

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2024
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NAME OF PROVIDER OR SUPPLIER NOWLIN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2110 WILLOW ROAD GREENSBORO, NC 27406
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(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) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual was attempted on April 2, 2024. According to the Licensee there were no clients being served at the facility. The last time clients were served at the facility was March 1, 2024.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability</p> <p>Interview on 4/2/24 with the Licensee revealed: - Former Client (FC) #1 was the last client served and he was discharged 3/1/24. - The facility was currently not operating because she did not have staff.</p> <p>Review on 4/2/24 of FC #1's discharge plan dated 4/2/24 revealed: - Date of Admission: 6/26/2020 - Date of Discharge: 3/1/24 - "Reason for discharge request: [FC #1] became 18 years of age on 2/1/2024 and the home in which he reside in is an adolescent home and he had aged out of the home. [FC #1's] guardian had requested that being that he is aging out of Nowlin's Home she wish for the Care Coordinator find a home close to them. The Care Coordinator found a home close to the guardian. The team which included the guardian, the Care Coordinator and the group home owner was all in agreement to the move ..."</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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