State of Delaware

Office of the State Long Term Care Ombudsman

ANNUAL REPORT 2012

DELAWARE HEALTH AND SOCIAL SERVICES

Office of the Secretary

www.dhss.delaware.gov/dsaapd
1-800-223-9074

The Long Term Care Ombudsman Program is funded by the U.S. Administration on Aging through the Older Americans Act

Annual Report
State of Delaware
Office of the State Long Term Care Ombudsman
Federal Fiscal Year 2012

New Castle

Delaware Health and Social Services

Office of Cabinet Secretary

Main Administration Building, First Floor

1901 N. DuPont Highway

New Castle, Delaware 19720

(302) 255-9390 or (800) 223-9074

(302) 255-4445 (fax)

www.dhss.delaware.gov

Kent/Sussex Counties

Milford State Service Center

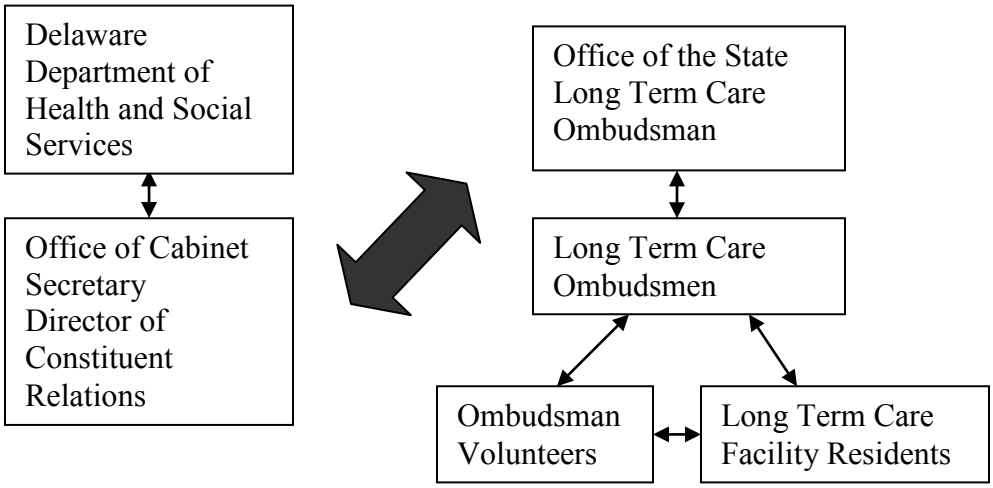
18 North Walnut Street

Milford, Delaware 19963

(302) 424-7310 or (800) 223-9074

(302) 422-1346 (fax)

Administration
Office of the State Long Term Care Ombudsman



STAFF
Office of the State Long-Term Care Ombudsman Program

VICTOR ORIJA
State Long-Term Care Ombudsman

BONNIE CRONEY
Long-Term Care Ombudsman, New Castle

FRANCIS (Fran) SCHOLL
Long-Term Care Ombudsman. New Castle

BEVERLY MORRIS
Long-Term Care Ombudsman, New Castle

KAREN LAZAR
Long-Term Care Ombudsman, Milford

GAIL WEINBERG
Home & Community-Based Services Ombudsman

AMANDA BENTON
Volunteer Services Coordinator
Volunteers

DELAWARE HEALTH AND SOCIAL SERVICES

Office of the Secretary

1901 N. DUPONT HIGHWAY, NEWCASTLE, DE 19720 –TELEPHONE: 302-255-9040 FAX: 302-255-4429

September 15, 2013

Dear friends of long-term care residents:

We are pleased to present the 2012 Summary of Delaware's Long Term Care Ombudsman Program and the National Ombudsman Reporting Tool Report (NORS).

The Long Term Care Ombudsman Program for advocates for the rights of all residents in long term care and related facilities. We strive to fulfill this responsibility every day by providing prompt and fair resolution of complaints related to resident rights, and by advocating for public policy initiatives to enhance the quality of care for residents. We work closely with state investigative agencies such as the Division of Long Term Care Residents Protection, the Office of the Attorney General, Medicaid Fraud Control Unit, Office of the Public Guardian and the Adult Protective Services. Furthermore, we collaborate with other agencies which include the Delaware Health Care Facilities Association (DHCFA), Delaware Aging Network (DAN), Delaware Nursing Home Residents' Quality Assurance Commission, and other stakeholders to provide a blanket of protections for the rights of long term care residents and clients who receive home and community-based services in least restrictive setting.

My sincere appreciation to the Director of Constituent Relations Kathleen Weiss who I report to for her leadership and support. Since we are no longer within the State Unit on Aging (Division of Services for Aging and adults with Physical Disabilities), we have established a Memorandum of Understanding since all the fund from the U.S Administration on Aging is still routed through the Division. My sincere gratitude to Bill Love, Director of the Division and his staff for all the support to LTCOP.

This report reflects the efforts of all the agencies involved as well as our dedicated Ombudsman staff, Volunteer Ombudsmen, residents of long-term care facilities, families, advocates, and stakeholders who present a voice for the residents of long term care facilities, and community-based service clients.

We hope that this report will be informative and helpful to you as all of us work together to improve the quality of life of our fellow Delawareans who need long term care. Please contact us if we can be of assistance.

Sincerely,

Victor Orija, MPA
State Long Term Care Ombudsman

TABLE OF CONTENTS

PROGRAM HIGHLIGHTS
OF THE OFFICE OF THE STATE LONG TERM CARE OMBUDSMAN
DURING FEDERAL FISCAL YEAR 2012

.

•Served 7,606 residents of long term care facilities.
•Visited 50 nursing homes, 29 assisted living facilities, and 90 Board and Care homes.
•Received 510 complaints on behalf of long term care facility residents.
•Verified 434 (85%) of the complaints that were received.
•Witnessed the execution of 221 Advance Health Care Directives.
•Resolved 439 (86%) of the complaints (63% fully and 23% partially).
•Major complainants were facility staff 44%, relatives and friends 27%, residents 22%, public officials 9%, others 7%.
•Major complaints were related to residents' rights 48%, resident care 22%, System/others 20%, quality of life 8%, and others 2%.
•37 community education sessions were conducted in the community and/or in long term care facilities.
•Promoted quality improvement in long term care facilities. Notable were Advancing Excellence in America's Nursing Home Campaign, Reducing Re-hospitalization, Reducing the use of antipsychotic medications, and Culture Change.
•Continued the intensive schedule of visitation to board and care homes.
•Volunteers donated 4,000 hours of service.
•Commented on state and federal legislation affecting long term care residents.
•Participated on the Policy and Law Committee of the State Council for Persons with Disabilities.
• The Home and Community-Based Services Ombudsman program received 161 complaints and successfully resolved most of them.
• Co-sponsored the annual Residents' Rights Rally in October 2012. 250 residents from across the state gathered at the Dover Sheraton Hotel to celebrate Residents Rights. .
• Sponsored media publicity for Older Americans Month.
• Sponsored media publicity for World Elder Abuse Day.
•Participated on Money Follows the Person Steering Committee.
•Participated on the subcommittees of The Governor's Commission on Community-Based Alternatives for Persons with Disabilities
•Regular participant in the deliberations of the Delaware Nursing Home Residents Quality Assurance Commission.
• Participated in Medicaid and waiver preparation for transition to managed care to be effective April 1, 2012. We analyze critical incident data submitted by the managed care organizations, trend and seek improvements.

Other activities that we participated in, included:

State Unit on Aging State Plan:
We were on the Steering Committee for the 2012-2015 State Plan. Also, we attended public forums hosted by the State Unit on Aging to obtain input from members of the public. The State Plan serves as the contract document between the State Unit on Aging or Division of Services for Aging and Adults with Physical Disabilities and the U.S. Administration on Aging.

Delaware Elder Mediation Services, Inc (DEMSI) Training
Between May and October 2012, the Ombudsman Program co-sponsored mediation training for the staff of the Division of Services for Aging and Adults with Physical Disabilities, Adult Protective Services, Ombudsman, and Delaware Aging Network staff. There were six sessions and all were held at statewide locations. Purpose was to improve mediation skills of staff. Today, staff handles complex cases..

Demystifying Dementia Conference on May 23, 2012
In commitment to the highest quality of care for residents of long-term care facilities and long-term care clients, the Long-Term Care Ombudsman Program co-sponsored the event with the Division of Services for Aging and Adults with Physical Disabilities and the primary sponsor, the Division of Substance Abuse and Mental Health. Conference provided insight and creative approaches to caring for individuals with dementia and those with behavioral and psychiatric symptoms.

Certified Nursing Assistants (CNA Award)
At the Delaware Skills Center auditorium on May 29, 2012, a $2,000.00 scholarship award was presented to a graduating senior, who is also a practicing certified nursing assistant (CNA) and who is enrolling in college to become a nurse. The Delaware Certified Nursing Assistant Association donated the scholarship. The State Long-Term Care Ombudsman joined in the presentation. In previous years, the Long-Term Care Ombudsman Program has co-sponsored the association's annual statewide conferences.

