PRINTED: 07/12/2018 FORM APPROVED

Division of Health Service Regulation

| NAME OF PROVIDER OR SUPPLIER CAMPGROUND HOUSE (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS B. WING | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
|---|---|--|--|---|---|----|-------------------------------|--|
| CAMPGROUND HOUSE 475 CAMPGROUND ROAD WHITEVILLE, NC 28472 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 475 CAMPGROUND ROAD WHITEVILLE, NC 28472 ID PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE | | | MHL024-081 | B. WING | | 07 | 7/11/2018 | |
| CAMPGROUND HOUSE WHITEVILLE, NC 28472 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) WHITEVILLE, NC 28472 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE) COMPLETE DATE DATE | | | | | | | | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) | CAMPGROUND HOUSE | | | | | | | |
| V 000 INITIAL COMMENTS V 000 | PREFIX | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL | ID PREFIX | (EACH CORRECTIVE ACTION SHOULD BE COMPLE CROSS-REFERENCED TO THE APPROPRIATE DATE | | | |
| i l | V 000 | INITIAL COMMENTS | | V 000 | | | | |
| An annual survey was completed on July 11, 2018. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.5600C Supervised Living for Adults with Developmental Disabilities. | | An annual survey wa 2018. No deficiencie This facility is license category: 10A NCAC | s completed on July 11, ss were cited. In the following service 27G .5600C Supervised | | | | | |

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

(X6) DATE TITLE