



ASSISTED LIVING ADMINISTRATOR REFRESHER – SECTION 2

March 8-9, 2012

Vetter Learning Center, NALA Office
3900 Northwest 12th Street, Suite 100, Lincoln, Nebraska 68521-3037
Phone 402-435-3551

Sponsored by HealthConnect at Home

OVERVIEW

The assisted living administrator refresher consists of 12 actual classroom hours. The classroom content will cover topics generic to all administrators in assisted living.

OBJECTIVES

At the completion of the assisted living administrator refresher, the participant will be able to:

1. Identify the roles and responsibilities of the administrator in managing the operation of the facility,
2. Discuss the philosophy and principles of assisted living,
3. Describe the responsibilities for an administrator related to the financial aspects of the facility,
4. Relate the provision of services to a resident with changing needs, and
5. Review the rules and regulations and standards of operation related to the assisted living facility.

WHO SHOULD ATTEND

This training is designed as a refresher for any individual in an administrator/director/manager position in an assisted living facility.

SCHEDULE

Section 2 – March 8-9, 2012

March 8: 9:30 am Registration

10:00 am - 4:15 pm

- Care and Services – Nursing Consultant, Medication Aide, Complex Nursing
- Aged and Disabled Waiver
- Abuse and Neglect Reporting Requirements

March 9

8:00 am - 3:30 pm

- Gerontology/Aging
- Nutrition and Food Code
- Resident Rights, Grievances, Customer Satisfaction, and Quality Improvement

ASSISTED LIVING ADMINISTRATOR REFRESHER

LEAD INSTRUCTOR/FACILITATOR

Connie Wagner, R.N.
 Director of Education, NHCA/NALA, Lincoln, Nebraska

CONTINUING EDUCATION CREDIT

This education program is appropriate for 12 hours for the assisted living administrator continuing education requirement. This education program meets the continuing competency requirements of up to 12 hours for the renewal/reinstatement of a Nebraska Nursing Home Administrator's license as granted by the Nebraska Board of Nursing Home Administrators. Participants must stay in the education program the entire time to receive full credit.

Please bring a sweater or jacket to ensure comfort in the classroom.

TAPING – CELLULAR PHONES – PAGERS

Material presented at this education program is the property of the speakers or Nebraska Health Care Association/Nebraska Assisted Living Association. Therefore, taping of the program is not allowed. Cellular phones and pagers should be turned off during education programs.

TAX DEDUCTION FOR EDUCATION EXPENSE: 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.

HOTEL ROOM BLOCK

Ask for the Nebraska Assisted Living Association Group Rate!

COUNTRY INN & SUITES

5353 North 27th Street, Lincoln, Nebraska 68521
 Phone 402-476-5353 or 800-456-4000
 Rate: \$99.99 per night • Release date: February 8, 2012

LINCOLN HEIGHTS HOTEL

1301 West Bond Circle, Lincoln, Nebraska 68521
 Phone 402-474-2080 or 888-844-7533
 Rate: \$70 per night • Release date: February 8, 2012

STAYBRIDGE SUITES

2701 Fletcher Avenue, Lincoln, Nebraska 68504
 Phone 402-438-7829
 Rate: \$79.99 per night (studio suite)
 Release date: February 8, 2012

REGISTRATION INFORMATION

PRE-REGISTRATION is encouraged. Registration at the door will be accepted only if space permits.

Registrants are billed as soon as a registration is received by NHCA/NALA. If an invoice is not received within three business days, please call 402-435-3551 to confirm that the registration was received by the NHCA/NALA office.

SUBSTITUTIONS are accepted until the event begins. Substitutions are not possible once the event has started.

CANCELLATIONS – There will be NO REFUNDS for cancellations received in the NHCA/NALA office after March 5 for the March 8-9 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 \$30 per person SERVICE CHARGE for cancellations received in the NHCA/NALA office by the close of business on or before the above cancellation date.

If attendance at an education event is interrupted by a State survey or inspection, a registration refund can be issued for the unused portion of the event. If you are unable to attend an event because of survey or inspection, a full refund can be issued. Written requests for refunds due to survey/inspection and written proof of the survey/inspection are required within 30 days of the education event's start date.

All NHCA/NALA Personal Associate Members, Student Members and Business Associate Members; NHPCA members; LPNAN members; and non-members – fees must be paid in advance and must accompany the registration form.

To register by mail or fax, use the attached registration form

To register online, go to www.nehca.org

A confirmation letter will be sent and is required for admission.

REGISTER EARLY TO SAVE!

REGISTRATION FEES

Member* on/before February 22.....	\$175.00
Member* after February 22	\$200.00
Non-member on/before February 22.....	\$350.00
Non-member after February 22	\$375.00

Registration includes lunch, breaks and handouts for both days.

*Member rates apply to NHCA, NALA, LPNAN, and NHPCA members.

REGISTRATION FORM — Assisted Living Administrator Refresher – Section 2

March 8-9, 2012 • Register by Mail, Fax, Phone, or Online

NALA, 3900 NW 12th St Ste 100, Lincoln NE 68521-3037 • Fax 402-475-6289 • Phone 402-435-3551 • www.nehca.org

Facility _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Please Print or Type Clearly.

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

Name _____ Title _____ Fee \$ _____

E-mail _____

Name _____ Title _____ Fee \$ _____

E-mail _____

Total Registration Fees \$ _____

Membership Status: Member Non-Member

Billing Information: Check Enclosed Cash
 Credit Card Bill



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

If you wish a vegetarian meal or have other dietary restrictions, make a notation by your name.



nebraska
 assisted living association

advocate. educate. support.

Cardholder's Name (PRINT) _____
Credit Card # _____
Security Code # on Card Back _____ Expiration Date _____
Cardholder's Billing Address, City, State, Zip _____

Cardholder's E-mail _____
Signature _____
Your signature on the line above will authorize this transaction. ↑