New Initiative to Reduce Avoidable Re-hospitalization Among Nursing Home Residents.
The Medicare-Medicaid Coordination Office in collaboration with the Center for Medicare and Medicaid Innovation (CMMI) issued grants to interested states to help improve the health of nursing home residents, and potentially change the ways healthcare is delivered to nursing home residents throughout the country. According to CMMI, it's estimated that re-hospitalization accounted for 314,000 potentially avoidable hospitalizations at a cost of $2.6 billion in Medicare expenditures in 2005. Applicants will propose quality improvement interventions. Total funding for the 4-year initiative is $128 million. An award could range from $5 million to $30 million to cover a four-year cooperative agreement. The State Long-Term Care Ombudsman joined a panel of grant reviewers.

Culture Change Conference on July 18, 2012

The Long-Term Care Ombudsman Program (LTCOP) is a member of a newly revitalized Delaware's Culture Change Coalition. An all-day conference was held on July 18, 2012 at Cokesbury Village in Hockessin. There were about 94 attendees. Guest speaker was Karen Schoeneman – Consultant from Maryland. Ms. Schoeneman is a widely known expert on Culture Change. Culture Change is an initiative to support and promote nursing home providers as they transform from a traditional system-directed culture to one that is person centered or directed. LTCOP staff was represented. There were representatives from all state-owned long-term care facilities as well as the Division of Long-Term Care Residents Protection.

Volunteer Recognition

On July 17th, LTCOP thanked and recognized volunteers from New Castle County for their dedicated service at a luncheon held at Buena Vista Conference Center in New Castle. A similar event was held earlier in June for volunteers based in Kent and Sussex Counties. LTCOP volunteers serve as "friendly visitors" to long-term care residents.

Managed Care Organizations and Protective Agencies

In July, there were two quality improvement meetings with the managed care organizations.
July 16, 2012: LTCOP, Division of Long Term Care Residents Protection and The Office of Health Facilities Licensing and Certification met with members of Aetna (DPCI) at their Newark office to assess progress since the April 1st transition and discuss opportunities for process improvements.
July 19, 2012: LTCOP also joined the Quality Improvement Initiative (QII) quarterly meeting sponsored by DMMA. Attendees included members of both MCOs—United HealthCare and Aetna (DPCI). It was an opportunity for all agencies to review and discuss performance measures. Of particular interest was a discussion on how to reduce the use of emergency rooms or visits. This is one of the initiatives CMS wants to implement. Studies have shown that visits to hospitals and emergency room/departments adversely impact the health of fragile and elderly citizens. Such visits also result in adverse medication events. The State Long-Term Care Ombudsman discussed CMS' initiative since we are involved in the grant review, and also discussed CMS' newly implemented initiative to reduce the use of antipsychotic medication nationally by 15%, by the end of 2012. The State Ombudsman's office is working with other stakeholders in the state to achieve this goal.

CMS/AoA Teleconference with State and Federal Partners

In July, there was a joint teleconference by CMS and AoA officials with state and federal partners. The goal was to foster a collaborative relationship between State Long-Term Care Ombudsman Programs and State Survey and Licensing agencies. Invited participants were State Survey Agencies, State Long-Term Care Ombudsmen, AoA regional staff, and CMS survey and certification regional staff.
The topic for discussion was a review of the authorities, roles, responsibilities, expectations and collaboration of the State and Federal Ombudsman Programs and Survey agencies in the oversight and survey of nursing homes and resident safety and well-being. The LTCOP staff joined counterparts from the State Licensing and Survey Division to participate in the teleconference and follow-up discussion.

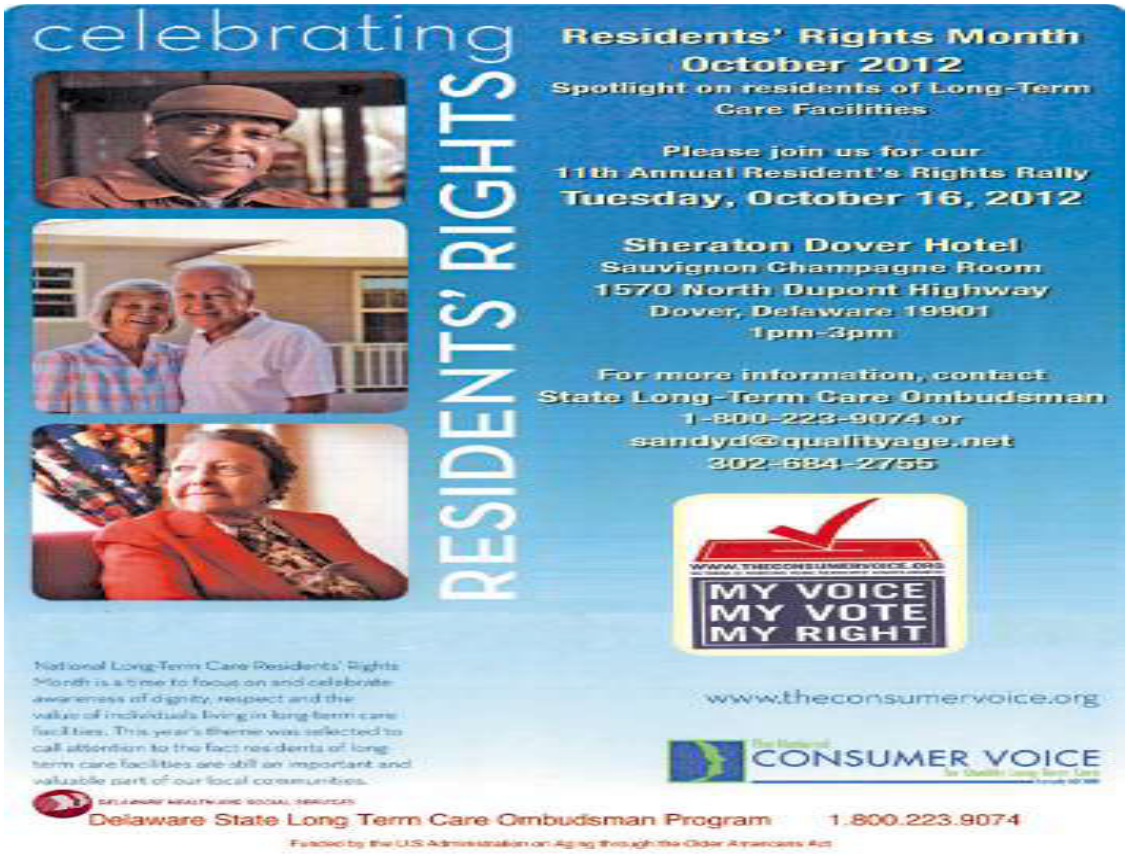
Delaware Health Care Facilities Association's (DHCFA) 12th ALL Star Awards Program
On July 25th, DHCFA honored several nominees for their excellence in the industry. There were 14 award categories and winners. They included: Certified Nursing Assistant, Care-Giver, Nurse, Administrator, Administrative Support, Resident/Family Liaison, Therapist, Maintenance, Food Service, Environmental Services, Activities, and the Medical Director. Also, there was a special award of Community Advocate. This is an annual event. Event was held at the Sheraton Dover. LTCOP was represented by the State Long-Term Care Ombudsman.

Advancing Excellence in Americas Nursing Homes
Advancing Excellence created five workgroups to develop tools to improve the quality of care in America's long-term care facilities. Delaware's State Long-Term Care Ombudsman was a member of Workgroup 2 to reduce re-hospitalization .The workgroups were:

1. Improve Staff Stability and Consistent Assignment.
2. Reduce Hospitalizations Safely. State Long-Term Care Ombudsman is a member of workgroup.
3. Use Medication Appropriately.
4. Increase Resident Mobility.
5. Prevent and Manage Infections Safely.

CMS' Initiative on Reducing the Use of Antipsychotic Medication
In 2012, the Centers for Medicaid and Medicare Services (CMS) announced a new national initiative to reduce the use of anti-psychotic medications in long-term care residents with dementia. The objective was to reduce the use by 15% nationally by the end of 2012. In August 2012, a stakeholders group, headed by The Quality Insights of Delaware assembled a Steering Committee Group to promote the initiative in Delaware LTCOP was a member of the committee.

