North Carolina Health Care Facilities Association

Presents

Requirements of Participation Phase 2

&

The New Survey Process

Presented By:
Cindy Deporter, MSSW, State Agency Director, Division of Health Service Regulation and
Polly Welsh, Executive Vice President, NC Health Care Facilities Association

October 26, 2017
Embassy Suites
5400 John Q. Hammons Drive NW
Concord, NC 28027
(704) 455-8200

November 2, 2017
Sheraton Imperial Hotel
4700 Emperor Blvd.
Durham, NC 27703
(919) 941-5050

November 9, 2017
Hilton Greenville
207 Greenville Blvd. SW
Greenville, NC 27834
(252) 355-5000

REGISTER TODAY!
About the Program

The Centers for Medicare & Medicaid Services (CMS) issued a final rule to make major changes in the Requirements of Participation (RoP) for the 15,000+ long-term care facilities that participate in the Medicare and Medicaid programs. The policies in this final rule are targeted at reducing unnecessary hospital readmissions and infections, quality of care, and strengthening safety measures for residents. This session will be presented by Cindy Deporter, MSSW, State Agency Director of the Division of Health Service Regulation (DHSR). Topics will include:

- New Interpretative Guidelines
- The second phase of the RoP to be implemented by November 28, 2017. The Phase 2 implementation review will include, but not be limited to, §483.40 Behavioral Health Services; §483.70 Administration - Initial Quality Assurance and Performance Improvement (QAPI) plan must be provided to State Agency Surveyor at annual survey; §483.80 Infection Control - (as linked to facility assessment) and antibiotic stewardship; §483.90 Physical Environment - smoking policies; §483.10 Resident Rights - contact information for state and local advocacy organizations; §483.12 Freedom from Abuse, Neglect, and Exploitation - reporting crimes; §483.21 Comprehensive Person-Centered Care Planning - baseline care plan; §483.55 Dental Services - replacing dentures; §483.45 Pharmacy Services - chart review and psychotropic drugs; §483.70 Administration - facility assessment.
- CMS' intent to implement, as well as an overview of, the New Survey Process which is scheduled for implementation on November 28, 2017. This overview will include Current Survey Process vs. New Survey Process; Offsite Prep; Facility Entrance; Initial Pool Process; Sample Selection; Investigation; Ongoing and Other Survey Activities; and Potential Citations.

**Please note that Ms. DePorter presented a shorter session on the above content at our recent Summer Symposium. This will be a more comprehensive, full day session.**

We will conclude this session with a one hour presentation by Polly Welsh, Executive Vice President of the NC Health Care Facilities Association, that will focus on staff interface with the new RoP and Survey Process.

About the Presenters

**Cindy Deporter** has worked for the state since 1990 in the nursing home section. She was appointed as State Agency Director of the Division of Health Service Regulation (DHSR) in May of 2016. Since 2013 she has also served as the Interim Assistant Section Chief of the Acute Home Care Section. Cindy is the Branch Manager for the Quality Evaluative Systems in the Nursing Home Section. This section also oversaw the implementation of the Electronic Plans of Correction for CMS and all training of NH Surveyors and Providers. She is on the CMS Task Force team that is working Discharge Planning and is the Corresponding Secretary for the National Association of State Agency Directors. Cindy is also responsible for home health agencies, home care agencies and hospice agencies in North Carolina.

**Polly Welsh** has been with the North Carolina Health Care Facilities Association (NCHCFA) for over 24 years. Polly focuses on long term care policy, regulation, and quality issues, serving on many advisory committees, task forces and other government policy collaboratives within the Department of Health and Human Services. Polly has conducted statewide, as well as national, educational sessions on leadership, quality, and regulatory issues. Prior to joining NCHCFA in 1993, Polly worked for the State Survey Agency where she was responsible for implementation of OBRA ’87 in NC’s Medicare/Medicaid Certification program. Polly has also held both administrative and staff positions in both acute and long-term care facilities. Polly has been a Registered Nurse for over 40 years, has a MPH from East Carolina University and is credentialled in Gerontological Nursing (RN-BC) by the American Nurses Credentialing Center.
## Agenda

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<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8:00 AM – 9:00 AM</td>
<td>REGISTRATION</td>
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<td>9:00 AM – 12:00 PM</td>
<td>PROGRAM</td>
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<td>12:00 PM – 1:00 PM</td>
<td>LUNCH</td>
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<td>1:00 PM – 5:00 PM</td>
<td>PROGRAM</td>
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Notes: There will be two 15-minute breaks

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### Who Should Attend?

**Administrators**
- Directors of Nursing
- Professional Nursing Staff

**Consultants**
- Quality Improvement Personnel
- Department Heads/Supervisory Staff
- Corporate Office Staff

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### Fees

The cost to attend this program is **$195.00 for members and non-members.** This fee includes all handouts and meeting materials, morning snack, afternoon snack, and lunch. You may register and pay online! Visit our Web site at [www.NursingHomesNC.com](http://www.NursingHomesNC.com) and click on **Requirements of Participation Phase 2 & The New Survey Process**! Members may be invoiced. Non-members must submit payment online at time of registration or submit with registration by mail!

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### CEU Information

This program offers 6.5 contact hours for nursing home administrators. The North Carolina Health Care Facilities Association is a Registered Sponsor of continuing education with the NC State Board of Examiners for Nursing Home Administrators. Comments regarding the Registered Sponsor Course may be addressed to: NCBENHA, 3733 National Drive, Suite 110, Raleigh, NC 27612.

NCHCFA will issue a certificate for 6.5 education contact hours for all other disciplines.

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### Special Considerations/Questions

Please e-mail or call Karen Lennon at the Association office at KarenL@nchcfa.org or (919) 782-3827 should you require any special arrangements including special menu considerations, hearing devices, wheelchair access, or if you have any additional questions regarding this program.

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### Cancellation Policy

Written cancellations must be received **ten** business days prior to each program in order to be fully reimbursed. There will be a 50% handling fee for all cancellations received less than ten business days prior to each program but received at least five business days prior to each program. **No refunds will be available for cancellations made after five business days before each program.** Substitutions are welcome.
NCHCFA has reserved a limited block of rooms at the venue location the night prior to the session. Participants are responsible for making their own overnight accommodations and payment. Please call and make overnight reservations today! Unused rooms will be released for general sale by the date listed below.

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<tr>
<th>Date</th>
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Room Cut-Off Date: Oct. 11th

Please let them know you are with group: NC Health Care Facilities Association.

NCHCFA
North Carolina Health Care Facilities Association

5109 Bur Oak Circle
Raleigh, NC 27612
(919) 782-3827    (919) 787-8418
www.NursingHomesNC.com  nchcfa@nchcfa.org
REQUIREMENTS OF PARTICIPATION PHASE 2
& THE NEW SURVEY PROCESS

Registration Options:
- Register online at [www.NursingHomesNC.com](http://www.NursingHomesNC.com) and click on Requirements of Participation Phase II & The New Survey Process
- Mail the registration form to: NCHCFA, 5109 Bur Oak Circle, Raleigh, NC 27612
- Fax the registration form to: (919) 787-8418

PLEASE CHECK THE LOCATION YOU WOULD LIKE TO ATTEND:

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Name(s) ____________________________________________

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Facility/Organization Name ____________________________

Address ____________________________________________

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E-mail ____________________________________________

Phone ____________________________________________

Fax ____________________________________________

PAYMENT OPTIONS:

___ Please Invoice (members only)

___ Check Enclosed

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