

[From AHCA/NCAL Publications: The Long Term Care Survey Manual, Phase 3 is now available for pre-order.](#)



WEBINAR  **Wednesday, July 20, 2-3 pm**

Employing International Workers, including Nurses

Hear from a company that focuses solely on foreign recruiting for health care providers, a skilled immigration attorney and long term care providers actively in this space.

ahcancalED
Delivering Solutions

FREE. Open to AHCA/NCAL Members Only. Click this banner for link.

FRIDAY ROUNDUP JULY 15, 2022

DELAWARE PASSRR

Don't forget to register for the upcoming **Annual Delaware PASRR AssessmentPro Provider Training**, taking place at **10 a.m. on Tuesday, July 19 for facility staff**. Use the links below to register for the date and time that applies to your specific role.

Annual PASRR Training for Facility Staff | Tue, 7/19 at 10 a.m. ET

HEALTHCAP® HOSTING ACTIVE SHOOTER PREPAREDNESS ON JULY 19

HealthCap® is hosting a free webinar titled [Active Shooter Preparedness](#) on Tuesday, July 19 at 2 PM EDT. This program will be recorded and focuses on key aspects of active shooter and what to do if your long term care community experiences a threat or real-life active shooter event.

[Registration and details here.](#)

INTERESTED IN EMPLOYING INTERNATIONAL HEALTH CARE WORKERS IN YOUR LTC CENTER?

The AHCA/NCAL team, along with experts in recruiting international workers, will be hosting a virtual session on employing international workers, including nurses. Are you interested in potentially recruiting overseas or having trouble doing so for health care workers? This webinar will help you better understand the process, while getting your pressing questions answered. Hear from a company that focuses solely on foreign recruiting for health care providers, a skilled immigration attorney and long-term care providers actively in this space. In addition, hear about the efforts AHCA/NCAL has been leading to address the immigrant visa processing backlog from COVID-19.

This AHCA/NCAL provider member only webinar, which will be recorded, will be held on Wednesday, July 20th, from 2-3pm ET. Registration to attend the live webinar is limited.

<https://educate.ahcancal.org/products/interested-in-employing-international-health-care-workers-in-your-ltc-center>

COVID-19 SITUATION REPORT FROM JOHNS HOPKINS

REINFECTION RISK The Omicron BA.5 subvariant has [quickly](#) become the [most predominant circulating variant](#) in the US due to its [ability to evade immunity](#) from either previous infection or vaccination, [dashing hopes](#) of a COVID-19 pandemic reprieve. The subvariant is more likely to cause reinfections and is driving a wave of new infections across the country, with official US CDC data showing a [daily average](#) of around 100,000 new cases. But experts warn this represents a severe undercount of new cases, as many people are using home tests and not reporting their results to health authorities. Notably, the Walgreens COVID-19 Positivity Tracker shows a weekly [41.6% positivity rate](#), up nearly 9% over the prior week and the highest since the tracker began.

BA.2.75 & BA.5.2.1 SUBVARIANTS Scientists have identified 2 new Omicron subvariants. [BA.2.75 was first identified in India](#)—where it makes up at least 25% of sequenced cases and is competing with BA.5 and BA.2—and has been identified in at least 10 other countries, including at least [3 cases in the US](#). Though BA.2.75 has not yet been named a variant of interest or variant of concern, several virologists are [urging continued monitoring](#) of the variant, as mutations in its spike proteins may lead to increased immune escape and an ability to outcompete BA.5. Additionally, officials in Shanghai, China, this week reported a single case of [another new subvariant, BA.5.2.1](#). The subvariant was linked to a case in an overseas traveler and so far has not been identified in other cases.

US PUBLIC HEALTH EMERGENCY The US government is expected to once again [renew its determination that the COVID-19 pandemic constitutes a public health emergency](#), first set in January 2020. The [current extension](#) is set to expire on July 15, when the next extension is set to take effect. The emergency designation allows millions of low-income Americans who might not otherwise be eligible to access Medicaid coverage; US regulators to authorize vaccines, diagnostics, and therapeutics for COVID-19; flexibilities around telehealth services; and states to access pandemic-related funds. The government has said it will give [60 days' notice before ending](#) the emergency designation to allow states and companies time to prepare. The US has averaged between [100,000 and 110,000 new daily COVID-19 cases](#) and about 300 daily COVID-19 deaths since May.

SECOND BOOSTERS Officials in the administration of US President Joe Biden are in discussions with US FDA and CDC officials over whether to [expand eligibility of second SARS-CoV-2 vaccine booster shots](#), or fourth doses, to adults under age 50 in an effort to counter waning immunity amid a wave of new infections and [increasing hospitalization rates](#) due to the Omicron BA.5 subvariant. Such a move requires regulatory authorization from the FDA and the CDC. Currently, adults aged 50 and older and those aged 12 and older who are immunocompromised are [eligible for fourth doses](#). Experts are divided over allowing additional boosters now, with some arguing more clinical data is needed to support the shots for younger adults, while others say that people in that age group who wish to receive a fourth dose should be allowed to do so. Still others argue the Biden administration and health officials should be focused on improving primary series and first booster rates, and some experts warn that pushing a fourth dose now may diminish the importance of [reformulated booster doses](#) that are expected in the fall. Notably, Moderna released data this week showing its [Omicron-containing bivalent booster candidate elicits significantly higher neutralizing antibody responses](#) against the Omicron subvariants BA.4 and BA.5 compared to the currently authorized booster. [Initial booster doses currently are available for anyone aged 5 years and older](#) who has received the 2-dose primary series, but only 34% of eligible US residents have received their first booster dose.

WASTEWATER SURVEILLANCE Wastewater surveillance can provide first-look data on the spread of SARS-CoV-2 in communities, offering an early warning system for public health officials, healthcare providers, policymakers and others, but low-quality data prohibits estimating prevalence or identifying variants. To address these shortcomings, a team of scientists from Scripps Research Institute and the University of California San Diego (UCSD) developed a new [method to increase the amount of viral RNA](#) available to be sequenced in a small wastewater sample and a [surveillance tool, called “Freyja,”](#) that uses an algorithm to detect new variants more quickly and reliably, up to 2 weeks before they are identified in clinical sequencing and with enough time to take action. The study describing the work was published July 7 in the journal [Nature](#). The testing technique shortens the time to sequence samples, from weeks to days, which may help to identify and rapidly respond to emerging variants in the future.

FROM AHCA/NCAL NEWS

Multimillion Dollar Settlement Reached In Department Of Justice Case Against SNF Organization For Disenrolling Residents From Their Medicare Advantage Plans

The U.S. Department of Justice (DOJ) secured an agreement with a nursing facility company that has resulted in a \$7.85 million dollar settlement. The DOJ case notes examples of facility staff disenrolling residents from Medicare Advantage (MA) plans back to Original Medicare without the resident’s consent. As part of the settlement agreement the nursing facility organization was required to admit to the specifics of the violations.

Implications for Nursing Facility Providers

On two separate occasions CMS has issued guidance and reminders to nursing facility providers that interfering with resident choice of healthcare coverage through disenrollment of residents from MA plans is a violation of resident rights and Federal Law. The initial guidance reminder was released in 2015 in response to various beneficiary and state accusations that nursing facilities were disenrolling residents from Medicare Advantage plans participating in the Financial Alignment Demonstration. They reissued guidance in 2021 outlining what policies and procedures providers should have in place when engaging in conversations with residents around changes to health care coverage.

<https://www.cms.gov/files/document/lcfdisenrollmentmemo.pdf>.

AHCA/NCAL urges nursing facilities to: 1) develop internal MA plan policies and procedures which incorporate the guidelines outlined in the 2021 memo (link above); and 2) educate staff on acceptable and unacceptable practices related to discussions and changes around resident health care coverage to avoid violations of these regulations.

[Multimillion Dollar Settlement Reached in DOJ Case Against SNF Organization for Disenrolling Residents from Medicare Advantage Plans](#)

OUR OWN DR. LEVY, ONE OF MCKNIGHT’S WOMEN OF DISTINCTION

Meet Susan Levy, 2022 Veteran VIP honoree



C. MAX BACHMANN

JULY 14, 2022

SHARE



TOP STO

NEWS

[Read the full story here.](#) Executive Director Cheryl Heiks and DHCFA Board Member Frank Beech are quoted, praising Dr. Levy and her work for the Delaware Long-Term Care Community.