Annual Residents' Rights Month
October is Residents' Rights Month. It's celebrated nationally by consumers and advocates. As in the past, LTCOP sponsored a Rally for long-term care residents to meet and celebrate the event at Sheraton Dover. Speaker was State Senator Bethany Hall-Long, a professor at the School of Nursing, University of Delaware. Also, she is an appointed member on the Delaware Nursing Home Residents' Quality Assurance Commission. Theme was "My Voice, My Vote, My Right."


celebrating
RESIDENTS' RIGHTS
Residents' Rights Month
October 2012
Spotlight on residents of Long-Term Care Facilities
Please join us for our
11th Annual Resident's Rights Rally
Tuesday, October 16, 2012
Sheraton Dover Hotel
Sauvignon Champagne Room
1570 North Dupont Highway
Dover, Delaware 19901
1pm-3pm
For more information, contact
State Long-Term Care Ombudsman
1-800-223-9074 or
sandyd@qualityage.net
302-684-2755
MY VOICE
MY VOTE
MY RIGHT
National Long-Term Care Residents' Rights Month is a time to focus on and celebrate awareness of dignity, respect and the value of individuals living in long-term care facilities. This year's theme was selected to call attention to the fact residents of long-term care facilities are still an important and valuable part of our local communities.
www.theconsumervoice.org
CONSUMER VOICE
Delaware State Long Term Care Ombudsman Program
1.800.223.9074

MISSION AND HISTORY
DELAWARE'S LONG TERM CARE OMBUDSMAN PROGRAM

PHILOSOPHY: All residents of long term care facilities are entitled to be treated with dignity, respect and recognition of their individual needs and differences.

VISION: All long term care residents will have the highest possible quality of life. Their individual choices and values will be honored and supported in all care environments.

Mission

For the past 30 years, Ombudsman programs have been advocating for residents rights. Delaware's Ombudsman Program began in 1976.

The Long Term Care Ombudsman Program (LTCOP) in Delaware is mandated by state and federal laws to protect the health, safety, welfare and rights of residents of nursing homes and related institutions. The program investigates complaints on behalf of residents and their families, and includes a community-based corps of Volunteer Ombudsmen.

History

The Long Term Care Ombudsman Program in Delaware traces its origin to an innovative federal program established in 1972. The program was made permanent and codified in law through amendments to the Older Americans Act (OAA) of 1975, which enabled state agencies on aging and other public and private not-for-profit organizations to assist with the promotion and development of Ombudsman services for residents of nursing homes. By 1978, the OAA mandated the expenditure of funds for an Ombudsman at the state level to receive, investigate, and act on complaints by older individuals who are residents of long term care facilities.

In 1976, Delaware's Division of Aging, now the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) established the Patient Rights Unit. On September 7, 1984, the Patient Rights Unit was officially mandated by the Secretary of Delaware Health and Social Services to investigate grievances of residents of long term care facilities pursuant to Delaware law.

Delaware's Ombudsmen have been investigating complaints in long term care facilities for 30 years. In 1979, the program received a total of 53 complaints. In 2011, the Ombudsman Program investigated 501 complaints. Upon the creation in 1999 of the Division of Long Term Care Residents Protection (DLTCRP) within the Department of Health and Social Services, the Ombudsman Program ceased to take the lead on abuse, neglect and financial exploitation cases, and became the primary agency responsible for investigations of residents' rights and quality of care. This was a significant change in our mission, and significantly changed our operations. In 2000, the DLTCRP and the Ombudsman Program signed a Memorandum of Agreement establishing a process for complaint referrals between both agencies. In 2008, the Epilogue Language created the position of the Home and Community-Based Services Ombudsman. Position was staffed in 2010.

PROGRAM OPERATIONS

What is an Ombudsman?
The word "Ombudsman" is Swedish and means "one who speaks on behalf of another."
The Ombudsman is an ***advocate*** *for residents of long term care facilities (nursing homes and residential care facilities).*

Role of the Long Term Care Ombudsman

Office of the Long Term Care Ombudsman
(42 U.S.C. 3058f, Title VII, Sec. 712)
712(a) "A state agency shall, in accordance with this section establish and operate an Office of the State Long Term Care Ombudsman and carry out through the Office of State Long Term Care Ombudsman."
Del. Code Title 16 §1150 - §1156.Office of the Long-Term Care Ombudsperson.

A. Identify, investigate, and resolve complaints that are made by, or on behalf of residents and relate to action, inaction, or decision that may adversely affect that health, safety, welfare, or rights of the residents (including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees), of providers, or representatives of providers, of long term care service; public agencies; or health and social service agencies;
B. Provide services to assist the residents in protecting the health, safety, welfare, and rights of the residents;
C. Inform the residents about means of obtaining services provided by providers or agencies described in subparagraph (A) or services described in subparagraph (B);
D. Ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints;
E. Represent the interests of the resident before governmental agencies and seek administrative, legal and other remedies to protect the health, safety, welfare, and rights of the residents:
F. Provide administrative and technical assistance to entities in participating in the program;
G. Analyze, comment on, and monitor the development and implementation of Federal, State, and local law regulations, and other governmental policies and actions, that pertain to the health, safety, welfare, and rights of the residents, with respect to the adequacy of long term care facilities and services in the State; recommend any changes in such laws, regulations, policies, and actions as the Office determines to be appropriate; and facilitate public comment on the laws, regulations, policies, and actions;
H. Provide for training for representatives of the office; promote the development of citizen organizations, to participate in the program; and provide technical support for the development of the resident and family councils to protect the well-being and rights of residents; and
I. Carry out other activities as appropriate."

OMBUDSMAN REPORTING TOOL (ORT) REPORT

STATE OF DELAWARE
ANNUAL OMBUDSMAN REPORT TO THE
U.S. ADMINISTRATION ON AGING
FISCAYEAR 2012

Submitted by
Division of Services for Aging and Adults with Physical Disabilities
Delaware Health and Social Services

Part I - Cases, Complainants and Complaints

A. Cases Opened

Provide the total number of cases opened during reporting period.	425

Case: Each inquiry brought to, or initiated by, the ombudsman on behalf of a resident or group of residents involving one or more complaints which requires opening a case and includes ombudsman investigation, strategy to resolve, and follow-up.

Part I - Cases, Complainants and Complaints

B. Cases Closed, by Type of Facility

Provide the number of cases closed, by type of facility/setting, which were received from the types of complainants listed below.

Closed Case: A case where none of the complaints within the case require any further action on the part of the ombudsman and every complaint has been assigned the appropriate disposition code.

Complainants:	**Nursing Facility**	**B&C, ALF, RCF, etc.***	**Other Settings**
1. Resident	39	15	142
2. Relative/friend of resident	92	21	11
3. Non-relative guardian, legal representative	1	1	0
4. Ombudsman/ombudsman volunteer	10	3	0
5. Facility administrator/staff or former staff	132	49	8
6. Other medical: physician/staff	4	2	0
7. Representative of other health or social service agency or program	4	4	0
8. Unknown/anonymous	3	0	0
9. Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.	25	12	0

Total number of cases closed during the reporting period: 578

* Board and care, assisted living, residential care and similar long-term care facilities, both regulated and unregulated

Part I - Cases, Complainants and Complaints

C. Complaints Received

For cases which were closed during the reporting period (those counted in B above), provide the total number of complaints received: 671

Complaint: A concern brought to, or initiated by, the ombudsman for investigation and action by or on behalf of one or more residents of a long-term care facility relating to health, safety, welfare or rights of a resident. One or more complaints constitute a case.

Part I - Cases, Complainants and Complaints

D. Types of Complaints, by Type of Facility

Below and on the following pages provide the total number of complaints for each specific complaint category, for nursing facilities and board and care or similar type of adult care facility. The first four major headings are for complaints involving action or inaction by staff or management of the facility. The last major heading is for complaints against others outside the facility. See Instructions for additional clarification and definitions of types of facilities and selected complaint categories.

Residents' Rights	**Nursing Facility**	**B&C, ALF, RCF, etc.**
A. Abuse, Gross Neglect, Exploitation		
1. Abuse, physical (including corporal punishment)	5	0
2. Abuse, sexual	0	0
3. Abuse, verbal/psychological (including punishment, seclusion)	2	1
4. Financial exploitation (use categories in section E for less severe financial complaints)	1	0
5. Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)	3	0
6. Resident-to-resident physical or sexual abuse	4	2
7. Not Used		
B. Access to Information by Resident or Resident's Representative		
8. Access to own records	1	0
9. Access by or to ombudsman/visitors	0	0
10. Access to facility survey/staffing reports/license	0	0
11. Information regarding advance directive	5	1
12. Information regarding medical condition, treatment and any changes	5	0
13. Information regarding rights, benefits, services, the resident's right to complain	2	0
14. Information communicated in understandable language	0	0
15. Not Used		
C. Admission, Transfer, Discharge, Eviction		
16. Admission contract and/or procedure	1	1
17. Appeal process - absent, not followed	0	0
18. Bed hold - written notice, refusal to readmit	0	0
19. Discharge/eviction - planning, notice, procedure, implementation, inc. abandonment	61	17
20. Discrimination in admission due to condition, disability	1	0
21. Discrimination in admission due to Medicaid status	0	0
22. Room assignment/room change/intrafacility transfer	3	1
23. Not Used		
D. Autonomy, Choice, Preference, Exercise of Rights, Privacy		
24. Choose personal physician, pharmacy/hospice/other health care provider	1	0
25. Confinement in facility against will (illegally)	5	5
26. Dignity, respect - staff attitudes	5	1

