



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Health Care Quality  
Office of Long Term Care Residents Protection

DHSS - DHCQ  
263 Chapman Road, Suite 200, Cambridge Bldg  
Newark, Delaware 19702  
(302) 421-7400

**STATE SURVEY REPORT**

Page 1 of 1

NAME OF FACILITY: Bay Terrace Rehab and Healthcare Center DATE SURVEY COMPLETED: January 31, 2025

| SECTION  | STATEMENT OF DEFICIENCIES<br>SPECIFIC DEFICIENCIES   | ADMINISTRATOR'S PLAN FOR<br>CORRECTION OF DEFICIENCIES WITH<br>ANTICIPATED DATES TO BE CORRECTED |
|----------|--|--|
|          | <p>An unannounced Follow-Up and Complaint Survey to the Complaint Survey ending December 2, 2024, was conducted at this facility from January 30, 2025, through January 31, 2025. The survey process included observations, interviews, review of residents' clinical records and other documentation. The facility census on the first day of the survey was seventy – five (75). The survey sample size totaled four (4) residents.</p> <p>The facility was found to be in substantial compliance as of January 20, 2025.</p>  |  |
| 3201     | <b>Regulations for Skilled and Intermediate Care Nursing Facilities</b>  |  |
| 3201.1.0 | <b>Scope</b>   |  |
| 3201.1.2 | <p>Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.</p> <p>No deficiencies were identified at the time of the survey.</p> |  |

Provider's Signature

Anne M. Studd

Title

Administrator

Date

2/4/25

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/07/2025  
FORM APPROVED  
OMB NO. 0938-0391

|   |  |  |  |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>085019</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>01/31/2025</b> |
|---|--|--|--|

NAME OF PROVIDER OR SUPPLIER

**BAY TERRACE REHABILITATION AND HEALTH CENTER**

STREET ADDRESS, CITY, STATE, ZIP CODE

**889 SOUTH LITTLE CREEK ROAD  
DOVER, DE 19901**

|                          |  |                     |  |                            |
|--------------------------|--|---------------------|--|----------------------------|
| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE |
|--------------------------|--|---------------------|--|----------------------------|

F 000

INITIAL COMMENTS

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An unannounced Follow-Up Survey to the Complaint Survey ending December 2, 2024, was conducted at this facility from January 30, 2025 through January 31, 2025. The survey process included observations, interviews, review of residents' clinical records and other documentation. The facility census on the first day of the survey was seventy-five (75). The survey sample size was four (4) residents.

The facility was found to be in substantial compliance with 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities as of January 20, 2025.

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

Electronically Signed

TITLE

(X6) DATE

02/05/2025

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.