NCHCFA Spring District Meetings 2018

NCHCFA Districts have scheduled their spring meetings. District meetings allow participants to interact with peers in a comfortable atmosphere, promoting valuable and productive conversation. Space will be limited to 50 individuals and will be open to any employees of your facility who may benefit from attending. The fee to attend is $35.00.

This program will offer 4.0 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.

The agenda will include the following topics/presentations:

Agenda

10:00 AM – 10:30 AM
Alliant Quality (QIN-QIO) – Alliant Quality will present an update on NC’s facilities’ quality measures.

10:30 AM – 2:30 PM
All Clear Emergency Management Group, LLC – Will Moorhead, President and Owner of All Clear Emergency Management Group, LLC, will dive into the "how to" of the exercise requirement of the CMS emergency preparedness rule. Learn how to design, conduct, and evaluate an exercise in a nursing home environment. The session will briefly review the CMS requirements, provide practical tips for efficiently completing a useful risk assessment, and examine the contents of a CMS compliant and practically applicable emergency plan. This review of the CMS requirements will demonstrate how exercise design is more easily accomplished when utilizing the best practices for risk assessment and emergency planning. Participants will be guided through information and steps that can be utilized for exercise design within their facility.

12:30 PM – 1:00 PM – LUNCH
NC Health Care Facilities Association
District III Meeting Registration

May 22nd
Clapp’s Mountain Top Living Apartments
450 Mountain Top Drive
Asheboro, NC 27203

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(Lunch will be provided.)

Fee: $35.00
Email registration form to: KarenL@nchcfa.org
OR Fax the registration form to: (919) 787-8418

Name(s):

________________________________________________________

________________________________________________________

Facility/Organization Name: __________________________________

Address: __________________________________________________

City: ___________________ State: _____________________________

Email (for confirmation): _________________________________

Phone: _________________________________________________

Payment Options
Member facilities will be invoiced after the event.

CANCELLATION POLICY
Written cancellations must be received five business days prior to each program in order to be fully reimbursed. No refunds will be available for cancellations made after five business days before each program. Substitutions are welcome.