CDC NEWS

CDC Updates Guidance on Enhanced Barrier Precautions for Nursing Homes

Coinciding with a new [report](#) on antimicrobial resistance, the CDC has updated its guidance on [enhanced barrier precautions](#) (EBP) for all health care settings, including nursing homes. The guidance expands to residents that trigger the use of EBP and indicates it should be followed for any resident in the facility with:

1. An open wound requiring a dressing change;
2. An indwelling catheter for the duration of their stay; and
3. Is colonized with MDRO and contact precautions do not apply.

The EBP requires the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of multi-drug resistant organisms (MDROs) to staff hands and clothing. Use of eye protection may be necessary when splash or spray may occur but is not necessary in other situations.

[READ MORE ABOUT THE UPDATED GUIDANCE HERE](#)

From COCA: Quest Diagnostics Begins Monkeypox Testing

On Wednesday, July 13, 2022, Quest Diagnostics announced that it will begin testing for monkeypox. The company has developed a real-time polymerase chain reaction (PCR) test that uses patient swab specimens to qualitatively detect non-variola orthopoxviruses and monkeypox virus DNA. The test is now available to healthcare providers nationwide (except in New York)*.

Quest is also verifying the Centers for Disease Control and Prevention's (CDC) orthopoxvirus test and plans to make it available to healthcare providers in the first half of August.

Quest will offer monkeypox virus testing at the company's advanced laboratory in San Juan Capistrano, California and can accept specimens from anywhere in the country.* Quest's testing will continue to

increase the current capacity provided through CDC's [Laboratory Response Network \(LRN\)](#), [Labcorp](#), and [Mayo Clinic Laboratories](#), providing testing capacity of up to 60,000 specimens per week by the end of July.

CDC anticipates [additional commercial laboratories](#) will come online in the coming days, and monkeypox testing capacity will continue to increase throughout the rest of this month and into August. Healthcare providers can access information on Quest's test [here](#). For more information about the latest CDC guidance, visit [Recommendations for Healthcare Professionals](#).

DPH REPORTS STATE'S FIRST MONKEYPOX CASE

This week, DPH received test results showing a 41-year-old New Castle County man tested positive for MPX. This positive case is considered probable pending confirmatory testing by the Centers for Disease Control and Prevention (CDC). The Delaware man did not report any travel or exposure to someone known to have MPX but is believed to have been exposed to the virus after close intimate contact with an individual in early July.

The individual is self-isolating and DPH is working with him to identify any possible close contacts. Currently, DPH is working with the CDC to confirm the course of treatment for this individual.

MPX is a rare disease caused through infection with the monkeypox virus. It can make you sick, causing a rash, which may look like pimples or blisters, often with an earlier flu-like illness. Transmission of MPX occurs when a person encounters the virus from an animal, human, or materials contaminated with the virus. The virus enters the body through broken skin (even if not visible), respiratory tract, or the mucous membranes (eyes, nose, or mouth).

The overall risk of MPX is low, generally caused by close intimate contact. However there are other ways it can spread including:

- direct contact with the infectious rash, scabs, or body fluids
- respiratory secretions during prolonged, face-to-face contact, or during intimate physical contact, such as kissing, cuddling, or sex
- touching items (such as clothing or linens) that previously touched the infectious rash or body fluids
- pregnant people can spread the virus to their fetus through the placenta
- It's also possible for people to get MPX from infected animals, either by being scratched or bitten by the animal or by preparing or eating meat or using products from an infected animal.

The incubation period of the illness (time from infection to symptoms) is typically seven to 14 days but can as long as 21 days. The illness itself typically lasts two to four weeks and is rarely fatal. People who do not have symptoms cannot spread the virus to others.

Signs and Symptoms

The symptoms of MPX are similar to, but milder than, the symptoms of smallpox. Symptoms usually start within 3 weeks of exposure to the virus. Most people who contract MPX will develop a rash, and some will develop flu-like symptoms beforehand. The flu-like symptoms may include fever, headache, muscle aches and backache, sore throat, cough, swollen lymph nodes, chills, or exhaustion. If someone has flu-like symptoms, they will usually develop a rash one to four days later.

PCC-DHIN STATUS REPORT

The slides are attached from the Transitions of Care meeting. Michael McDonald of DHIN reported on the status of the DHIN-PointClickCare Connection. In 21 facilities, the set up is tested and data is flowing. These are considered LIVE. Another 12 facilities are either in DHIN set up or PCC set up.

CHERYL HEIKS QUOTED IN AHCA'S PROVIDER MAGAZINE

As part of the article *A View from the Field*, Cheryl is one of the state executives providing their takes on the sector's biggest challenges and issues. There are some great comments from other state executives as well. [Read the article here.](#)

TESTING REQUIREMENTS

DPH COVID-19 Testing Guidance based on CMS's revised guidance. [DPH-LTC-COVID-19-Testing-Guidance-3.8.22.pdf](#) (delaware.gov)

PLEASE NOTE: As per page 8 of the DPH guidance document linked above, residents CAN be tested via POC.

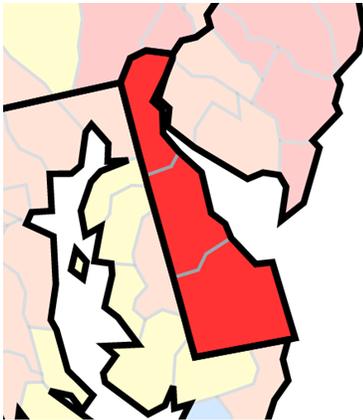
"Up to Date" means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible. Current recommendations can be found at: [Stay Up to Date with Your Vaccines | CDC](#)

Routine testing for staff who are up to date on all recommended COVID-19 vaccination doses is no longer required.

Using information posted on <https://covid.cdc.gov/covid-data-tracker/#county-view>, the Delaware counties' **level of community transmission** as of **July 11, 2022** are listed in the table below:

County	Current Level of Community Transmission based on CDC COVID-19 Integrated County View	Minimum Frequency of Routine Testing for Staff Who Are Not Up To Date With All Recommended COVID-19 Vaccine Doses
Kent County, DE	High	Twice a week
New Castle County, DE	High	Twice a week
Sussex County, DE	High	Twice a week

The metrics used for routine testing of staff who are not "up to date" on COVID-19 vaccination are based on **level of community transmission in each county**. This is not to be confused with the CDC's [community level](#) data which does not apply for LTC routine testing!



The UPDATED testing guidance for Delaware is posted here: <https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2022/06/DPH-LTC-COVID-19-Testing-Guidance-6.3.22.pdf>

Facilities can choose to use Curative. If they do choose to use Curative, the insurance information must be completed for those that are insured or for those that are uninsured, that section will have to be completed. If you do use Curative, a reference you may find beneficial is: [What Happens When COVID-19 Emergency Declarations End? Implications for Coverage, Costs, and Access | KFF](#)

Please note that facilities can use POC/antigen testing to fulfill the testing requirements.

A banner for a live webinar. On the left, there is a red speech bubble icon with the text 'LIVE WEBINAR' and a signal icon. To the right of this is the text 'Register Here >>> <https://bit.ly/3AyAbjB>'. Below this is the main title 'How Reviving Reading Skills Supports People Living With Dementia' in large blue font. Underneath the title is the date and time 'Wednesday, August 10 2-3:30 pm'. At the bottom left, there is a small line of text: 'This program has been approved for Continuing Education for 1.5 total participant hours by NAB/NCERS—Approval #20230809-1.50-A86345-DL and the Delaware Board of Nursing.' On the right side of the banner is a large graphic of a tree whose branches and leaves are composed of various icons related to reading, learning, and dementia care, such as books, apples, a brain, and a person.

REGISTER: <https://www.dhcf.org/wp-content/uploads/sites/314/2022/07/Experiential-Dementia-Care-Webinar-8.10.22.pdf>

Local Emergency Management Contacts:

https://www.dhss.delaware.gov/dhcg/files/local_emergency_management_contacts_12132018.pdf

ALZHEIMER'S ASSOCIATION DELAWARE VALLEY CHAPTER

July & August New and Special Programs

Effective Communication Strategies, featuring guest speaker and children's author Valene Campbell.

Thursday, July 21, 2022 from 1:00-2:00 pm (virtual via Zoom)

Register: <https://tinyurl.com/ALZCommAuthor>

Join us for a collaborative VIRTUAL program with the Alzheimer's Association and Delaware Libraries on Effective Communication Strategies, featuring guest speaker and children's author Valene Campbell. The Effective Communication Strategies program of the Alzheimer's Association was designed to provide practical information and resources to help dementia caregivers learn to decode verbal and behavioral messages from people with dementia. **Learn how to talk to kids about Alzheimer's disease, by**

author Valene Campbell, author, "The Amazing Zoe: Grandma's Memory Box." Valene will share tips on helping kids understand Alzheimer's disease and tips on how people of all ages can support someone with memory loss. The program is presented in partnership with Delaware Libraries. Visit any of the 33 Delaware Libraries to find this featured children's book this summer.

