

COMPREHENSIVE CARE PLANS (§ 483.21): NEW F-TAGS 656, 657 AND 658 DEVELOPMENT & IMPLEMENTATION



Wednesday, July 11, 2018

9:00 am -3:30 pm

Handelman Conference Center
7090 Samuel Morse Drive, Suite #400
Columbia, Maryland

Registration / Breakfast 8:30 am. Doors open at 8:15 am

TARGET AUDIENCE

- Administrators
- Nursing Staff and Leaders
- Social Workers
- Quality Assurance Staff
- Rehabilitation Services

FEES:

- LifeSpan Members: \$165
- Nonmembers: \$265

OBJECTIVES

1. Identify the regulatory requirements for the Comprehensive Resident Centered Care Plan
2. Describe the requirements for development implementation and maintaining professionals standards.
3. Understand how to maintain compliance and be survey ready

PROGRAM

This seminar will focus on the Comprehensive Care Plan and the revised professional standards. CMS Final Rule states that a facility must develop and implement a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

The workshop will include but not be limited to F-Tags F656, F657 and F-658. The session will also review how the interdisciplinary team can monitor to make sure they are in compliance with professional standards.

CEU – 5.5

- Administrator

SPEAKERS

Barbara A. Bates, MSN, RAC-CT, QCP-MT, DNS-MT

Linda J. Winston, MSN, RAC-CT, QCP-MT, DNS-MT

AGENDA

8:30 AM Registration/Breakfast

9:00 AM — 10:30 AM

- Regulations- Requirements of Participation (RoP) Comprehensive Care plans
- Resident Rights
- Person Centered Care
- Admission Goals
- Discharge Planning
- Behavior Management
- Trauma Induced Care

10:30 AM — 10:45 AM Break

10:45 AM — 12:00 PM

- Centered Care Plans development and implementation

12:00 PM — 12:30 PM Lunch

12:30 PM — 2:00 PM

- Resident Assessment and Developing and Implementation Comprehensive Care plans

2:00 PM — 2:15 PM Break

2:15 PM — 3:30 PM

- Compliance and survey readiness

3:30 PM Adjourn

Continuing Education Credits

This program is approved for 5.5 continuing education credits for assisted living managers. The program is approved by the National Continuing Education Review Service (NCERS) of the National Association of Boards of Examiners of Long Term Care Administrators.

Registration Policies

1. Please mail or fax your registration early. Space is filled on a first served basis. Policy and deadlines for registration are the same by fax as by mail.
2. Please enclose a check or complete the credit card registration below. Faxed registrations must include credit card or purchase order information.
3. Registrations and payment must be received no later than five days prior to the workshop.
4. We reserve the right to cancel this program due to insufficient registration.

Cancellation Policy

Refunds, minus a \$25 processing fee per registrant, will be honored if requested in writing five (5) business days prior to the date of the seminar. In the event of emergency, attendees may send substitutions in their places without prior notification.

Inclement Weather Policy

If Howard County Public Schools are closed or opening late due to inclement weather, all seminars are **CANCELLED**. Registrants will be contacted regarding rescheduling arrangements.

SEMINAR LOCATION

**HANDELMAN CONFERENCE CENTER
7090 SAMUEL MORSE DRIVE
SUITE #400
COLUMBIA, MD 21046**

(Located at rear of building)

REGISTRATION FORM

**Comprehensive Care Plan § 483.21: NEW F-Tags 656,657 and 658
Wednesday, July 11, 2018**

PLEASE PRINT. Copy this form for multiple registrants. Please register and return by **July 6, 2018.**

Name _____ Title _____

Email (**REQUIRED**) _____

NH Administrator License # _____ NAB CE Registry ID # _____

Organization Name _____

Organization Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____

Fee: Lifespan Members:\$165 Nonmember:\$265 **Total Amount Due:**

Please mail with check payable to:

THE BEACON INSTITUTE, 7090 Samuel Morse Drive, Suite #400, Columbia, MD 21046

Or fax with credit card information to 410.381.6061



Name on Card _____ Account No. _____

CVV2 Security Code _____ Expiration Date _____ Signature _____

Credit Card Billing Address _____

Card Holder Email Address _____