27. Exercise preference/choice and/or civil/religious rights, individual's right to smoke	25	8
28. Exercise right to refuse care/treatment	10	1
29. Language barrier in daily routine	0	0
30. Participate in care planning by resident and/or designated surrogate	7	1
31. Privacy - telephone, visitors, couples, mail	4	1
32. Privacy in treatment, confidentiality	5	3
33. Response to complaints	2	0
34. Reprisal, retaliation	1	0
35. Not Used		

E. Financial, Property (Except for Financial Exploitation)

36. Billing/charges - notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)	16	2
37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4)	6	3
38. Personal property lost, stolen, used by others, destroyed, withheld from resident	11	2
39. Not Used		

Resident Care

F. Care

40. Accidental or injury of unknown origin, falls, improper handling	2	0
41. Failure to respond to requests for assistance	4	0
42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D.30)	35	10
43. Contracture	0	0
44. Medications - administration, organization	11	0
45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming	1	3
46. Physician services, including podiatrist	1	4
47. Pressure sores, not turned	3	0
48. Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition	4	0
49. Toileting, incontinent care	2	0
50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate/forced use)	0	0
51. Wandering, failure to accommodate/monitor exit seeking behavior	5	2
52. Not Used		

G. Rehabilitation or Maintenance of Function

53. Assistive devices or equipment	11	3
54. Bowel and bladder training	0	0
55. Dental services	1	1
56. Mental health, psychosocial services	1	1
57. Range of motion/ambulation	0	0
58. Therapies - physical, occupational, speech	3	1
59. Vision and hearing	1	0
60. Not Used		

H. Restraints - Chemical and Physical

61. Physical restraint - assessment, use, monitoring	0	0
62. Psychoactive drugs - assessment, use, evaluation	2	0
63. Not Used		

Quality of Life

I. Activities and Social Services

64. Activities - choice and appropriateness	4	0
65. Community interaction, transportation	3	1
66. Resident conflict, including roommates	6	2
67. Social services - availability/appropriateness/ (use G.56 for mental health, psychosocial counseling/service)	0	0
68. Not Used		

J. Dietary

69. Assistance in eating or assistive devices	3	0
70. Fluid availability/hydration	0	0
71. Food service - quantity, quality, variation, choice, condiments, utensils, menu	7	1
72. Snacks, time span between meals, late/missed meals	0	0
73. Temperature	0	0
74. Therapeutic diet	3	1
75. Weight loss due to inadequate nutrition	5	1
76. Not Used		

K. Environment

77. Air/environment: temperature and quality (heating, cooling, ventilation, water, noise	0	0
78. Cleanliness, pests, general housekeeping	2	0
79. Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure	1	0
80. Furnishings, storage for residents	0	0
81. Infection control	2	0
82. Laundry - lost, condition	0	0
83. Odors	0	0
84. Space for activities, dining	0	0
85. Supplies and linens	2	0
86. Americans with Disabilities Act (ADA) accessibility	0	0

Administration

L. Policies, Procedures, Attitudes, Resources (See other complaint headings, of above, for policies on advance directives, due process, billing, management residents' funds)

87. Abuse investigation/reporting, including failure to report	0	0
88. Administrator(s) unresponsive, unavailable	3	2
89. Grievance procedure (use C for transfer, discharge appeals)	1	0
90. Inappropriate or illegal policies, practices, record-keeping	0	0
91. Insufficient funds to operate	0	0

92. Operator inadequately trained	0	0
93. Offering inappropriate level of care (for B&C/similar)	0	0
94. Resident or family council/committee interfered with, not supported	0	0
95. Not Used		

M. Staffing

96. Communication, language barrier (use D.29 if problem involves resident inability to communicate)	0	0
97. Shortage of staff	0	0
98. Staff training	0	0
99. Staff turn-over, over-use of nursing pools	0	0
100. Staff unresponsive, unavailable	2	1
101. Supervision	0	0
102. Eating Assistants	0	0

Not Against Facility

N. Certification/Licensing Agency

103. Access to information (including survey)	0	0
104. Complaint, response to	0	0
105. Decertification/closure	0	0
106. Sanction, including Intermediate	0	0
107. Survey process	0	0
108. Survey process - Ombudsman participation	0	0
109. Transfer or eviction hearing	0	0
110. Not Used		

O. State Medicaid Agency

111. Access to information, application	0	0
112. Denial of eligibility	0	0
113. Non-covered services	0	0
114. Personal Needs Allowance	0	0
115. Services	1	0
116. Not Used		

P. System/Others

117. Abuse/neglect/abandonment by family member/friend/guardian or, while on visit out of facility, any other person	2	4
118. Bed shortage - placement	3	2
119. Facilities operating without a license	1	1
120. Family conflict; interference	43	15
121. Financial exploitation or neglect by family or other not affiliated with facility	6	5
122. Legal - guardianship, conservatorship, power of attorney, wills	4	12
123. Medicare	0	0
124. Mental health, developmental disabilities, including PASRR	0	0
125. Problems with resident's physician/assistant	0	0

126. Protective Service Agency	0	0
127. SSA, SSI, VA, Other Benefits/Agencies	0	0
128. Request for less restrictive placement	2	0
Total, categories A through P	387	123

Q. Complaints About Services in Settings Other Than Long-Term Care Facilities or By Outside Provider in Long-Term Care Facilities (see instructions)

129. Home care	161
130. Hospital or hospice	0
131. Public or other congregate housing not providing personal care	0
132. Services from outside provider (see instructions)	0
133. Not Used	
Total, Heading Q.	161

Total Complaints*	671

* (Add total of nursing facility complaints; B&C, ALF, RCF, similar complaints and complaints in Q, above. Place this number in Part I, C on page 1.)

Part I - Cases, Complainants and Complaints

E. Action on Complaints

Provide for cases closed during the reporting period the total number of complaints, by type of facility or other setting, for each item listed below.

	Nursing Facility	B&C, ALF, RCF, etc.	Other Settings
1. Complaints which were verified:	327	107	146

Verified: It is determined after work [interviews, record inspection, observation, etc.] that the circumstances described in the complaint are generally accurate.

2. Disposition: Provide for all complaints reported in C and D, whether verified or not, the number:

a. For which government policy or regulatory change or legislative action is required to resolve (this may be addressed in the issues section)	0	0	0
b. Which were not resolved* to satisfaction of resident or complainant	16	8	11
c. Which were withdrawn by the resident or complainant or resident died before final outcome of complaint investigation	7	0	0
d. Which were referred to other agency for resolution and:			
1) report of final disposition was not obtained	8	4	0
2) other agency failed to act on complaint	0	0	0
3) agency did not substantiate complaint	8	3	0
e. For which no action was needed or appropriate	10	7	5

f. Which were partially resolved* but some problem remained	96	24	20
g. Which were resolved* to the satisfaction of resident or complainant	242	77	125
Total, by type of facility or setting	387	123	161

Grand Total (Same number as that for total complaints on pages 1 and 7)	671

** Resolved: The complaint/problem was addressed to the satisfaction of the resident or complainant.*

Part II - Program Information and Activities

A. Facilities and Beds:

1. How many nursing facilities are licensed in your State?	50
2. How many beds are there in these facilities?	5,321

3. Provide the type-name(s) and definition(s) of the types of board and care, assisted living, residential care facilities and any other similar adult care home for which your ombudsman program provides services, as authorized under Section 102(18) and (32), 711(6) and 712(a)(3)(A)(i) of the Older Americans Act. If no change from previous year, type "no change" at space indicated.

No change

a) How many of the board and care and similar adult care facilities described above are regulated in your State?	119
b) How many beds are there in these facilities?	2,285

Part II - Program Information and Activities

B. Program Coverage

Statewide Coverage means that residents of both nursing homes and board and care homes (and similar adult care facilities) and their friends and families throughout the state have access to knowledge of the ombudsman program, how to contact it, complaints received from any part of the State are investigated and documented, and steps are taken to resolve problems in a timely manner, in accordance with federal and state requirements.

B.1. Designated Local Entities

Provide for each type of host organization the number of local or regional ombudsman entities (programs) designated by the State Ombudsman to participate in the statewide ombudsman program that are geographically located outside of the State Office:

Local entities hosted by:

Area agency on aging	0
Other local government entity	0
Legal services provider	0
Social services non-profit agency	0
Free-standing ombudsman program	0
Regional office of State ombudsman program	0
Other; specify:	0

Total Designated Local Ombudsman Entities	0

B.2. Staff and Volunteers

Provide numbers of staff and volunteers, as requested, at state and local levels.