Wednesday, July 27, 2022 – In Person

10 Warning Signs of Alzheimer's (6:00-7:00pm)

Indian Mission UMC, 22701 Indian Mission Rd. Harbeson, DE 19951

Register: <https://action.alz.org/mtg/85400961> or call 800.272.3900

Attached: Virtual Support Group Schedule

CMS 2022 NATIONAL TRAINING PROGRAM VIRTUAL WORKSHOPS- REGISTRATION IS OPEN

<https://cmsnationaltrainingprogram.cms.gov/>

August 2022

2nd – [Social Security](#)

3rd – [Medicare Enrollment, Eligibility, Part A and Part B](#)

4th – [Medicare Supplement Insurance \(Medigap\)](#)

9th – [Medicare Drug Coverage](#)

10th – [Medicare Advantage](#)

11th – [Preventing Medicare & Medicaid Fraud, Waste, & Abuse](#)

16th – [Coordination of Benefits](#)

17th – [Where Do I Find? \(Online Resources\)](#)

18th – [Medicaid & the Children's Health Insurance Program \(CHIP\)](#)

23rd – [Medicare Scenarios \(Casework Session\)](#)

24th – [CMS and SAMHSA: Federal Partners addressing Behavioral Health](#)

25th – [Medicare Plan Finder](#)

30th – [Medicare Current Topics](#)

31st – [The Public Health Emergency \(PHE\) and CMS Programs](#) (this topic is subject to change)

September 2022

1st – [Marketplace to Medicare: What You Can Expect](#)

for Medicare. It will explain the programs that can help you pay

WORKFORCE

Upcoming CNA Trainings:

Sussex Tech Adult Education

There is a day program (7:30 am- 4:00 pm M-F) scheduled August 29-September 28, 2022.

There is a evening program (5:00 pm-9:00 pm M-TH) scheduled August 29-November 15, 2022.

There is a day program (7:30 am-4:00 pm M-F) scheduled October 3-November 2, 2022.

There is a day program (7:30 am-4:00 pm M-F) scheduled November 7- December 12, 2022.

Interested parties may contact Joyce Kunde at (302) 853-1492 or joyce.kunde@sussexvt.k12.de.us. The school is located at: 17099 County Seat Highway, Georgetown, DE.

Cora Career Institute – see attached

Maggie Career Institute – see attached

Bear Professional Institute - 2500 Wrangle Hill Road, Suite 120, Bear, DE 19701

Next CNA class will begin August 8, 2022.

The program is operated by Adeyoyin Esaka, RN.

The contact telephone is : (302) 832-2744 and email: bearprofessionalinstitute@gmail.com.

Link to CNA Training Schools on DHCFA Website

<https://www.dhcfa.org/member-resources/workforce/cna-training/>

Login: providermember pass: LTCquality19

GUIDE TO SERVICES TO OLDER DELAWAREANS AND PERSONS WITH DISABILITIES

DSAAPD has print copies on hand (45 to a case) that facilities may request to distribute to residents. Social workers especially like having this resource guide on hand. Requests to GERALYN AELLIS at geralyn.aellis@delaware.gov. She will arrange for pick or delivery.



GET READY FOR NATIONAL ASSISTED LIVING WEEK 2022

National Assisted Living Week® (NALW) 2022 is quickly approaching, so make plans now to celebrate! Gerald Hamilton, Chair of the National Center for Assisted Living (NCAL), shares some words of encouragement in this [short video message](#) to help you get started.

This year's celebration is supported by official sponsor First Quality and will take place September 11-17. Created by NCAL in 1995, this year's theme, "Joyful Moments," honors the individuals who reside, work, and volunteer in assisted living and residential care communities with special activities and events. It

encourages everyone to find happiness, joy, and fulfillment in both the big and small moments in life.

The 2022 NALW [Planning Guide](#) is now available! It provides suggested activities and ideas to celebrate the week in a safe and meaningful way. Additional resources also available on the [NALW webpage](#) include the promotional toolkit to help you share your celebrations with media and the community, as well as NALW graphics and logos. You can also [explore the wide selection](#) of exclusive NALW decorations, t-shirts, and gifts.

Thank you for everything you do! We look forward to an exciting week, and don't forget to share your celebrations on social media using the hashtag #NALW.

[Click here to access resources](#)

Early Birds SAVE BIG!



The early bird deadline is one month away! For details and registration: www.AHCAconvention.org

There's just one week left to take advantage of Early Bird registration for **NCAL DAY*** and the 73rd AHCA/NCAL Convention & Expo.

NCAL DAY is all about the workforce and features a full day dedicated to solving your most significant workforce issues. You and your team need this day to learn strategies on how to retain and recruit staff and how to ensure that your employees don't experience additional burnout.

Register on or before July 22 before the Early Bird rate is gone!

REGISTER NOW!



2023 National Quality Award applications are available for members to download and begin to review.

The AHCA/NCAL National Quality Award Program has opened its 2023 year three months earlier than previous years to give providers more time to work on their applications.

[Everything you need to know including applications are here.](#)

SUGGESTIONS FOR SURVEY AWARENESS in BOTH SNF and ALF ENVIRONMENTS

COVID vaccination:

- Verification of education provided to staff who refused vaccine.
- For those staff who have medical or religious exemptions, a review of documentation to ensure it is in place and corresponds to reported numbers.
- Surveyors' significant review of vaccine data.
- Verification of screening of staff and visitors.
- Checking to see if someone was working during the time, they were positive.
- Checking to see if someone was working during the time, they were unvaccinated.
- Testing frequency as required by the state.
- Copies of vaccination cards
- Verification of offering vaccine to residents, and if needed declination forms

Other Vaccination requirements:

- Influenza and Pneumococcal records

Other:

- **Train your staff not to respond to baiting by a surveyor's tactics to intimidate them to act inappropriately (i.e., exiting a COVID unit against protocol because the surveyor as an authority figure requests it)**
- **Review status of dumpster – recent tag for hole in dumpster**
- **High level tag received for inconsistencies in location of up to date "code status"**
- **High level tag received for lack of emergency supply of materials for trach and/or dialysis resident (appropriate size of any needed materials – within in immediate reach and clearly marked as belonging to that resident)**
- Proof of required dementia training.
- Documentation for use of psychotropic medication
- Review of ADL Care
- Boosters are given to residents.
- Requirements for TB and immunizations.

- All staff fit tested for N95 masks
- Bed Hold Policies and Return to Facility
- Observation of proper mask wearing (masks much cover nose and mouth).
- Completeness of resident service agreements.
- Observation of staff encouraging residents to wear masks appropriately
- PASSAR procedures and documentation
- Review of appropriate discharge procedures including notification and time limits
- Resident Rights, re: dignity and respect, call bell not in reach, failure to notify guardian, wall damaged
- Admission/Transfer/Discharge, re: ensure resident returned to facility
- Resident Assessment, re: accurately assess oral health
- Compressive Resident Care Plans, re: develop care plan for resident with broken teeth, re: inaccurate care plan for resident who is unvaccinated, missing intervention for resident with Chronic Kidney disease
- Quality Of Care, re: missing communication from dialysis unit
- Pharmacy Services, re: insulin pen missing expiration date
- Food and Nutrition, re: accommodate food preferences, missing assistive devices
- Administration, re: accuracy of clinical record, unclear CNA documentation for shower/bed bath, clinical order was not revised after discharge
- Kitchen:
 - Cleanliness of screen over stove
 - Fly traps
 - Accessibility of kitchen sink
 - Avoiding using any moisture trapping materials in food storage racks
 - Handwashing sink didn't have a sign, food with mold in walk in, water pooling on floor of refrigerator

Flu Update Week 27– attached

[MMWR Weekly No. 27 and 28](#)

- Factors associated with severe outcomes among immunocompromised adults hospitalized for COVID-19
- Use of Smallpox and Monkeypox vaccine for preexposure vaccination of persons at risk for occupational exposure to orthopoxviruses

Emerging Infectious Diseases Report – attached

[CDC VIRTUAL WORKSHOP](#)

Drug Development Considerations for the Prevention of Healthcare-Associated Infections
co-hosted by CDC and FDA
August 30, 8:30 am – 5 pm

Discussions are planned around the following topics/areas:

- The current state of development of pathogen-directed products used to prevent healthcare-associated infections

