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NALA
NEBRASKA ASSISTED LIVING ASSOCIATION
3900 NW 12th St Ste 100
Lincoln NE 68521-3037

ADDRESS SERVICE REQUESTED



Potential Legal Challenges in Assisted Living Facilities

Wednesday, August 5, 2009

Vetter Learning Center

Located in the Nebraska Health Care Association Office
3900 Northwest 12th Street, Suite 100
Lincoln, Nebraska 68521-3037
Phone: (402) 435-3551

NALA EDUCATION

Nebraska Assisted Living Association
Serving Those Who Serve

Potential Legal Challenges in Assisted Living Facilities

Program Content

Who can speak on behalf of the resident if the resident cannot speak for herself or himself? The family member is not the answer. What do the regulations require? Do your residents meet that requirement? What are the legal risks for a facility with a resident service agreement? How does HIPPA apply to an assisted living facility? This session will review the regulatory requirements for assisted living facility and legal representation; discuss guardianship, conservatorship, power of attorney, and durable power of attorney; and discuss HIPPA implications and the legal responsibilities of the resident service agreements.

Program Objectives

At the conclusion of the program, participants will be able to:

1. Differentiate between guardianship, power of attorney, durable power of attorney, and conservatorship;
2. Discuss with the resident their plan for legal representation;
3. Describe the legal risk for the facility associated with resident legal representation;
4. Describe the implications of HIPPA for assisted living facilities; and
5. Describe the legal responsibilities of an assisted living facility.

Audience

Administrators/Directors/Managers,
Resident Service Coordinators, and Nursing
in Assisted Living Facilities

Continuing Education Credit

This program is appropriate for the educational requirement for assisted living administrators. This education program meets the continuing competency requirements of 6 hours for the renewal/reinstatement of a Nebraska Nursing Home Administrator's license as granted by the Nebraska Board of Nursing Home Administrators. This program meets the criteria of a peer approved continuing education program of 6 hours for nurses. Participants must stay in the education program the entire time to receive full credit.

Potential Legal Challenges in Assisted Living Facilities

Schedule

8:30 am - 9:00 am Registration
 9:00 am - 10:30 am Program
 10:30 am - 10:45 am Break
 10:45 am - 12:15 pm Program, continued
 12:15 pm - 1:00 pm Lunch (provided)
 1:00 pm - 2:15 pm Program, continued
 2:15 pm - 2:30 pm Break
 2:30 pm - 4:15 pm Program, continued

Speaker

Kevin Ruser, J.D.

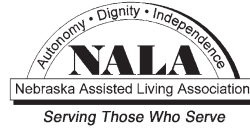
Kevin Ruser, J.D., is the Director of Clinical Programs, Clinical Professor of Law, and Director of the Civil Clinical Law Program at the University of Nebraska—Lincoln, College of Law, Lincoln, Nebraska.

Taping—Cellular Phones—Pagers

Material presented at this educational program is the property of the speaker or Nebraska Assisted Living Association. Therefore, taping of the program is not allowed. NALA also asks that all cellular phones and pagers be turned off during educational programs.

No Smoking Policy

A no-smoking policy has been implemented by the NHCA Board of Directors. Smoking will not be allowed in the room where an educational program is being held.



Registration Information

REGISTRATION FEES

Facility Administrator/Manager/Owner:
 Member (NALA, NHCA, LPNAN) \$108
 Non-member \$216
 Facility Staff:
 Member (NALA, NHCA, LPNAN) \$ 76
 Non-member \$152
 NHCA Student Member: \$ 54

Register by Mail, Phone, Fax, or Online!

All Personal Associate Members, Student Members, Business Associate Members, LPNAN members, and non-members—fees must be paid in advance and must accompany the registration form. If you are not a member of NALA, NHCA, or LPNAN, please pay the non-member fee.

- **Registration includes breaks, lunch, and handout materials.**
- **If you hold a Nebraska Nursing Home Administrator License, you must register as an Administrator.**

PRE-REGISTRATION is encouraged. There will be a \$10.00 PER PERSON ADDITIONAL CHARGE for registrations not received in the NALA office by the close of business on July 30 for the August 5 program. Registration at the door will be accepted only if space permits.

CANCELLATIONS—There will be NO REFUNDS for cancellations received in the NALA office after July 31 for the August 5 program except in the case of a death in the registrant's immediate family—mother, father, husband, wife, brother, sister, or child.

REFUNDS—Registration fees will be credited/refunded MINUS a \$15.00 PER PERSON SERVICE CHARGE for cancellations received in the NALA office by the close of business on or before July 31 for the August 5 program.

ALTERNATE REGISTRANT—If a registrant must cancel, an alternate registrant is always accepted to replace the cancelled registrant. This applies to facility members and facility non-members.

Treasury Regulation §1.162-5 Coughlin vs. Commissioner, 203 F.2d 307, permits an income tax deduction for education expenses (registration fees and cost of travel, meals and lodging) undertaken to: (1) maintain or improve skills required in one's employment or other trade or business or (2) meet express requirements of an employer or a law imposed as a condition to retention of employment, job status, or rate of compensation.

NALA EDUCATION

REGISTRATION FORM:

Potential Legal Challenges in Assisted Living Facilities — August 5, 2009

Mail: NALA, 3900 NW 12th St Ste 100, Lincoln NE 68521-3037

Phone: (402) 435-3551 Fax: (402) 475-6289 Online: www.nehca.org



Facility: _____ Phone: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

Billing Information: Check Enclosed Cash
Membership Status: Member Non-Member

Credit Card Bill

Cardholder's Name (PRINT): _____
 Credit Card #: _____
 Expiration Date: _____
 Cardholder's Billing Address, City, State, Zip: _____
 Signature: _____
 Your signature on the line above will authorize this transaction. †

 If you have a disability that requires special needs, please attach a written description of your needs.

Check for Administrator Hours Name _____ Title _____ \$ _____
 Name _____ Title _____ \$ _____
 Name _____ Title _____ \$ _____

Please print or type clearly!

Check for Administrator Hours

Total \$ _____

If you are registering more than 3 people, please duplicate this form as necessary.

Save Money—Register Early! Register by Mail, Phone, Fax, or Online!

For NALA Office Use: ACCT ID _____
 For NALA Office Use: **PLC-AL**