expiration d drug; and less, and phone number of the				
2 I'	SUMMARY ST. (EACH DEFICIENC' REGULATORY OR I INITIAL COMMENTS An annual and follow on August 19, 2022. I This facility is licensed category: 10A NCAC Living for Minors with This facility is licensed category: 10A NCAC Living for Minors with This facility is licensed category: 10A NCAC Living for Minors with This facility is licensed census of 2. The survaudits of 2 current clied 27G .0209 (B) Medication packatory (B) Medication packatory (B) Medication packatory (C) Prescription medicatory (C)	MHL0411016 OME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and follow up survey was completed on August 19, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability. This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client 27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag	MHL0411016 MHL0411016 STREET ADDRESS, CITY, STA 2110 WILLOW ROAD GREENSBORO, NC 2740 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and follow up survey was completed on August 19, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability. This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client 27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescribed's name; (C) the current dispensing date; (O) clear directions for self-administration; (E) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa	MHL0411016 MHL0411016 B. WING COVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE_ZIP CODE 2110 WILLOW ROAD GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and follow up survey was completed on August 19, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 276 .5600B Supervised Living for Minors with Developmental Disability. This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client 27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed bust include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, sterngth, quantity, and expiration date of the prescribed drug; and (F) the name, setzength, quantity, and expiration date of the prescribed drug; and (F) the name, setzength, quantity, and expiration date of the prescribed drug; and (F) the name, sterngth, quantity, and expiration date of the prescribed drug; and (F) the name, setzength, quantity, and expiration date of the prescribed drug; and (F) the name, setzength, quantity, and expiration date of the prescribed drug; and	MHL0411016 B WING

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _				
		MHL0411016	B. WING		08/	19/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE			
NOWLIN I	HOME		LOW ROAD				
	I		BORO, NC 2740				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
V 117	Continued From page	e 1	V 117				
	practitioner.						
	This Rule is not met	as avidanced by:					
		as evidenced by. ns, records review and					
		failed to ensure prescription					
		required labeling information					
		nts (#1 and #2). The findings					
	are:	,					
	Observations on 8/17	7/22, at 1:37pm, of client #2's					
	medications revealed						
		er that had 7 compartments					
	bins and 4 rows	·					
	-Each row was a diffe	erent color					
	-The 1st row was yell						
	-The 2nd row was blu						
	-The 3rd row was gre						
	-The 4th row was pur	pie e was handwritten on a label					
	on the weekly pill con						
		otion medications were in the					
	compartment bins						
	-There was no other i	identifying information on the					
	container						
	Observations on 8/17	7/22, at 2:07pm, of client #1's					
	medications revealed						
	-A weekly pill contain	er that had 7 compartments					
	bins and 4 rows	•					
	-Each row was a diffe						
	-The 1st row was yell						
	-The 2nd row was ora						
	-The 3rd row was pur						
	-The 4th row was dar	k dine					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		MHL0411016	B. WING		08	3/19/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
NOWLIN I	HOME		LOW ROAD			
	T	GREENS	BORO, NC 27406			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 117	Continued From page	2	V 117			
	-Client #1's first name on the weekly pill con -Some of the prescrip compartment bins	e was handwritten on a label				
	Review on 8/18/22 of client #1's record revealed: -Physician's order dated 3/9/22 for Levocetirizine 5mg, one by mouth every night (1 po qhs) -Physician's orders dated 4/25/22 for Melatonin 5mg, 1 po qhs -Physician's orders dated 5/16/22 for Vitamin D3, 1 po qd -Physician's orders dated 6/27/22 for the following medications: Omeprazole DR 20 milligrams (mg), one by mouth daily (1 po qd), Olanzapine 10mg, one by mouth twice daily (1 po bid)Physician's orders dated 7/5/22 for Saphris 0.2mg, 1 po qd and Clonidine HCL 0.25mg 1 po bid					
	-Physician's orders day medications: Fan apt -Physician's orders day Desmopressin Acetat -Physician's orders day HCL 25mg 1 po qhs -Physician's orders day 30mg 1 po qd, Aripipi Vitamin D3 1,000 1 pu 1 po qhs. Trazodone , Clonazepam 0.5mg po bid. , Risperidone Mydaids-amphetamin -Physician's orders day 0.1mg 1 po qhs and by the second polician or the second polician	ated 5/11/22 for te .2mg 1 po qd ated 7/6/22 for Amitriptyline ated 7/7/22 for Adderall XR razole 10mg 1 po qd, o qd, Clonidine HCL 0.1mg 100mg 1 po qhs 1 po bid, Guanfacine 2mg 1 2mg 1 po bid and				