- Evidence supporting decolonization and pathogen reduction (in colonized patients) as a strategy to prevent infection and transmission of antimicrobial-resistant healthcare-associated pathogens
- Antimicrobial resistance threats as potential targets for decolonization and pathogen reduction
- Challenges and potential approaches to drug development and registration of products for the prevention of healthcare-associated infections

DEMA TRAINING – SEPTEMBER

AWR-213 Critical Infrastructure and Resilience Awareness

September 13, 2022 8:00am-4:00pm

Delaware State Fire School

Registration link: [AWR213](#) Students must also register through the Delaware Learning Center

MGT-310 Threat and Hazard Identification and Risk Assessment and Stakeholder Preparedness Review

September 14, 2022 8:00am-4:00pm

Delaware State Fire School

Registration link: [MGT310](#) Students must also register through the Delaware Learning Center

PER-230 Incident Response to Terrorist Bombings (IRTB)/PER-231 Prevention of and Response to Suicide Bombing Incidents (PRSBI)

September 28, 2022 8:00am-4:00pm

Delaware State Fire School

Registration

link: <https://dema.delaware.gov/training/dema/index.shtml?dc=demaTrainingCalendar#tabsBox3>





Delaware Weekly Influenza Report

MMWR Week 27 (July 03, 2022-July 09, 2022)

Delaware Division of Public Health

***Due to higher than usual springtime incidence Delaware Public Health will be releasing the flu report additional weeks and will continue to release reports as case count remains increased. ***

National Influenza Synopsis 2021-2022:

National influenza data is updated Friday of each week. Please visit <https://www.cdc.gov/flu/weekly/> for the most current information. The percentage of national respiratory specimens testing positive was at **.70%** this week. **No** new influenza-associated pediatric deaths were reported to the CDC this week. The total for the 2021-2022 season is **32** influenza associated pediatric deaths. This week, National Outpatient ILI data showed **one** jurisdiction experienced moderate influenza-like-illness activity and **one** jurisdiction experienced high or very high influenza-like-illness activity.

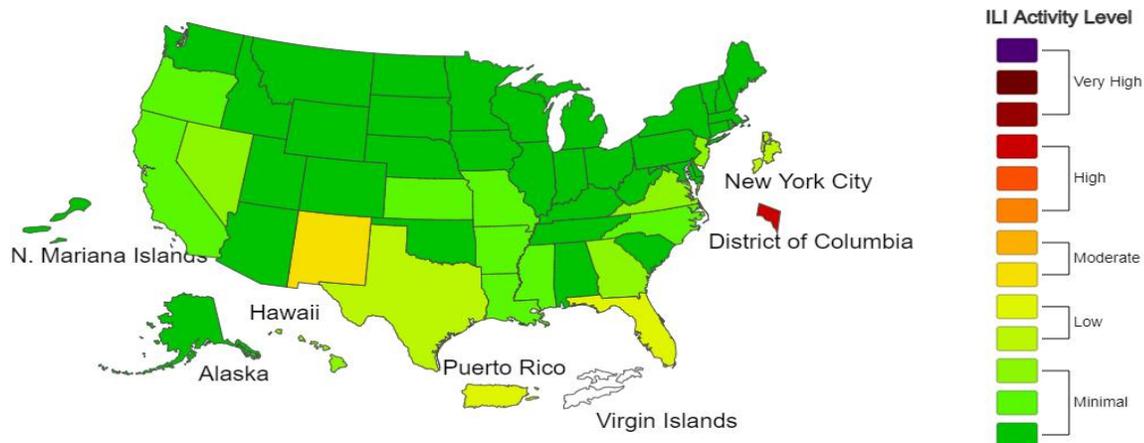


A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Outpatient Respiratory Illness Activity Map Determined by Data Reported to ILINet

This system monitors visits for respiratory illness that includes fever plus a cough or sore throat, also referred to as ILI, not laboratory confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms.

2021-22 Influenza Season Week 27 ending Jul 09, 2022



Summary of International Influenza Activity:

- Globally, influenza activity continued to decrease, following a peak in March 2022, but increasing activity in some areas of the temperate southern hemisphere has been reported.
- In the temperate zones of the southern hemisphere, overall influenza activity increased slightly in recent weeks.
- Detections of influenza A and respiratory syncytial virus (RSV) sharply increased in some regions of Australia.
- Influenza detections continued to increase in South Africa though the detections rate was at low levels.
- In temperate South America, influenza activity of predominately influenza A(H3N2) decreased in Argentina and Paraguay but increased in Chile and Uruguay.
- In the Caribbean and Central American countries, low influenza activity was reported with influenza A(H3N2) predominant.
- In tropical South America, low influenza activity was reported with influenza A(H3N2) most frequently detected followed by few influenza B viruses.
- In tropical Africa, influenza activity remained low with influenza A(H3N2) predominant.
- In Southern and South-East Asia, influenza virus detections were at low levels overall.
- In the countries of North America, influenza activity continued to gradually decrease compared to the previous period and influenza positivity was higher than usual for this time of year, compared to past seasonal influenza data reporting. Activity was predominantly due to influenza A viruses, with A(H3N2) predominant among the subtyped viruses. RSV activity remained low in Canada and the United States of America (USA).
- In Europe, overall influenza activity continues to decline with influenza A(H3N2) predominant among the subtyped viruses.
- In Central Asia, no influenza detections were reported.
- In Northern Africa, Tunisia reported a single influenza B detection.
- In Western Asia, increased influenza detections were reported in Qatar with influenza A(H3N2) most frequently detected.

Influenza Surveillance 2021-2022:

During MMWR Week 27, there were **10** laboratory-confirmed cases of influenza reported among Delaware Residents. Reports of influenza-like-illness (ILI) received from participating providers, facilities, and institutions in Delaware show the ILI rate is at **.70%** which is below Delaware’s 2021-2022 baseline rate of 2.0%. Nationally, **1.7%** of visits to a healthcare provider were for ILI, which is below the 2021-2022 national baseline of 2.5%.

Past Influenza Surveillance from 2020-2021:

*The 2020-2021 influenza season was not tracked beyond the standard MMWR week 20 end.

Past Influenza Surveillance from 2019-2020:

*The 2019-2020 influenza season was not tracked beyond the standard MMWR week 20 end.

Level of Influenza Activity in Delaware, MMWR Week 27

Sporadic
CDC Definitions: No Activity: No laboratory-confirmed cases ² of influenza and no reported increase in the number of cases of ILI. Sporadic: Small numbers of laboratory-confirmed influenza cases or a single laboratory-confirmed influenza outbreak has been reported, but there is no increase in cases of ILI. Local: Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of the state. Regional: Outbreaks of influenza or increases in ILI and recent laboratory-confirmed influenza in at least two but less than half the regions of the state with recent laboratory evidence of influenza in those regions. ³ Widespread: Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of the state with recent laboratory evidence of influenza in the state. <i>Influenza-like illness (ILI) is defined as patients presenting with fever of 100° F or greater, cough and/or sore throat.</i>

² Laboratory-confirmed case = case confirmed by viral culture or PCR.

³ Region = population under surveillance in a defined geographical subdivision of a state. Regions typically include several counties. Regional does not apply to states with ≤ four counties.

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Table 1: Comparison the MMWR Week 27 of the 2019-2020 Influenza Season, 2020-2021 Influenza Season, and current 2021-2022 Influenza Season Confirmed¹ Influenza Cases Reported Statewide by County

Confirmed Flu Cases by County	2019-2020 Influenza Season			2020-2021 Influenza Season			Current 2021-2022 Influenza Season ³		
	Week 27	YTD ²	YTD County Percentage (%)	Week 27	YTD ²	YTD County Percentage (%)	Week 27	YTD ²	YTD County Percentage (%)
STATEWIDE	-	7075	--	-	26	--	10	2794	--
New Castle County	-	3187	45.05%	-	6	23.08%	6	1337	47.85%
Kent County	-	1810	25.58%	-	15	57.69%	4	617	22.09%
Sussex County	-	2078	29.37%	-	5	19.23%	0	840	30.06%

¹Influenza Cases are confirmed via PCR testing

²YTD stands for “Year to Date” and represents the cumulative number of cases through the current MMWR Week being assessed for the 2020-21 and 2021-22 influenza seasons, respectively.

³There may be technical discrepancies of reporting numbers week to week due to retroactive reporting or reclassification of cases.

