

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: Shipley Living Health Care Assisted Living

DATE SURVEY COMPLETED: October 9, 2025

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	Completion Date
	An unannounced Annual and Complaint sur-		
	vey was conducted at this facility from Octo-		
	ber 8, 2025, to October 9, 2025. As a result		
	of observations, interviews and record re-		.34
	views, no deficiencies were identified. The	2	1
	facility census the first day was fourteen	i i	1
	(14). The survey sample was seven (7).		
3225	Regulations for Assisted Living Facilities		
	This requirement is met as evidenced by:		
	No deficiencies were identified at the time of		¥
	the survey.		
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