STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
MHL0411016		B. WING			R <b>09/19/2025</b>		
		WII1E0411010			09/	19/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
NOWLIN	NOWLIN HOME 2110 WILLOW ROAD GREENSBORO, NC 27406						
(X4) ID							
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	E APPROPRIATE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	completed on Septe complaint was unsu #NC00232960). A complete the september of the septemb	deficiency was cited.					
		C 27G .5600 Supervised h Developmental Disability.					
		sed for 3 and has a current urvey sample consisted of clients.					
V 118	27G .0209 (C) Med	ication Requirements	V 118				
	only be administered order of a person and drugs.  (2) Medications shat clients only when and client's physician.  (3) Medications, included and drugs administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administer current. Medication recorded immediate MAR is to include the (A) client's name;	inistration: non-prescription drugs shall ad to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by trained by a registered nurse legally qualified person and e and administer medications liministration Record (MAR) of red to each client must be kep administered shall be ely after administration. The ne following:					
	(C) instructions for	and quantity of the drug; administering the drug; ne drug is administered; and					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL0411016			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING			R <b>09/19/2025</b>		
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	FATE, ZIP CODE			
NOWLIN	I HOME	=	LOW ROAD BORO, NC 27	<b>7406</b>			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 118	Continued From pa	ge 1	V 118				
	drug. (5) Client requests checks shall be rec	of person administering the for medication changes or orded and kept with the MAR appointment or consultation					
	observations, the farmedications were a order of a physician current affecting clie are:  Review on 9/17/25 -Date of Admission:	views, interviews, and acility failed to ensure that administered on the written and failed to keep the MAR ents (#1 and #2). The findings of client #1's record revealed: 7/18/24;					
	Developmental Disc -Physician order da	n Disorder; and Intellectual order, Severe; ted 5/6/25 for Risperidone 3 escribed for anxiety.					
	-Date of Admission: -Diagnoses: Intelled Severe; Autism Spe Palsy; and Comple: -Physician order da HCL 25 mg, prescrit 400mg, and Divalpring prescribed for seizu-Physician order da 20mg, prescribed for seiz	ctual Developmental Disability, ectrum Disorder; Cerebral x-Partial Seizures Disorder; ted 10/17/24 for Sertraline ibed for mood, Rufinamide roex DR 125mg, were ures; ted 3/28/25 for Clobazam					

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STATE FORM 6899 E1EU11 If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					   F	₹
		MHL0411016	B. WING		09/1	9/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NOWLIN	HOME		LOW ROAD BORO, NC 2	7406		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From page 2		V 118			
	0.1mg, prescribed f	or sleep.				
	11:30am revealed; -Risperidone 3mg v Review on 9/17/25 August, and Septer -Risperidone 3mg v been administered Observation on 9/1 12:15pm revealed: Sertraline HCL 25m Rufinamide 400mg -Divalproex DR 125 was dispensed on 8 Review on 9/17/25 August, and Septer -Sertraline HCL 25m	8/25 at approximately vas dispensed on 8/15/25. of client #1's MARs for July, mber 2025 revealed: vas not documented as having on 8/10/25 at 8:00am.  8/25 at approximately ng, Clobazam 20mg, and were dispensed on 4/18/25; sing and Clonidine HCL 0.1mg 5/19/25. of client #2's MARs for July, mber 2025 revealed: ng, Clobazam 20 mg, mg, Rufinamide 400mg, and				
		ng were not documented as istered on 8/24/25 at 8pm.				
	revealed:					
	revealed:	on 9/17/25 with client #2 only responded to questions				
	-"I may have had a	5 with staff #1 revealed: documentation error. I just lay have been some d have initialed."				

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	ON NUMBER:	A RIJII DING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BUILDING.		R		
MHL04110	16	B. WING		09/19/2025		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
NOWLIN HOME	2110 WILLO GREENSBO		7406			
(X4) ID SUMMARY STATEMENT OF DEFICIE PREFIX (EACH DEFICIENCY MUST BE PRECEDI TAG REGULATORY OR LSC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
V 118 Continued From page 3		V 118				
Interview on 9/18/25 with staff #2 re-"I may have missed documenting medication was administered."  Interviews on 9/18/25 and 9/19/25 of Qualified Professional (QP) revealers if there are any discrepancies, it wintentional because of the seriousn administering medication;"  -The management company was now March of 2025. She was the only Querompany, and "was trying to maintage compliance;"  -The company has hired more QP's going to have some help now."  Interview on 9/19/25 with the Owner's check the MARs once a week, be missed some things (missing initial she oversees medication administ because she was mainly at the facion. The medications were being administ because of the bubble packs.	with the ed: was not ess of ew since P for the ain s, and "I'm r revealed: ut I may have s);" cration lity;					

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