Table 2: Comparison of MMWR Week 27 of the 2019-2020 Influenza Season, 2020-2021 Influenza Season, and current 2021-2022 Influenza Season Confirmed¹ Influenza Cases Reported Statewide by Age

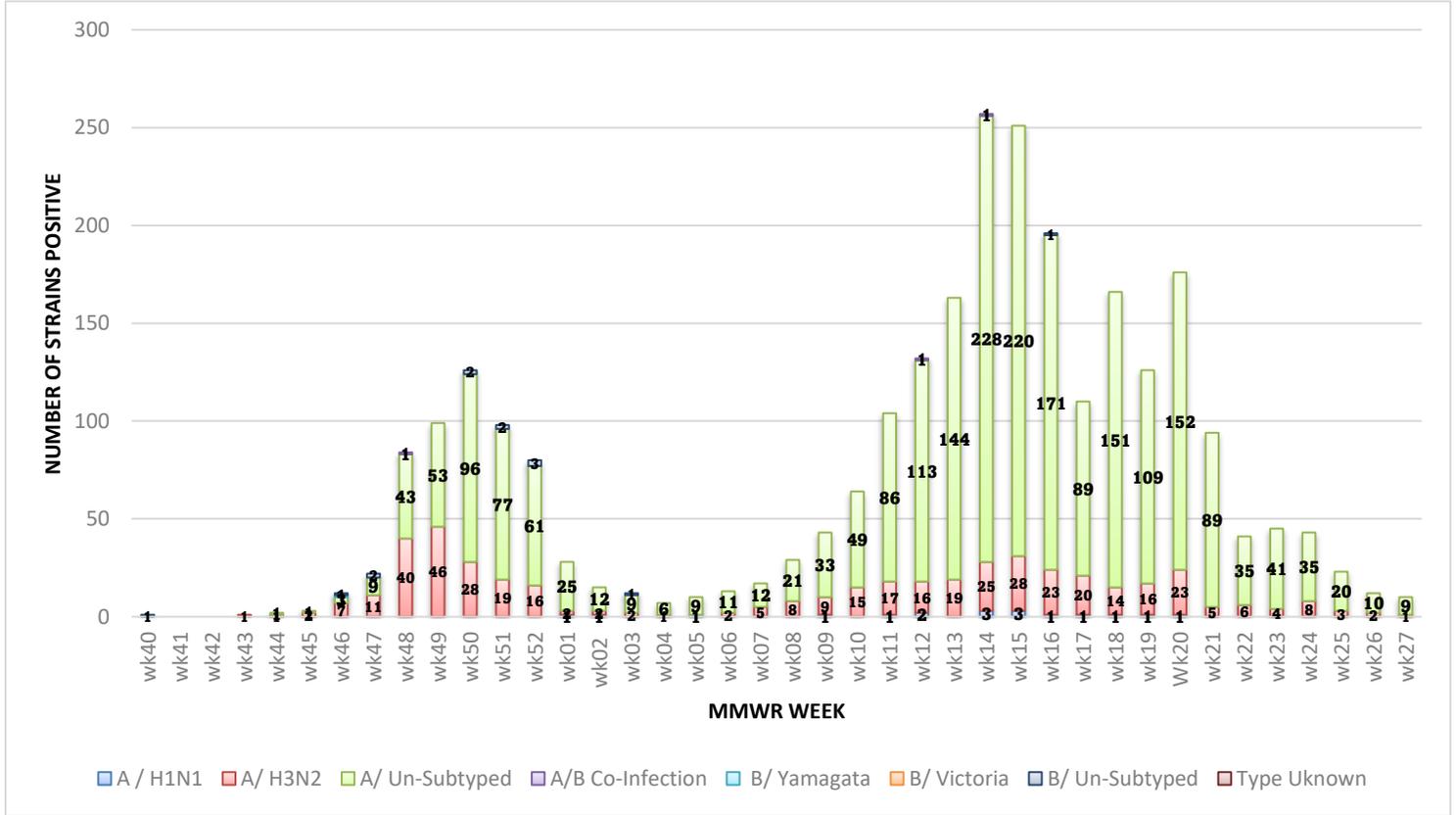
Confirmed Flu Cases by Age Group*		2019-2020 Influenza Season			2020-2021 Influenza Season			Current 2021-2022 Influenza Season		
		Week 27	Total Count	YTD ²	Week 27	Total Count	YTD ²	Week 27	Total Count	YTD ²
STATEWIDE	0-4 years	-	-	7075	-	-	26	-	10	2794
	5-11 years	-			-			-		
	12-17 years	-			-			-		
	18-34 years	-			-			-		
	35-49 years	-			-			-		
	50-64 years	-			-			-		
	65+ years	-			-			-		

¹Influenza Cases are confirmed via PCR testing

²YTD stands for “Year to Date” and represents the cumulative number of cases through the current MMWR Week being assessed for the 2020-21 and 2021-22 influenza seasons, respectively.

*Cell counts with less than 10 cases are suppressed for smaller age groups. Due to suppression guidelines, stratification by age group, within each county, is not shown in the table above.

Figure 1: Confirmed Cases of Influenza by Type and Subtype/Lineage, Delaware 2021-2022 Influenza Season



During MMWR Week 27 for the 2021-2022 Delaware Influenza season, there were **10** confirmed cases of Influenza. Currently in this season the predominate strain of influenza in Delaware is **Influenza A (un-subtyped)** followed by **Influenza A(H3N2)**.

Table 3: Comparison of the 2019-2020 MMWR Week 27 and the 2020-2021 MMWR Week 27 Influenza-related Hospitalizations and Deaths Statewide

Hospitalizations and Deaths due to Influenza	2019-2020 Influenza Season				2020-2021 Influenza Season				Current 2021-2022 influenza Season			
	Week 27	YTD Totals ¹	Percentage of Confirmed Case (%) ²	YTD Percentage of Confirmed Cases (%) ³	Week 27	YTD Totals ¹	Percentage of Confirmed Case (%) ²	YTD Percentage of Confirmed Cases (%) ³	Week 27	YTD Totals ¹	Percentage of Confirmed Case (%) ²	YTD Percentage of Confirmed Cases (%) ³
Hospitalizations	-	362	0%	5.12%	0	1	0%	3.85%	0	156	0%	5.58%
Deaths	-	11	0%	.16%	0	1	0%	3.85%	0	3	0%	.11%

¹YTD stands for "Year to Date" and represents the cumulative number of cases through the current MMWR Week that were hospitalized or died

²Percentage of cases confirmed during the single MMWR Week

³Percentage of cases for the cumulative count of confirmed cases through the influenza season to the current MMWR Week.

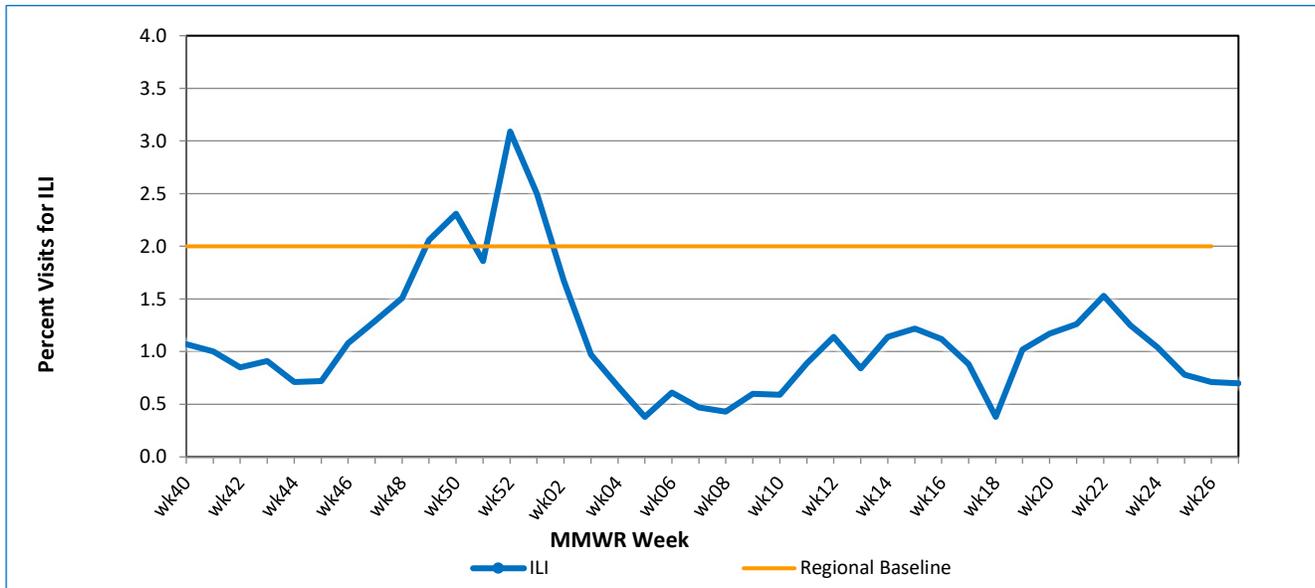
Table 4: Annual Number of Influenza Cases Reported by Flu Season, Delaware 2004-05 through 2021-22