Type of Staff	Measure	State Office	Local Programs
Paid program staff	FTEs	7.00	0.00
	Number people working full-time on ombudsman program	7	0
Paid clerical staff	FTEs	0.00	0.00
Volunteer ombudsmen certified to address complaints at close of reporting period	Number volunteers	42	0
Number of Volunteer hours donated	Total number of hours donated by certified volunteer Ombudsmen	4,475	0
Certified Volunteer: An individual who has completed a training course prescribed by the State Ombudsman and is approved by the State Ombudsman to participate in the statewide Ombudsman Program.			
Other volunteers (i.e., not certified) at close of reporting period	Number of volunteers	0	0

C. Program Funding

Provide the amount of funds expended during the fiscal year from each source for your statewide program:

Federal - Older Americans Act (OAA) Title VII, Chapter 2, Ombudsman	$82,968
Federal - Older Americans Act (OAA) Title VII, Chapter 3, Elder Abuse Prevention	$24,930
Federal - OAA Title III provided at State level	$207,178
Federal - OAA Title III provided at AAA level	$0.0
Other Federal; specify:	$0.0
State Funds	
State funds	$182,337
Local; specify:	$
Total Program Funding	$497,413

Part II - Program Information and Activities

D. Other Ombudsman Activities

Provide below and on the next page information on ombudsman program activities other than work on complaints.

Activity	Measure	State	Local
1. Training for ombudsman staff and volunteers	Number sessions	37	0
	Number hours	251	
	Total number of trainees that attended any of the training sessions above (duplicated count)	416	0
	3 most frequent topics for training	Residents Rights, individual and system advocacy	
		Wellness issues and communicable diseases	
		Role of the Ombudsman and complaint resolution	

2. Technical assistance to local ombudsmen and/or volunteers	Estimated percentage of total staff time	26	0
3. Training for facility staff	Number sessions	28	0
	3 most frequent topics for training	Residents Rights, Resident Empowerment and the Role of the Ombudsman	
		Nursing Home Transition, MFP and MDS	
		Safe Discharge Planning	
4. Consultation to facilities (Consultation: providing information and technical assistance, often by telephone)	3 most frequent areas of consultation	Family Conflicts, Resident to Resident Conflicts	
		Guardianship and Surrogate Decision Makers and Nursing Home Transition	
		Discharge issues	
	Number of consultations	403	0
5. Information and consultation to individuals (usually by telephone)	3 most frequent requests/needs	Discharge and Billing	
		Eligibility Issues	
		Residents Rights	
	Number of consultations	452	
6. Facility Coverage (other than in response to complaint) *	Number Nursing Facilities visited (unduplicated)	50	0
	Number Board and Care (or similar) facilities visited (unduplicated)	119	0
7. Participation in Facility Surveys	Number of surveys	23	0

8. Work with resident councils	Number of meetings attended	42	0
9. Work with family councils	Number of meetings attended	14	0
10. Community Education	Number of sessions	43	0
11. Work with media	3 most frequent topics	Residents Rights and the Role of the Ombudsman	
		Improving Quality of Care	
		Volunteer Recruitment	
	Number of interviews/ discussions	7	0
	Number of press releases	19	0
12. Monitoring/work on laws, regulations, government policies and actions	Estimated percentage of total paid staff time (Note: the total of the percentage at each level in this item and item 2 should not add to more than 100%.)	11	0

* The number is for facilities receiving at least one visit per quarter, not in response to a complaint. It is not for the number of visits. States which do not have a regular visitation program should enter "0" in lieu of "NA," as this numeric field cannot accept "NA."

The Year in Review

In Delaware, there are 50 nursing homes that provide care for 5,321 residents. In addition, there are 29 assisted living facilities serving 1,888 residents. An additional 90 licensed rest (family care) homes and related homes located throughout the state, provide long term care to 397 seniors and persons with disabilities.

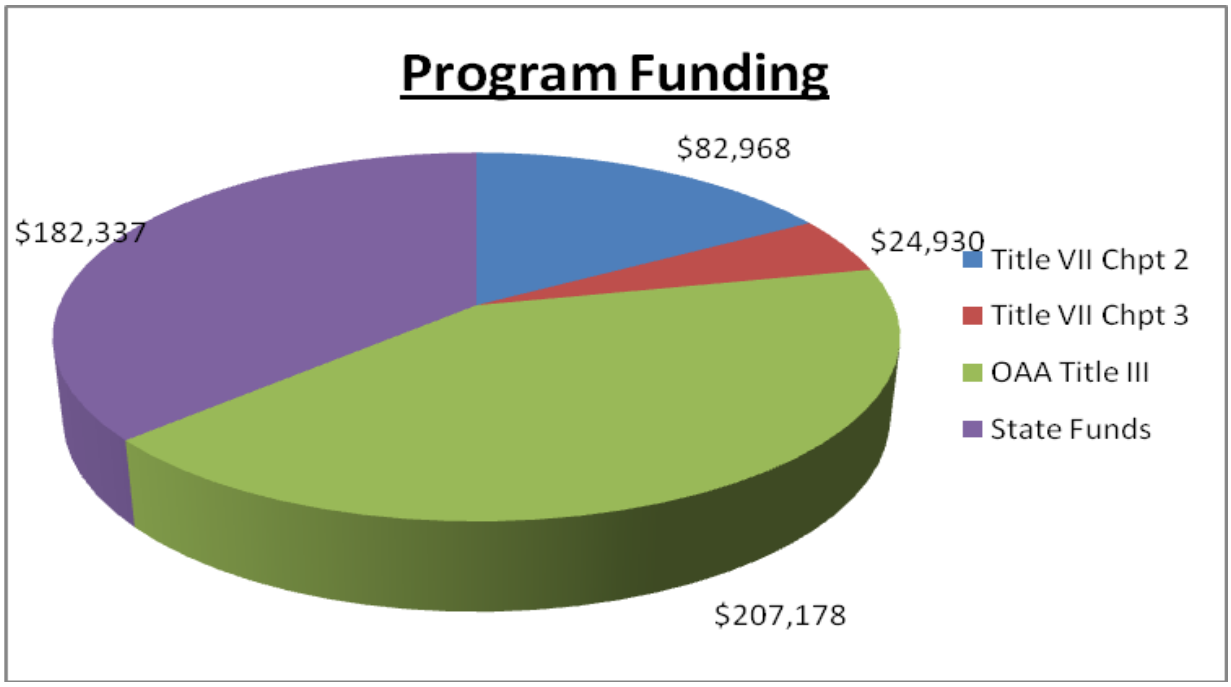
Type of Facility	Number of Facilities	Number of Beds
Nursing Homes	50	5,321
BC & RC	90	397
Assisted Living	29	1,888

Assisted living regulations were strengthened in 2009 to add more safeguards for residents in long term care. An important addition was the "Uniform Assessment Instrument." This tool was designed to ensure that applicants interested in assisted living were qualified, met eligibility standards, and received the appropriate level of care.

BUDGET AND EXPENDITURES

The Ombudsman Program receives an annual allocation from the U.S. Administration on Aging (AoA) to support its operations. AoA funding sources included Title VII and Title III. In addition, we received state funds. Funding supported six full-time positions for the Long Term Care Ombudsman Program and a seasonal, contracted part-time Volunteer Services Coordinator. Apart from staff support, funds were directed towards training, outreach for abuse prevention, and community awareness.

Operational funds are the lifeblood of the program and empower the program to fund new initiatives, recruit volunteers, and sustain an effective outreach capability. Since 1996, the Ombudsman Program has experienced an increase in Title VII appropriations for its operations. Increased funding has enabled the program to enhance program advocacy efforts.

