



It's Not Just About Bingo Anymore: Changing the Focus of the Traditional Activity Department

DATE & LOCATION

Thursday, June 28, 2018

9:00 am – 3:30 pm

**Handelman Conference Center
Columbia, Maryland**

Registration/breakfast begin at 8:30 am

Doors open at 8:15 am

TARGET AUDIENCE

- Activity Professionals
- Administrators
- Assisted Living Managers

CE — 5.5

- Activity Professional
- Administrator
- Assisted Living Manager

Fees

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

SPEAKER

Sarah Kneisler, RMT/NHA has 30 years experience in long term health care. She received a Bachelor of Music-Music Therapy degree from the University of Wisconsin-Eau Claire in 1979 and a Nursing Home Administrator's license in 2003. Sarah has served as a Music Therapist, Activity Director/Volunteer Coordinator, Life Enrichment Coordinator, Nursing Home Administrator and Senior Director of Life Services. Twenty one years of her career were spent at Good Shepherd Services, Seymour, Wisconsin, the co-founder of the national culture change initiative, the Wellspring Institute. Sarah has been recognized by the State of Wisconsin as Activity Professional of the Year, and a "Best Practice Award" for the "Walking to the Beat" Program.

OBJECTIVES

1. Describe how a vibrant activity department can be the catalyst for reducing antipsychotic medication and dementia-related behaviors
2. Demonstrate how to adapt group and individual activities to meet changing resident needs
3. Implement techniques to involve interdisciplinary staff to provide engagement opportunities
4. Relate the symptoms and strengths of residents with dementia

PROGRAM

This hands-on, interactive seminar will introduce person-centered activities that have proven effective in reducing target behaviors. Staff will be encouraged to bring their activity calendars to evaluate current engagement opportunities and plan for the future based on specific resident populations and challenges.

Learn how a vibrant activity department can be the catalyst for antipsychotic medication reduction and a higher level of resident well-being.

To assure maximum value from this seminar, please bring your most current activity calendar and a list of the residents in your community with you to the seminar. If possible, also bring a list of each resident's favorite activity. Please do not ask the residents to choose their favorite activity from what you offer, but instead just respond to the question (or make an observation) of what their favorite activity is.

AGENDA

**8:30 AM Registration/
Breakfast**

9:00 - 10:30 AM

- Discuss the value of activity, Meaningful Engagement and well-being
- Review the symptoms and strengths of individuals with dementia
- Review MDS 3.0 Section F) Customary Routines and Preferences) to determine resident interests and provide a graph to determine how to allocate staff time and abilities to meet resident needs

10:30-10:45 AM Break

10:45 AM – 12:00 PM

- Use staff strengths: offering activities provided by the Interdisciplinary Team
- Explain and involve participants in providing a variety of programs designed for residents with dementia

12:00 – 12:30 PM Lunch

12:30 – 2:00 PM

- Explain and involve participants in providing a variety of programs designed for residents with dementia

2:00-2:15 PM Break

2:15 – 3:30 PM

- Hands-on Activity: Changing the face Meaningful Engagement in Your Community

3:30 PM: Adjourn

Continuing Education

This program is sponsored by the Beacon Institute. This program is approved for 5.5. The program is approved by the National Certification Council for Activity Professionals (NCCAP) for continuing education for activity professionals. continuing education hours. This program is approved by the National Continuing Education Review Service (NCERS) of the National Association of Boards of Examiners of Long Term Care Administrators. This program is approved by the Maryland Board of Social Worker Examiners for Category I continuing education for social workers in Maryland. The program is approved by the Office of Health Care Quality (OHCQ) for continuing education credits for assisted living managers.

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

It's Not Just About Bingo Anymore: Changing the Focus of the Traditional Activity Department Thursday, June 28, 2018

PLEASE PRINT. Copy this form for multiple registrants. Please register and return by June 22, 2018.

Name _____ Title _____

NH Administrator License # _____ NAB CE Registry ID # _____

Email (Work) **Required** _____

Facility Name _____

Facility Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____

Fees: LifeSpan Members: **\$165** Non-members **\$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 _____