Influenza Season	Total Annual Influenza Cases
2004 – 2005	995
2005 – 2006	541
2006 – 2007	508
2007 – 2008	1,401
2008 – 2009	738
2009 – 2010	2,247
2010 – 2011	1,479
2011 – 2012	267
2012 – 2013	1,781
2013 – 2014	1,843
2014 – 2015	2,390
2015 – 2016	1,843
2016 – 2017	4,590
2017 – 2018	9,050
2018 – 2019	6,387
2019 – 2020	7,075
2020-2021	26
2021-2022 (YTD)	2794

U.S. Outpatient Influenza-Like Illness Surveillance Network (ILINet) Sentinel Providers

An ILINet (sentinel) provider conducts surveillance for influenza-like illness (ILI) in collaboration with the Division of Public Health and the Centers for Disease Control and Prevention (CDC). Data reported by ILINet providers, in combination with other influenza surveillance data, provide a national and

Figure 2: Percentage of Visits for Influenza-Like Illness Reported by Sentinel Providers¹ participating in the U.S. Outpatient ILI Surveillance Network (ILINet), Delaware 2021-2022

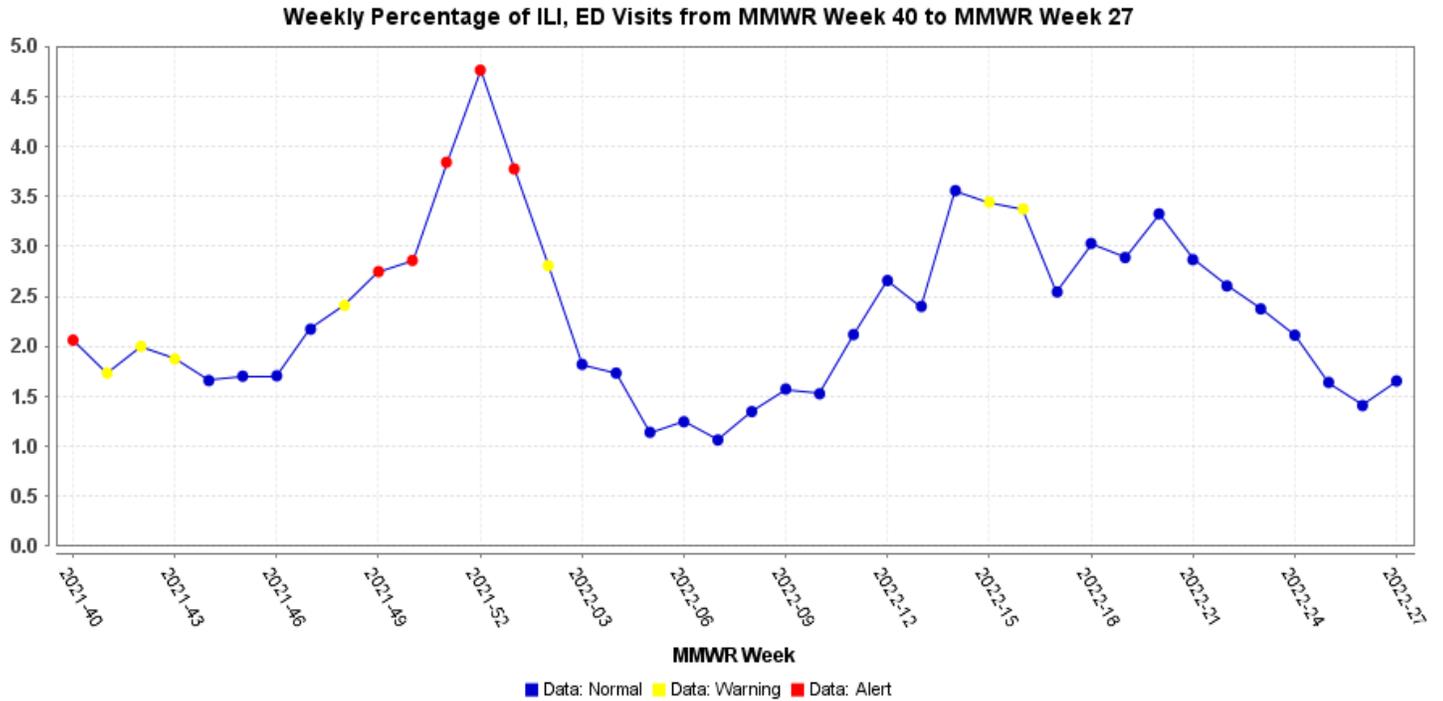


Delaware's regional baseline¹ for healthcare visits relating to ILI symptoms in the 2021-2022 Influenza Season is 2.0 % and the national baseline² is 2.5%. In MMWR Week 27, the amount of ILI related visits reported by sentinel providers in Delaware is at **.70%** and is below regional and national baselines.

¹The regional baseline is calculated by the CDC using non-influenza weeks from the previous three influenza seasons. Delaware is in Region 3, which also includes DC, MD, PA, VA, and WV.

²The National baseline is calculated by the CDC using non-influenza weeks from the previous three influenza seasons.

Figure 3: Percentage of Emergency Care Visits Due to Influenza-Like Illness (ILI)
MMWR Week 40 - MMWR Week 27, Delaware 2021-2022



Syndromic data collected from ESSENCE shows that from Week 40 through Week 27, the percentage of ED visits due to ILI symptoms has increased from past weeks and is significantly higher than last year’s season. The percentage of ED visits for ILI for Week 27 was highest in Sussex County (**2.28%**), followed by Kent County (**2.25%**), and New Castle County (**1.20%**).

Additional Respiratory Virus Surveillance

Table 5: Current 2021-2022 Respiratory syncytial virus (RSV) Season Confirmed¹ Influenza Cases Reported Statewide by County

Confirmed RSV Cases by County ³	Current 2021-2022 Respiratory syncytial virus (RSV) Cases		
	Week 27	YTD ²	YTD County Percentage (%)
STATEWIDE	0	31	-
New Castle County	0	3	9.68%
Kent County	0	26	83.87%
Sussex County	0	1	3.23%

¹Respiratory syncytial virus, (RSV) Cases are confirmed via PCR testing

²YTD stands for “Year to Date” and represents the cumulative number of cases through the current MMWR Week being assessed for the 2020-21 and 2021-22¹Respiratory syncytial virus, respectively.

³There may be technical discrepancies of reporting numbers week to week due to retroactive reporting or reclassification of cases.

Table 6: Current 2021-2022 Respiratory syncytial virus (RSV) Confirmed¹ Influenza Cases Reported Statewide by Age

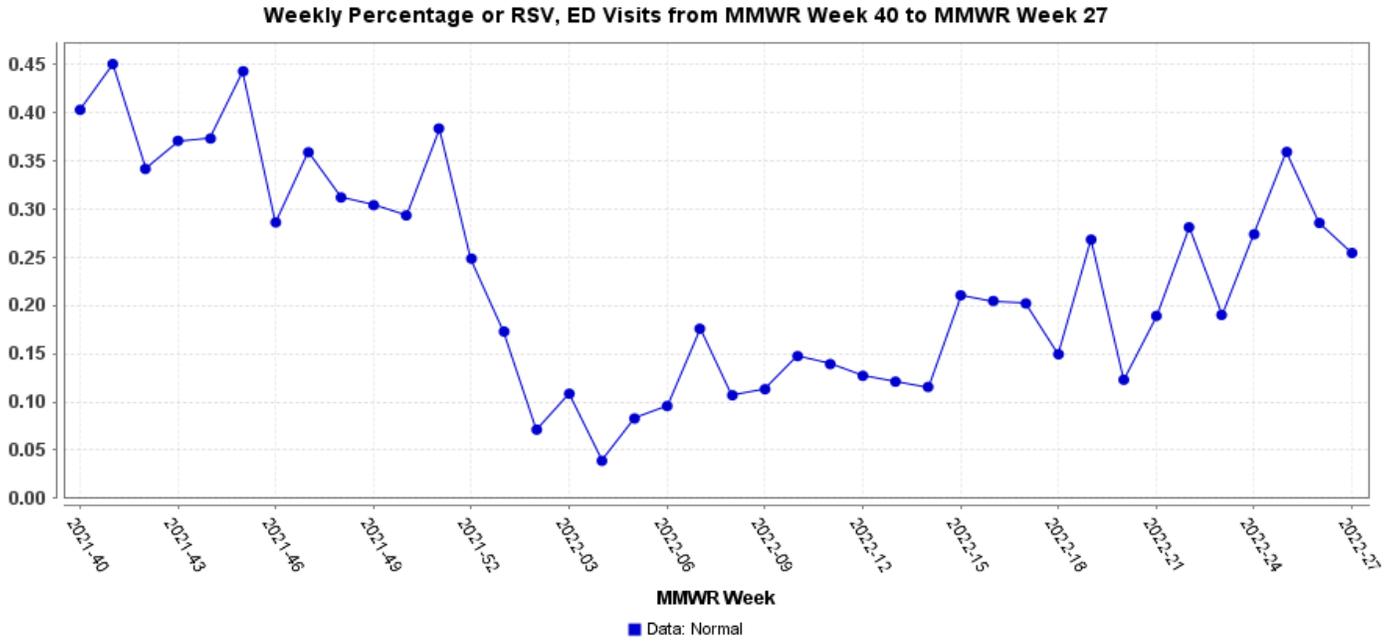
RSV Cases by Age Group*	Current 2021-2022 Respiratory syncytial virus (RSV) Cases		
	YTD by Age Group	Total Count Week 27	YTD ²
STATEWIDE		0	31
0-4 years	21		
5-11 years	-		
12-17 years	-		
18-34 years	-		
35-49 years	-		
60-64 years	-		
65+ years	-		

