

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

STATE SURVEY REPORT

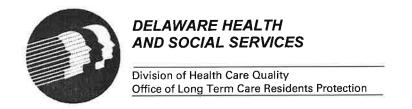
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NAME OF FACILITY: AL-Gilpin Hall Rest Residential

DATE SURVEY COMPLETED: April 23, 2025

Provider's Signature

NHA Title Administrator Date 5-15-2025



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SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	washing sink was leakage proof to prevent	a month for three months until 100% compli-	
	food contamination. Findings include:	ance is reached for three consecutive months.	
	4/23/25 - During the kitchen tour at approxi-	All outcomes will be reviewed with QAPI team.	
	mately 9:49 AM, the Surveyor found leakage		
	of the attached refuse disposal receptacle of		
	a ware washing sink. This leakage made the		
	floor wet and potentially cultivates bacteria		
	growth. The finding was confirmed at the		
	time with E2 (ADM) and E5 (DFS).		
	4/23/25 – The findings were reviewed with		
	E2 and E5 at the exit conference beginning		
	at approximately 10:47 AM.		