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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		08	/19/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE	•	
NOWLIN H	HOME		LOW ROAD BORO, NC 27406			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 117	and #2 were not such disabilities. Interview on 8/17/22 or Regarding client #2's row held morning merow held 12:00pm medication row held 4:00pm medication row held morning merow held morning merow held morning merow held morning merow held 12:00 was for 4:00pm medication for the bedtime (8:00pm medication for the bedtime (8:00pm medication for the pharmacy send facility, then we call [to they are here. And show (removes them from to them in the weekly pill out (medical leave), so over from next Sunda Saturday" -Knew the medication clients' "by heart" Interview on 8/19/22 or Was aware the present to be re-dispense	with staff #1 revealed: medications "The yellow dications 8:00am, the blue edications, the green row ons and the purple row ons." medications "the yellow dications (8:00am), the 0pm meds, the purple row and the dark blue row was om) meds. 8/17/22 with staff #1 Is the bubble packs to the he Owner] and let her know the does the medications the bubble packs and places and containers) since she is he will bring the medications	V 117			
V 736	27G .0303(c) Facility 10A NCAC 27G .0303 EXTERIOR REQUIR (c) Each facility and it	EMENTS	V 736			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1		DATE SURVEY COMPLETED	
			A. BUILDING: _			
		MHL0411016	B. WING		08	/19/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		2110 WIL	LOW ROAD			
NOWLIN H	IOME	GREENS	BORO, NC 2740	16		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE
V 736	Continued From page	2.4	V 736			
	maintained in a safe,	clean, attractive and orderly kept free from offensive				
	was not maintained ir and orderly manner. Observations on 8/17	ns and interviews, the facility n a safe, clean, attractive				
	facility revealed:	_				
	-A strong odor of urin	е				
	the facility revealed: -A strong odor of urin	on 8/18/22, at 9:33am, of e had an odor of bleach				
	living room -Several walls had be -The carpet had stain -Client #1's bedroom urine stains on the ma -The window in client screen -Client #2's bedroom in the dry wall under to -The chest of drawers drawers that would no	revealed: e ekets were broken in the een patched, but not painted s throughout the facility had two 3 inch by 3 inch attress #2's bedroom has a torn had a 6 inch by 6 inch hole the window s in client #2's bedroom had				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		MHL0411016	B. WING		08	/19/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
			LLOW ROAD	•		
NOWLIN I	HOME	GREENS	SBORO, NC 27406			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 736	Continued From page	e 5	V 736			
	-The clients' bathroor stained	n sink in the hallway was				
	inside of the facility re	3/22 and 8/19/22 of the evealed: Lysol in the den area on				
	Further observations -A strong odor of urin	at 9:01am on 8/19/22 e				
	revealed: -Client #1 had an issu-Client #1 has worn described on getting him to tap needs to goif he waywe are doing the best the odor)" -Facility staff were count comforter daily -The staff also used a for a couple of hours -Client #1 had been in bedroom currently) an new bedroom on More					
	behaviorThose holes had been continuous a recent behaviorDuring a recent behavior a recent behaviorThe landlord was results"We have contacted the wall." -The fence gate was working hereI don't	avior, client #2 had kicked a				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		MHL0411016	B. WING		08/1	9/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
NOWLIN I	HOME	2110 WILL GREENSB	OW ROAD ORO, NC 2740	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
V 736	Continued From page	e 6	V 736			
V 100	Interview on 8/19/22 -Client #1 wet and de -"He wears a pull-up him. We wash his she put his used pull-ups them in the outside tr mattress, take it outs -Client #2 got mad ar bedroom wall"It is hard to get peo the wall. His social we happened and will re to the home owner ar was over 2 weeks ag -Planned to replace to -The people that cut to would pick up the gat secured. They removso we just put it on	with the Owner revealed: Ifecated on himself. Ifecated on himself. Ifecated we must clean up after Ifecets daily. Our protocol is to Ifecated your protocol is to Ifeaa your protocol				

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