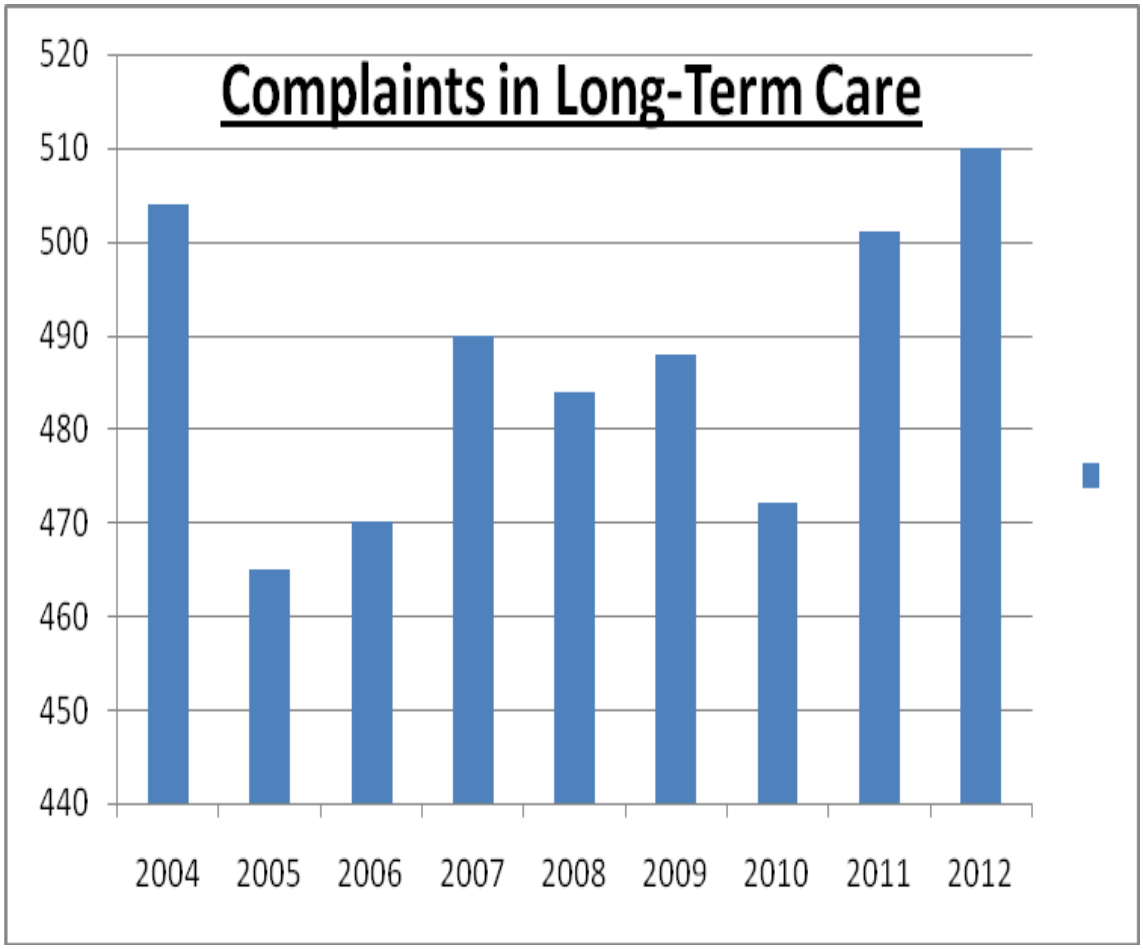


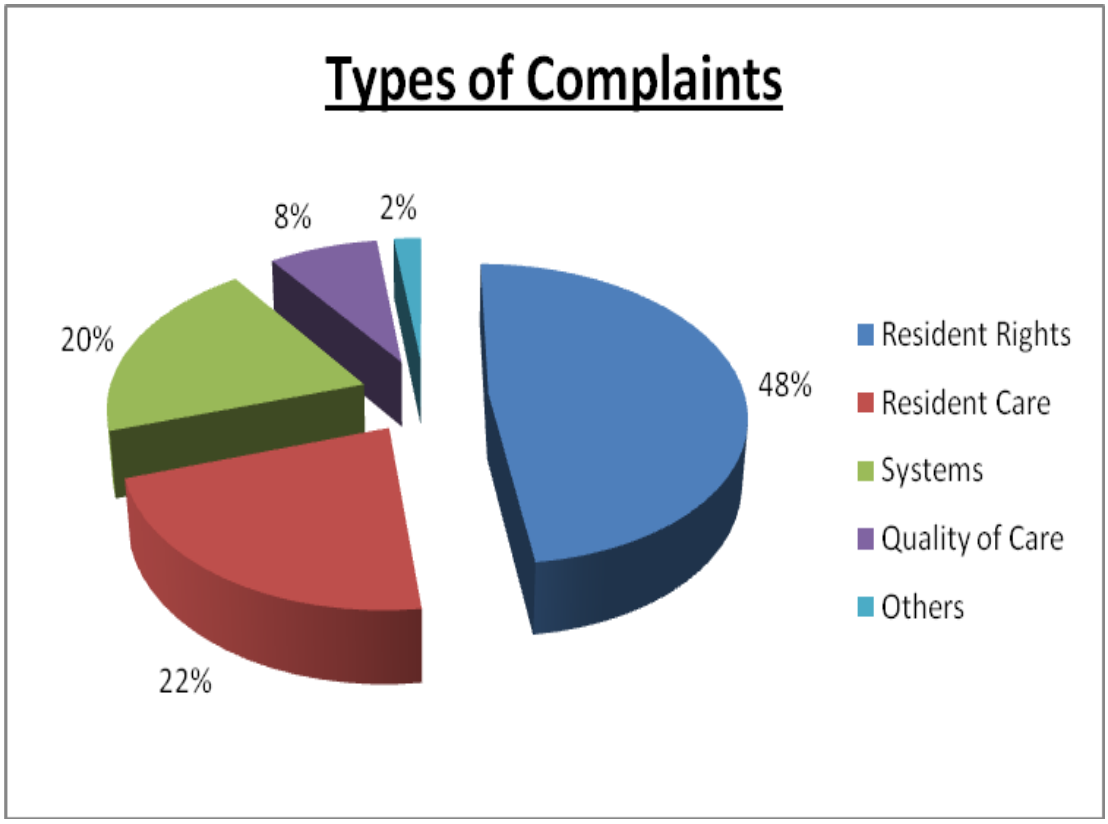
Total Program Funding $497,413.00

Title VII Chpt 2	$82,968	16%
Title VII Chpt 3	$24,930	5%
OAA Title III	$207,178	42%
State Funds	$182,337	37%
	Total=$497,413.00	

Frequent Complaints
The Long Term Care Ombudsman Program investigated and resolved 510 complaints during Fiscal Year 2012. Ombudsman staff works closely with residents, families, and facility staff to offer guidance and correct substantiated complaints In addition, the program witnessed the execution of 221 Advance Health Care Directives and provided many in-service training sessions and outreach. The program accomplished this with four full-time Long Term Care Ombudsmen who serve in long-term care settings.

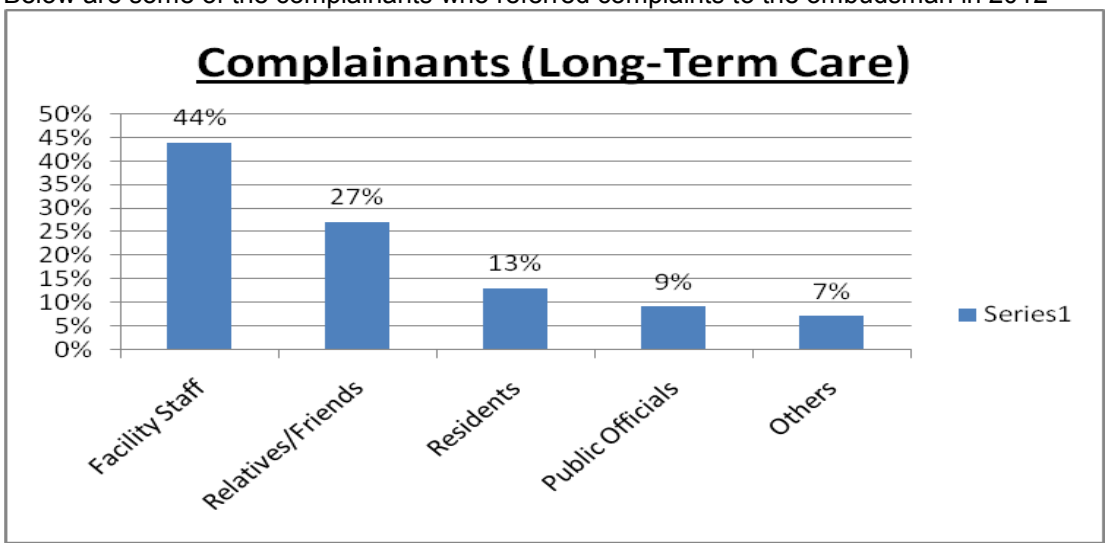
Data analysis and trending indicate that complaints are increasing in complexity. Hence, some cases take longer to resolve.
Most of the complaints were related to residents rights, resident care and system issues..

