The North Carolina Health Care Facilities Association Presents

Review and Updates from the State Survey Agency

Presented by Cindy DePorter, MSSW
State Survey Agency Director
Division of Health Service Regulation

November 7, 2018
Sheraton Imperial Hotel
4700 Emperor Blvd.
Durham, NC 27703

November 13, 2018
Crowne Plaza Hotel
1 Resort Drive
Asheville, NC 28806
SESSION

Summary
With so many changes already taken place and many more to come, Cindy DePorter, MSSW, State Survey Agency Director, will be presenting a full day session on the following topics:

- Upcoming changes/additions to the federal regulations effective November of 2019
- A recap of current CMS workgroups on transfer/discharge and incidents reported by the facility
- Upcoming revisions to language in guidance for Immediate Jeopardy

In addition there will be a part of the session devoted to the determinations, frequent causes leading to and relevance of Appendix Q.

About the Presenter
Ms. DePorter, MSSW, has worked for the NC Department of Health and Human Services since 1990. From 1990 to 1993 she was a Health Care Facility Surveyor where she performed annual inspections for compliance to federal regulations. In 1993, Ms. DePorter was appointed State Agency Director/Liaison with CMS because of her extensive knowledge of the regulatory process and the expectations of the interface between CMS and the State Survey Agency.

Who Should Attend
Administrators
Directors of Nursing
Professional Nursing Staff
Corporate Office Staff
Consultants
Quality Improvement Personnel
Department Heads/Supervisory Staff

Agenda
9:00 AM – 9:30 AM  REGISTRATION
9:30 AM – 12:15 PM  PROGRAM
12:15 PM – 1:15 PM  LUNCH
1:15 PM – 4:30 PM  PROGRAM

Notes: There will be two 15-minute breaks

Fees
The cost to attend this program is $195.00 for members and non-members. This fee includes all handouts and meeting materials, morning break, afternoon snack, and lunch. You may register and pay online! Visit our Web site at https://www.NCHCFA.org and click on Review and Updates from the State Survey Agency! Members may be invoiced. Non-members must submit payment online at time of registration or submit with registration by mail.

CEU Information
This program offers 5.5 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 5.5 education contact hours for all other disciplines.
Special Considerations
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.

Cancellation Policy
Written cancellations must be received five business days prior to each program in order to be fully reimbursed. Refunds will not be available for cancellations received less than five business days prior to the program. Substitutions are welcomed.

Overnight Accommodations
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.

November 7, 2018
Sheraton Imperial Hotel
4700 Emperor Blvd.
Durham, NC 27703
(919) 941-5050
Group Block Cut-off Date: 10/22/18
Group Code: “The Rates”

November 13, 2018
Crowne Plaza Hotel
1 Resort Drive
Asheville, NC 28806
(844) 330-0296
Group Block Cut-off Date: 10/29/18
Group Code: “HEA”

Division of Health Service Regulation
The Division of Health Service Regulation oversees medical, mental health and adult care facilities, emergency medical services, and local jails. They check to see that people receiving care in these facilities are safe and receive appropriate care.
Upcoming Events

Fall District Meetings

District III
October 16, 2018
Pennybyrn at Maryfield
1315 Greensboro Road
High Point, NC 27260

District IV
October 23, 2018
Trinity Grove
631 Junction Creek Drive
Wilmington, NC 28412
Durham, NC 27703

District V
October 25, 2018
The Solutions Center
Suite 200, Brighton Hall
1101 Slater Road
Durham, NC 27703

THE SITUATIONAL LEADERSHIP WORKSHOP
November 14 – Asheville, NC

MDS and QRP
Section GG and Section N Seminar
October 30 – Greensboro, NC

Quality Award Workshops
Bronze
November 15 – Asheville, NC
December 6 – Raleigh, NC

Silver
November 28 – 29 – Raleigh, NC

2019 ANNUAL CONVENTION & EXPO
FEBRUARY 24-27, 2019

SHERATON GREENSBORO HOTEL AT FOUR SEASONS
3121 WEST GATE CITY BOULEVARD
GREENSBORO, NC 27407
NC Health Care Facilities Association
Registration Form

Review and Updates from The State Survey Agency

Member and Non-Member Fee:  $195.00

November 7, 2018        November 13, 2018
Sheraton Imperial Hotel        Crowne Plaza Hotel
4700 Emperor Blvd.        1 Resort Drive
Durham, NC 27703        Asheville, NC 28806

• Email registration form to: donnas@nchcfa.org
• Fax the registration form to: (919) 787-8418, or
• Register Online at www.NCHCFA.org

Name(s):

Facility/ Organization Name:  ____________________________________________________
Address:  _______________________________  City:  _________________     State:  ________  Zip:  _____________
Email (for confirmation):  _______________________________________________________
Phone:  _____________________________________________________________________

Payment Options

______  Invoice Me  (Member Facilities Only)
       (Non-Members have to pay in advance; Please mail your payment with your registration form, or pay online.)

______  Charge my Credit Card
Name on Card:  _________________________________________________________________
Card Number:  ___________________________________________________  Exp. Date:  ________________
3-digit Security Code:  __________________  Email (for confirmation):  ______________________________________
Address:  __________________________________  City:  __________________  State:  _______  Zip:  ____________

Cancellation Policy
Written cancellations must be received five business days prior to each program in order to be fully reimbursed. Refunds
will not be available for cancellations received less than five business days prior to the program. Substitutions are
welcomed.