

Important Changes to the State Operations Manual that Impact Your Facility

Seminar Purpose

Last December, the Centers for Medicare and Medicaid Services (CMS) updated approximately 20 F tags in the State Operations Manual (SOM), Appendix PP.

A few have major additional information than before, with clarification and new definitions. In most, there are just minor changes. However, for your facility, it is imperative to know the ones that may impact your upcoming survey.

This session will review in depth, the major F tags that have changed, as well as give you an update of the other changes so you can educate your staff and prepare for the future.

Upon completion of this seminar, participants will be able to:

1. Understand the new language that relates to care of the resident with dementia.
2. List the components of the new investigative protocol for feeding tubes.
3. List the policies and protocols staff are required to know as they relate to residents.

Speakers

Marilyn Mines, RN, BC, RAC-CT, Senior Manager, Clinical Services, for Frost, Ruttenberg and Rothblatt (FR&R). Marilyn provides clinical and reimbursement consulting to Skilled Nursing Facilities and other post-acute providers, concentrating on regulatory and compliance issues.

Connie Jensen, RD/LD, Acting Division Chief Long Term Care, Section Chief Education and Training, Illinois Department of Public Health (IDPH). Connie has 38 years of experience in the long term care field, including the provider side and Public Health. She is a Registered/Licensed Dietitian and has been employed by IDPH for the past 24 years; 13 years in management.

Seminar Locations

Tuesday, March 10, 2015

8:30 AM to **12:30 PM**, Check-in at 8:00 AM
Skokie Holiday Inn
5300 West Touhy Avenue, Skokie 60007

Thursday, March 12, 2015

1:00 PM to 5:00 PM, Check-in at **12:30 PM**
Oak Lawn Hilton
9333 South Cicero Avenue, Oak Lawn 60453

**Please Note Dates and Time Changes ~
Seminar will be FOUR (4.0) hours**

Seminar Times

Please Note Time Changes

8:00/12:30	Registration
8:30/1:00	General Overview
8:45/1:15	Review of all changes, with the exception of: F309, F322, F329; and F441
10:15/2:45	Break
10:30/3:00	Review of: F309, F322, F329; and F441
12:30/5:00	Evaluations and Adjourn

Continuing Education Credits

The Illinois Department of Professional Regulation has approved these presentations for **FOUR (4.0)** hours of Continuing Education credit for Licensed Administrators, Nurses and Social Workers. All other attendees may use their Illinois Council Annual Attendance Report as proof of participation.

This seminar is relevant for administrators, owners, dietitians, nurses, activity professionals and all staff who provide care to the residents.

**Illinois Council on Long Term Care
The 2015 Seminar Series for Nursing Home Professionals**

Important Changes to the State Operations Manual that Impact Your Facility



**Tuesday, March 10, 2015 at the Skokie Holiday Inn, 8:30 AM to 12:30 PM
Thursday, March 12, 2015 at the Oak Lawn Hilton, 1:00 PM to 5:00 PM**

Facility _____

Address _____ Telephone _____

City _____ Zip _____ E-mail _____

PLEASE PRINT OR TYPE

Name and Email Address	Council/IHCA Member	Non-Member	Admin/Nurse/SW License #	Skokie	Oak Lawn

Seminar Fees: Non-Members: \$165 Council/IHCA Members: \$105

THE CLOSING DATE FOR REGISTRATION is **Wednesday, March 4, 2015**. Registrations and payments received after the closing date will be \$245 for non-members and \$165 for members. Cancellations will be accepted, and refunds issued, **ONLY** when the Council receives a phone call or fax by 9:00 a.m. the **DAY BEFORE the seminar**.

<p align="center">REGISTRATIONS WILL NOT BE PROCESSED WITHOUT PAYMENT</p> <p>Photocopy the completed Registration form for your records and then mail or fax the <u>original</u> Registration form, with check or credit card information (VISA, Master Card, or Discover ONLY) to: Illinois Council on Long Term Care – Suite 400 3500 West Peterson Avenue, Chicago, Illinois 60659 Phone: 773/478-6613 Fax: 773/478-0843</p>	<p align="center">Office Use Only: 1503 A B</p> <p>Amount Due: _____ Date Recd: _____ Amount Recd: _____ Check #: _____ Credit Recd: _____ Comments: _____</p>
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