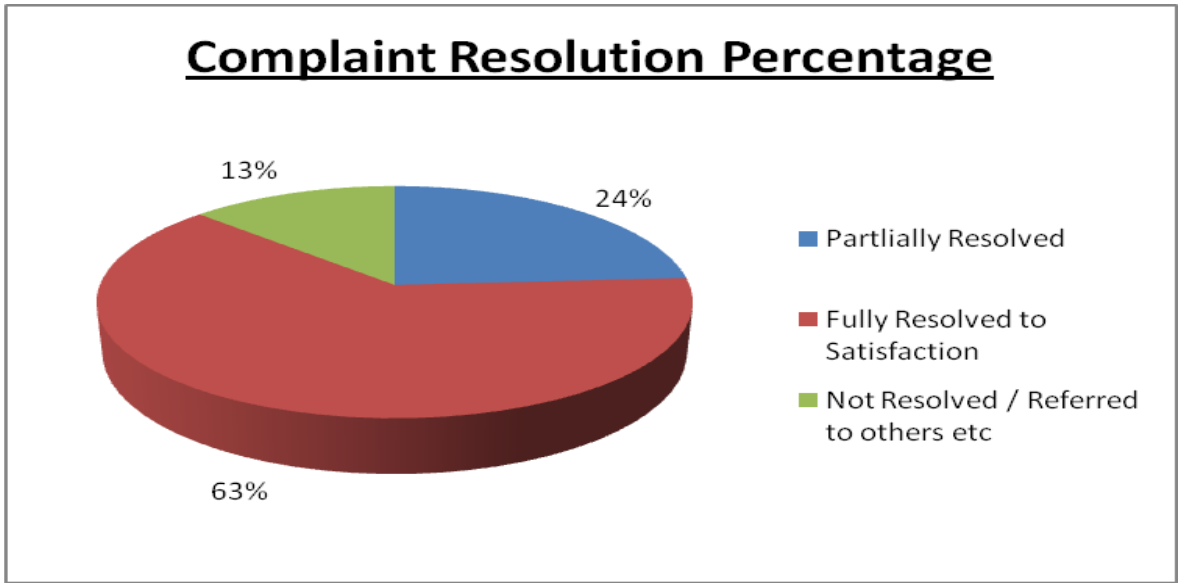




Above are the types of complaints that were received in 2012.

Below are some of the complainants who referred complaints to the ombudsman in 2012





Partially Resolved	24%	120
Fully Resolved to Satisfaction	63%	319
Not Resolved / Referred to others etc	13%	71
		Total=510

Home and Community-Based Services Ombudsman

161 Complaints were received by the **Home and Community-Based Services** (HCBS) Ombudsman between October 2011 and **September** 2012. Complainants were mostly home and community-based clients.

HCBSO-Complaint / Case Type

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
I & R	9	3	5	6	6	13*	4	13*	9*	6*	8*	0
Exploitation	0	0	0	0	0	0	0	1	1	0	0	5
Care / Care Plan	0	5	2	4	2	0	0	0	0	3	1	2
Housing	1	0	0	1	0	0	3	1	0	2	2	0
Respite	0	1	0	0	0	0	0	0	0	0	0	0
Mediation	1	1	0	0	2	1	0	2	4	3	1	0
Care Giver Issue	0	0	0	0	0	0	0	0	0	1	0	1
Waiver Service	0	0	0	0	0	0	0	0	0	0	1	0
DME	1	1	1	1	1	2	0	0	0	1	1	0
Guardianship	0	0	0	0	0	0	0	0	0	0	0	0
Billing	0	0	0	0	0	0	0	0	0	0	0	0
Others	0	0	2	0	2	0	4	2	2	0	2	1

*included MFP clients

Age distribution of complainants

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
20-29	2	0	1	0	0	0	0	0	2	0	0	0
30-39	0	0	0	0	0	0	0	0	1	0	0	0
40-49	0	0	1	1	0	0	0	3	2	2	2	1
50-59	1	2	2	1	2	4	3	2	3	2	3	2
60-69	5	4	1	7	1	5	3	2	3	4	1	2
70-79	3	0	2	2	5	3	2	4	2	2	6	2
80-89	1	4	3	1	4	2	3	8	2	4	1	0
90+	0	1	0	0	0	2	2	0	1	2	3	2

Other activities included attending MFP and nursing home transition discharge planning meetings, and presentations to community

Public Awareness and Outreach

Legislation and Advocacy

Participated in national and state level conferences on aging, long term care issues, and home and community-based services..
Commented on proposed federal regulations on long-term care, elder protection, and home and community-based service initiatives.
Member of Policy and Law Sub-Committee on State Council for Persons with Physical Disabilities.
Member of subcommittees of The Governor's Commission on Community-Based Alternatives for Persons with Disabilities. Subcommittees include: Employment and Workforce Development, Healthcare, and the member of Money Follows The Person . Steering Committee.

Outreach

Community outreach and training on the role of the Ombudsman.
Community outreach and training on Residents' Rights.
Community outreach and training on home and community-based services (hcbs) and the rights of clients receiving those services, and the responsibilities of providers.
Promoted Resident Councils and Family Councils.
Made presentations to student groups in area institutions of higher learning.
Celebrated the annual Resident's Rights Week. Received Governor's Proclamation.
.Media releases about Residents' Rights, Older Americans Month, and World Elder Abuse Awareness Day.

Training and Education

Participated in state, regional, and national quality training activities.
Participated in national and state advocacy training.
Provided statewide bi-monthly training for volunteers.
Provided training on long term care issues for staff of long term care facilities, and state unit on aging staff.
Provided training on home and community=based services and the role of the ombudsman..
Participated in cross-agency training on prevention of elder abuse, exploitation, and dealing with difficult behavior.

Inter-agency Coordination

LTCOP worked closely with regulatory, advocacy, social services, law enforcement and investigative agencies.
Participated in Delaware Nursing Home Residents' Quality Assurance Commission meetings.
Participated in the State Council for Physical Disabilities Policy and Law Subcommittee.
Attended Quality Improvement Initiative training events sponsored by the Division of Long Term Care Residents Protection and The Quality Insights of Delaware..
Collaborated with The Senior Medicare Patrol to educate Medicare recipients about healthcare fraud prevention. .

Resident and Family Councils
On invitation, Ombudsmen attend resident and family council meetings. They answer questions and where appropriate, are available to help establish these councils. The residents and their families must have a voice in the care of residents. As such, we have renewed our efforts to re-energize Resident and Family Councils by offering our services and letting them know that we are available to speak at council meetings, and willing to offer suggestions on issues.

VOLUNTEER OMBUDSMAN CORPS

The State Long-Term Care Ombudsman and staff express their heart-felt appreciation to the members of the Volunteer Ombudsman Corps for their dedication to the well-being of the state's long-term care residents during 2012. As a group, our volunteers continue to volunteer hours jointly for LTCOP and RSVP.

Volunteer Recruitment

The Ombudsman Program is continuously looking for volunteers. We are dedicated to protecting the dignity and rights of elders and persons with disabilities who reside in our long-term care facilities.

Ombudsman Volunteer Visitors are trained to listen to the concerns and problems of long term care residents. Key volunteer attributes include compassion, respect, positive attitude, ability to communicate effectively, and availability The Long Term Care Ombudsman Program conducts volunteer training classes each year. Volunteers receive a 15-hour training program. They are recruited by a statewide multimedia outreach campaign that includes media releases, brochures, public service announcements, and civic group presentations. In addition, the division's website, www.dhss.delaware.gov/dsaapd, offers an online application for people interested in volunteering. Also, we work closely with the Retired and Senior Volunteer Program (RSVP) and other community-based organizations to promote volunteer opportunities.

After our initial training program, volunteers enter an orientation phase of their training. In addition, they participate in bi-monthly trainings to keep volunteers up to speed on the latest developments in l long term care. Each Volunteer Ombudsman must have excellent communication skills to establish and nurture relationships with residents of long term care facilities. In addition, individuals must be effective advocates and knowledgeable in residents' rights as well as current practices in long term care facilities. Volunteers are our eyes and ears in a facility, and they make a real difference in the lives of those living in nursing homes and assisted living facilities. With additional training, a Certified Volunteer Ombudsman may assist the Ombudsman staff by investigating and working to resolve complaints in some instances.

In the near future, the initial 15-hour training may be revised to embrace the current and actual need of a volunteer. Again, this will resemble some of the best practices by other Ombudsmen across the country.

To accommodate volunteers, we are contemplating weekend training. The age range of volunteers is about 45 to 84 years. The challenge is to target new recruits. Our current cadre is dedicated and hard working, but we must look to the future when they will decide to retire from active volunteerism.

Volunteer Retention

Delaware's Volunteer Ombudsman Program believes that building successful, trusting relationships with residents is not only the foundation of good advocacy, but also is a key to volunteer retention. When volunteers establish meaningful, rewarding contacts within a facility, they are more likely to fulfill their volunteer responsibilities and many will contribute well beyond what is asked of them. To retain volunteers and recognize their achievements and service-above-self dedication, the Ombudsman Program: Sponsors an annual recognition event to award service pins and recognize achievement; Provides professional training and experience; Reimburses volunteers for mileage; Provides ongoing and active communication and training with a Volunteer Services Coordinator.

Historically, our volunteers have been "Friendly Visitors." Friendly Visitors make a real impact on residents, some of which may seem isolated by virtue of not having any relative or friend to visit. Many residents need a caring heart and a warm hand to help them feel connected to their community. In fact, almost 40% of residents do not receive regular visitations. In the past, there was a discussion that the "friendly visitor" role should be expanded to include assisting Long Term Care Ombudsman Program staff with complaint investigation. This has not materialized because of the shrinking volunteer pool. It's more important to increase the number of "friendly visitors" than to expand the role of the current pool of volunteers. In bigger states where full time state employees cannot cover the huge territory, volunteer ombudsmen are certified to investigate complaints related to quality of care and residents' rights.

