

STATEMENT OF DEFICIENCIES

OHSS - DHCQ Cambridge Building, 263 Chapman Rd, Suite 200 Newark, Delaware 19702 (302) 421-7400

## **STATE SURVEY REPORT**

ADMINISTRATOR'S PLAN FOR

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NAME OF FACILITY: Dover Place

DATE SURVEY COMPLETED: November 28, 2023

SECTION SPECIFIC DEFICIENCIES **CORRECTION OF DEFICIENCIES** TION DATE The State Report incorporates by reference and also cites the findings specified in the Federal Report. An unannounced complaint survey was conducted at this facility on November 28, 2023. As a result of observations, record review and interview, no deficiencies were identified. The facility census the first day of the survey was sixty-three (63). 3225. Regulations for Assisted Living Facilities. This requirement is met as evidenced by: No deficiencies were identified at the time of the survey.

Provider's Signature

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Title Cxautin Directo

Date 4/11/24