¹Respiratory syncytial virus, (RSV) Cases are confirmed via PCR testing

²YTD stands for “Year to Date” and represents the cumulative number of cases through the current MMWR Week being assessed for the 2020-21 and 2021-22 Respiratory syncytial virus seasons, respectively.

*Cell counts with less than 10 cases are suppressed. Due to suppression guidelines, stratification by age group, within each county, is not shown in the table above.

**Figure 4: Percentage of Emergency Care Visits Due to Respiratory Syncytial Virus (RSV)
MMWR Week 40- MMWR Week 27, Delaware 2021-2022**



Syndromic data collected from ESSENCE shows that from Week 40 through Week 27, the percentage of ED visits due to RSV-related ED* visits has decreased from past weeks. The percentage of ED visits for RSV for Week 27 was highest in Kent County (.44%), followed by New Castle County (.42%), and Sussex County (.06%).

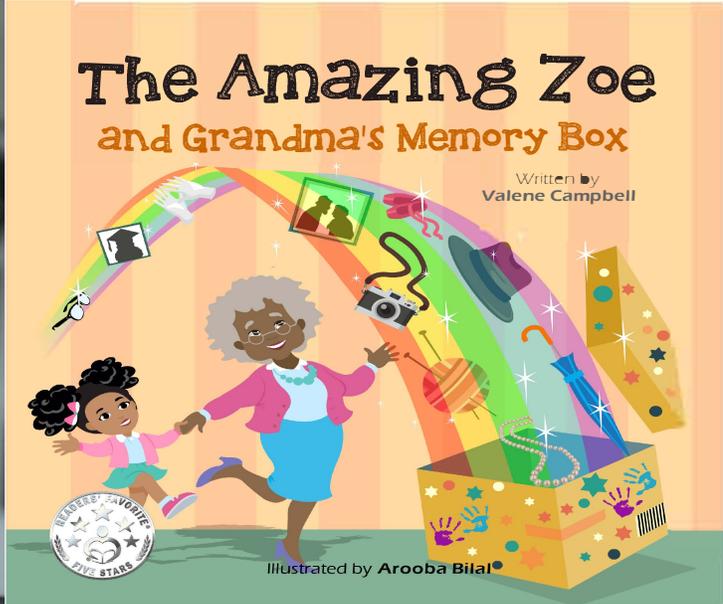
*The syndrome is defined a combination of chief complaints and discharge diagnoses

NOTE: Data provided do not reflect the total number of individuals who have been infected with the Influenza virus or Respiratory Syncytial virus in Delaware during the reporting period due to the following factors:

- Many people ill with influenza-like symptoms do not seek medical care.
- Many who do seek medical care are not tested for influenza.
- The Delaware Public Health Laboratory is limited by capacity to processing a maximum of three specimens per day from each reporting entity.

The Delaware Division of Public Health (DPH) is committed to serving you better by providing the most accurate, up-to-date influenza data available.

- For general information on influenza, visit flu.delaware.gov or <http://dhss.delaware.gov/dhss/dph/dpc/immunize-flu.html>.
- For more information on Respiratory syncytial virus (RSV) visit: <https://www.cdc.gov/rsv/index.html>
- For specific information on DPH flu clinics, visit <http://dhss.delaware.gov/dhss/dph/fluclinics.html>.
- For questions on Delaware's weekly flu report, call the DPH Office of Infectious Disease Epidemiology at 302-744-4990.
- For questions regarding influenza vaccination, please call 302-744-1060.



Effective Communication Strategies

Watch Our LIVE Interactive Program
from Home via Zoom

Thursday, July 21, 2022 | 1-2 p.m.



Communication is more than just talking and listening - it's also about sending and receiving messages through attitude, tone of voice, facial expressions and body language. As people with Alzheimer's disease and other dementias progress in their journey and the ability to use words is lost, families need new ways to connect.



Join us to explore how communication takes place when someone has Alzheimer's, learn to decode the verbal and behavioral messages delivered by someone with dementia, and identify strategies to help you connect and communicate at each stage of the disease. The Effective Communication Strategies program of the Alzheimer's Association was designed to provide practical information and resources to help dementia caregivers learn to decode verbal and behavioral messages from people with dementia.

**Author
Valene
Campbell**

Learn how to talk to children about Alzheimer's disease with Valene Campbell, author of "The Amazing Zoe: Grandma's Memory Box." Valene will share tips on helping young people understand Alzheimer's disease and tips on how people of all ages can support someone living with memory loss.

In partnership with

DelawareLibraries.org



The program is presented in partnership with Delaware Libraries. Visit any of the thirty-three libraries in Delaware to find this featured children's book this summer.

**To watch from home via Zoom, call 800.272.3900
or visit: tinyurl.com/ALZCommAuthor.**

Delaware Valley Chapter Virtual Support Groups



The Alzheimer's Association Delaware Valley Chapter continues to offer **VIRTUAL SUPPORT GROUPS** for dementia caregivers throughout JULY 2022. Attendees can participate via computer or phone.

Register for a virtual support group today by clicking a link below, calling **800.272.3900** or visiting alz.org/crf. Specialized groups are indicated. Space is limited.

For information about **e-learning**, which is available on demand, visit alz.org/education.

Saturday, July 2
10-11:30 AM

<https://action.alz.org/mtg/85031851>

Tuesday, July 5
6-7:30 PM

<https://action.alz.org/mtg/85194107>

Wednesday, July 6
2-3:30 PM

<https://action.alz.org/mtg/85517912>

Wednesday, July 6
3:30-5 PM

<https://action.alz.org/mtg/85490990>

Wednesday, July 6
(Young Adult Caregivers in 20s and 30s of Early Onset Dementia)
6-7:30 PM

<https://action.alz.org/mtg/85518118>

Thursday, July 6
7-8:30 PM

<https://action.alz.org/mtg/85031124>

Tuesday, July 12
10:30-12 PM

<https://action.alz.org/mtg/85518001>

Tuesday, July 12
4-5 PM

<https://action.alz.org/mtg/85030885>

Tuesday, July 12
(Adult Children)
6:30-8:30 PM

<https://action.alz.org/mtg/85032107>

Tuesday, July 12
(Adult Children Caregivers, Age 40+)
7-8 PM

<https://action.alz.org/mtg/85194605>

Thursday, July 14
2-3 PM

<https://action.alz.org/mtg/85031034>

Saturday, July 16
(Conference Call Only)
10 AM-12 PM

<https://action.alz.org/mtg/85517951>

Saturday, July 16

1-2:30 PM

<https://action.alz.org/mtg/85518188>

Sunday, July 17

3-4 PM

<https://action.alz.org/mtg/85031951>

Tuesday, July 19

2-3:30 PM

<https://action.alz.org/mtg/85426634>

Tuesday, July 19

3-4:30 PM

<https://action.alz.org/mtg/85491323>

Tuesday, July 19

6-7 PM

<https://action.alz.org/mtg/85426507>

Wednesday, July 20

2-3 PM

<https://action.alz.org/mtg/85490803>

Wednesday, July 20

6:30-8 PM

<https://action.alz.org/mtg/85193942>

Wednesday, July 20
(Adult Children of Early Onset,
Ages 18-39)