Ombudsman Volunteers

The Ombudsman's Volunteer Coordinator manages volunteer activities. "Volunteer Visitors" visit residents in long term care facilities. When Volunteer Visitors learn of complaints they request that the full time Ombudsman contact the complainant to handle the investigation and resolution.

Equipping Volunteers to Communicate and Interact

In order to build relationships, volunteers must communicate well. Consequently, communications is a crucial training goal. New training materials prepare and encourage volunteers to communicate with residents who can show little or no response to their presence or with those who are maladjusted, depressed or have dementia. Success stories of interactions are shared at bi-monthly, in-service meetings. Shy or hesitant volunteers gain confidence to reach out when hearing what others are accomplishing.

Policy Recommendations

1. Personal Needs Allowance: DHSS should examine the $44.00 Personal Needs Allowance for nursing home residents and plan for an increase as soon as the economic climate permits.

2. Sex Offender Notification: Residents of long-term care facilities must be notified when a registered sex offender is living in the same facility and may put their safety at risk.

3. Scope of Mental Health Services: Scope of mental health services for residents of long-term care facilities should be enhanced to ensure that residents receive the appropriate level of care based on their diagnosis.

4. Enhance the depth of dementia training for long-term care staff and other direct support professionals.

5. Assisted Living Contracts: Work towards the implementation of a standardized contract document for use by all assisted living facilities. Residents should have the right to be fully informed in writing, and orally prior to, at the time of admission, and during their stay of services available at the facility and cost of related services.

Equalize the benefits of direct support professionals in the private and public sectors.

Promoting Quality of Care

- Implemented program to adopt national standards/best practices.
- Worked with the Centers for Medicare/Medicaid Services and Quality Improvement Organizations to develop and monitor quality standards in nursing homes.
- Ombudsmen Fighting for Residents' Rights/Public Outreach.
- Celebrated Annual Residents' Rights Week.
- Continued to work on various subcommittees about issues: Nursing Home Staffing, Psychiatric Care, Long Term Care, Home and Community-Based Services, and Nursing Home Diversion.
- Reviewed some of our publications for content and effectiveness.
- Translated some brochures into Spanish.

Improvement Opportunities

(1) The Long Term Care Ombudsman Program continues to encourage consumers to check facility staffing at each facility by referring them, their families and friends to the Medicare.gov web page, as well as encouraged to pose questions that are related to quality of care and resident-rights to the facilities and their staff..
(2) Psychiatric Care in Long Term Care: We continued to dialog with sister agencies and stakeholders about ways to explore and enhance psychiatric services in Delaware, and how to enhance and improve access to mental health services for residents in nursing homes. Since the closure of Carvel Building at the Delaware Psychiatric Center and the Delaware vs. U.S Department of Justice's Settlement (DOJ) in late 2010, the state has embarked on an aggressive plan to improve access to home and community transition and other services which include access to mental and behavioral services.
(3) Cost of Care: We participated on the Governor's Commission on Community Based Alternatives for Persons with Disabilities, offering input on how to expand care options and scope of community services to residents in long term care seeking less restrictive and more integrated settings, when appropriate. Improving the scope of available community services will enable citizens of Delaware to age in place. The ranking obtained in AARP's Long Term Care Support Services (LTSS) has become another driving force similar to the DOJ Settlement, towards improvement of and access to services.
(4) Also, we participated on the Workforce Development subcommittee of the Governor's Commission offering input on how to make the direct support profession more attractive to potential employees. Direct Support Professionals (DSPs) include CNAs in long-term care facilities, and professionals who provide care in home community-based settings. Subcommittee continues to offer input on how to provide competitive benefits and career lattice to DSPs as to make profession more attractive and thus retain staffing. Below is a table of current compensation.

Hourly Rate	DSP Private Entry Wage	DSP State Entry Wage	Wage % Diff State vs. Private Entry	DSP Private Average Wage	DSP State Average Wage	Wage % Diff State vs. Private Average
AGGREGATE (National)	$ 8.53	$ 12.13	42%	$ 9.85	$ 15.48	57%
DELAWARE	$ 9.33	$ 10.00	7%	$ 10.55	$ 11.25	7%

*2008 Wage Study by ANCHOR

LONG TERM CARE OVERVIEW

In Delaware, the aging of the population is more pronounced than it is for the country as a whole. Although the United States' population of those aged 65 and older is expected to double (increasing by 104.2 percent between 2000 and 2030, or from almost 35 million to almost 71.5 million), the U.S. Census Bureau expects Delaware's senior citizen population to increase at an even greater rate – by 133.8 percent, or from just over 100,000 in 2000 to over 230,000 in 2030, an increase of over 130,000.

The Delaware Population Consortium, which produces population projections for the state, projects an increase in the 65-and-older population of 134,226 – or 129.4 percent – for the years 2000 (103,724) and 2030 (237,950), consistent with the Census Bureau projections.

The need for long term care services is likely to grow as well. As the demand for long term care services continues to rise, the demand on institutions and community-based healthcare providers to offer more care will also increase. Although admissions have risen significantly in the past ten years, so have discharges. As a result, the nursing home population from year to year has been relatively stable. In fact, the number of licensed nursing home beds has only increased by 1.3% since 1991. Furthermore, occupancy rates in nursing homes have not changed significantly in the past decade, averaging around 86% since1991.

2008 Delaware Population Projections Summary Table
Total Projected Population, 2000 - 2030

Area	2000	2008	2010	2015	2020	2025	2030
State of Delaware	786,431	875,953	896,880	943,924	986,296	1,023,707	1,058,158
Kent County	127,108	155,299	159,980	169,356	177,817	184,748	190,867
New Castle County	501,860	532,057	539,587	556,766	571,201	583,285	594,978
Sussex County	157,463	188,597	197,313	217,802	237,278	255,674	272,313

(Source: Delaware Population Consortium Annual Population Projections, October 31, 2008, Version 2008.0)

The following information for the cost of care in Delaware is included in the Genworth 2011 Cost of Care Survey:

Cost of Care in Delaware

HOMEMAKER SERVICES HOURLY RATES (Licensed)

Minimum Hourly Rate	Maximum Hourly Rate	Median Hourly Rate	Median Annual Rate	Five-Year Annual Growth
$19.00	$22.00	$20.00	$45,760	1%

HOME HEALTH AIDE SERVICES HOURLY RATES (Licensed)

Minimum Hourly Rate	Maximum Hourly Rate	Median Hourly Rate	Median Annual Rate	Five-Year Annual Growth
$19.00	$25.00	$21.00	$46,904	0%

ADULT DAY HEALTH CARE DAILY RATES

Minimum Daily Rate	Maximum Daily Rate	Median Daily Rate	Median Annual Rate	Five-Year Annual Growth
$50.00	$87.00	$75.00	$19,500	N/A

ASSISTED LIVING FACILITY MONTHLY RATES (One Bedroom/Single Occupancy)

Minimum Monthly Rate	Maximum Monthly Rate	Median Monthly Rate	Median Annual Rate	Five-Year Annual Growth
$2,000	$7,081	$4,626	$55,506	6%

NURSING HOME DAILY RATES (Semi-Private Room)

Minimum Daily Rate	Maximum Daily Rate	Median Daily Rate	Median Annual Rate	Five-Year Annual Growth
$200	$258	$230	$83,950	5%

NURSING HOME DAILY RATES (Private Room)

Minimum Daily Rate	Maximum Daily Rate	Median Daily Rate	Median Annual Rate	Five-Year Annual Growth
$215	$277	$247	$89,973	5%

Source: Genworth 2011 Cost of Care Survey
Percentage increase in median annual rate represents the compound annual inflation rate for surveys conducted from 2005 to 2011. Genworth surveyed long-term care service providers across the country. Survey included 437 regions that cover all Metropolitan Statistical Areas defined for the 2010 U.S census.

Annual rates are based on the daily fee multiplied by 365 days. This data, in conjunction with other data, should be helpful in planning for long term care.

Population Projections - State of Delaware
Persons Aged 60+, 75+, and 85+

Year	Population Projections Persons Aged 60+	Percent Change From Year 2000
2000	134,400	NA
2005	153,578	14.3
2010	179,608	33.6
2015	208,831	55.4
2020	243,728	81.4
2025	276,689	105.9
2030	296,739	120.8

***

Year	Population Projections Persons Aged 75+	Percent Change From Year 2000
2000	45,463	NA
2005	54,048	18.9
2010	60,127	32.3
2015	64,807	42.6
2020	73,328	61.3
2025	88,056	93.7
2030	104,067	128.9

***

Year	Population Projections Persons Aged 85+	Percent Change From Year 2000
2000	10,575	NA
2005	13,802	30.5
2010	17,425	64.8
2015	19,940	88.6
2020	21,533	103.6
2025	22,964	117.2
2030	26,824	153.7

Source:
Delaware Population Consortium, Annual Population Projections
September 23, 2003, Version 2003.0