



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 V Meeting Registration**

**May 23rd
Cypress Glen Retirement Community
100 Hickory Street
Greenville, NC 27858**

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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.