6:30-8 PM

<https://action.alz.org/mtg/85518296>

Thursday, July 21
(Spouse's Group, Men Only)

4-5 PM

<https://action.alz.org/mtg/81591162>

Sunday, July 24
(African American)

11:30 AM-12:30 PM

<https://action.alz.org/mtg/85518248>

Monday, July 25

6:30-8 PM

<https://action.alz.org/mtg/85491081>

Tuesday, July 26

10:30 AM-12 PM

<https://action.alz.org/mtg/85518035>

Tuesday, July 26

3-4:30 PM

<https://action.alz.org/mtg/85518429>

Tuesday, July 26

(Over 50 Adult Children /
Long-Distance Caregivers:
Conference Call Only)

6:30-8 PM

<https://action.alz.org/mtg/85518384>

Thursday, July 28

10-11:15 AM

<https://action.alz.org/mtg/85491521>

Thursday, July 28

5:45-7 PM

<https://action.alz.org/mtg/85491446>

Thursday, July 28
(FTD Caregivers)

6-7:30 PM

<https://action.alz.org/mtg/85048104>

Thursday, July 28

7-8:30 PM

<https://action.alz.org/mtg/85518076>

Every Monday
12–1 PM

July 4

<https://action.alz.org/mtg/80586770>

July 11

<https://action.alz.org/mtg/80586774>

July 18

<https://action.alz.org/mtg/80586778>

July 25

<https://action.alz.org/mtg/85072001>

Every Thursday
7–8 PM

July 7

<https://action.alz.org/mtg/85195054>

July 14

<https://action.alz.org/mtg/85195060>

July 21

<https://action.alz.org/mtg/85195076>

July 28

<https://action.alz.org/mtg/85195082>

PCC DHIN Connection Update



*Mike MacDonald
Digital Communications Specialist*

June 13th, 2022

DHIN Background



By the Numbers



Regional Footprint

Includes patient data from all or parts of six states and the District of Columbia



Analytics Offerings

Putting data to work for health systems, government agencies, and large employers



3 million

Patients from all 50 states are included in the DHIN master patient index



14 million

Deliveries of clinical results and reports each year in Delaware



150 million

Clinical results and messages since inception



\$9 million

Savings realized with DHIN's annual results delivery



11,000+

Professionals in healthcare currently use DHIN in their day-to-day care of patients



\$10 million

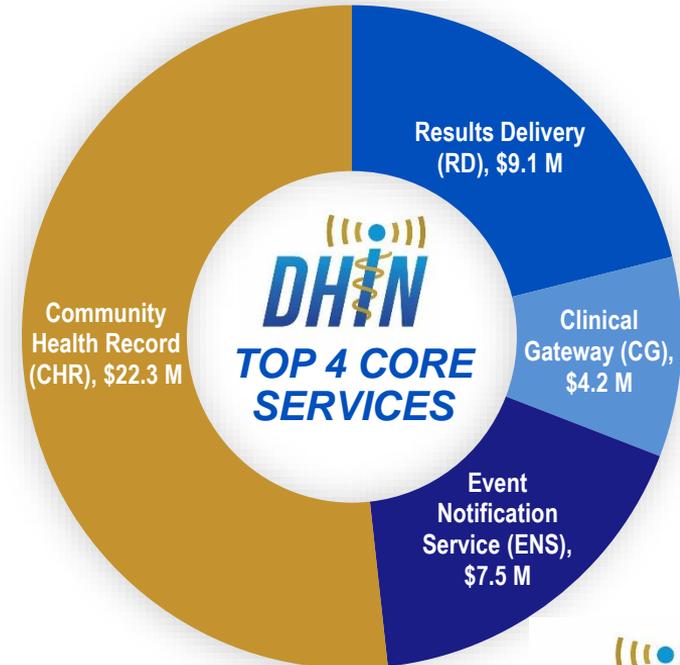
In annual savings from fewer duplicate tests

2021 3rd Party Value Assessment

Over \$43 million in value provided annually

- Community Health Record (CHR)
- Results Delivery (RD)
- Event Notification Service (ENS)
- Clinical Gateway (CG)

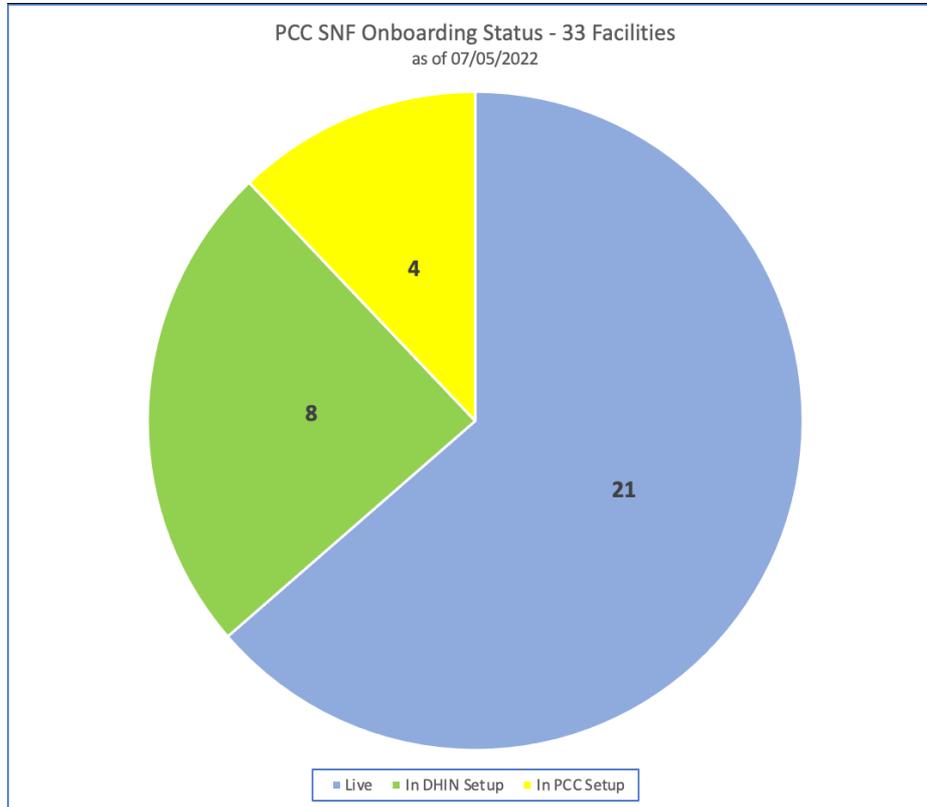
With \$9-10M in annual operating revenue, DHIN core services returns \$4 for every \$1 in operating revenue



PCC DHIN Connection Status



Facility Status



Facility Status

Definition	Status Legend	Count	% of Total
Setup is tested and working, data is flowing downstream	Live	21	64%
DHIN has received OIDs and setup is in progress	In DHIN Setup	8	24%
PCC has initiated an onboarding project for the facility	In PCC Setup	4	12%
	Total Count	33	100%

Facility Name
Cadia Healthcare Broadmeadow
Cadia Healthcare Capitol
Cadia Healthcare Pike Creek
Cadia Healthcare Silverside
Cadia Healthcare Renaissance
Millcroft
Stonegates
The Center at Eden Hill
ManorCare Pike Creek (ProMedica)
ManorCare Wilmington (ProMedica)
Polaris Healthcare & Rehab Center
Regal Heights
Regency Healthcare
Delaware Veterans Home
Fouk Manor North (a Life Care Services organization)
New Castle Health & Rehabilitation Center
Jeanne Jugan Residence (Little Sisters of the Poor)
Brackenville Care Center (a Complete Care organization)
Hillside Center (a Complete Care organization)
Silver Lake Center (a Complete Care organization)
Newark Manor Nursing Home

Facility Name
ShIPLEY Manor (a Life Care Services organization)
Churchman Village
Parkview Nursing and Rehabilitation Center
Harbor Healthcare
Coral Springs (previously Brandywine Nursing & Rehab)
Atlantic Shores Rehab & Health Center
The Milton and Hattie Kutz Home
Harrison Senior Living

Facility Name
Willowbrooke Court @ Cokesbury Village
Care Summaries (Country House)
ACT Retirement - Manor House
Kentmere



107 Wolf Creek Blvd., Suite 2
Dover, DE 19901
P: (302) 678-0220
F: (302) 645-0398
Email: info@dhin.org

DHIN.org

Thank you.