

Home Health & Hospice Surveys

Understanding the Process

PROGRAM DESCRIPTION: Participants will be presented with information about the survey process for home health and/or hospice agencies in New Jersey. The program will provide answers to the following questions: What are the Federal Conditions of Participation (COPs) and how do they differ from State Licensing Standards? What role does the NJ Department of Health and Senior Services play in the oversight of Home Health and Hospice Agencies? How does an agency prepare for the survey? What is required for a complaint survey versus a regular survey? What is a Plan of Correction and how does an agency complete an effective Corrective Action Plan?

TARGET AUDIENCE: Home Health and Hospice Agency Administrators, Executive Directors, CEOs, Quality Managers and Staff, Nurses, Therapists and other Clinical Staff.

WORKSHOP DATE October 14, 2010

Registration 8:30AM
Program 9:00AM- 12:00PM

Registration 12:30PM
Program 1:00PM- 4:00PM

LOCATION

Home Care Association of NJ
485D Route 1 South, Suite 210
Iselin, NJ 08830

SPONSORED BY:



The Catalyst for Excellence in Home Care & Hospice



OBJECTIVES:

- Define Home Health and Hospice regulatory requirements, including federal and state licensing standards
- Describe survey process and how to prepare
- Identify common deficiencies
- Identify recent survey trends
- Describe the appeals process

PRESENTERS:

Stefanie Mozgai, BA, RN, CPM

Supervisor of Inspections
Acute Care Assessment & Survey
Division of Health Facilities Evaluation & Licensing
NJ Department of Health & Senior Services

Alice Ferrant, RN, BSN

Health Care Evaluator/ Nurse
Office of Health Facilities Assessment and Survey
Division of Health Facilities Evaluation & Licensing
NJ Department of Health & Senior Services

THIS PROGRAM QUALIFIES FOR:
3 Nursing Continuing Education Credits

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October 14, 2010

8:30 AM- 12:00 PM or 12:30 PM- 4:00 PM

REGISTRATION FEES:

- Member of Home Care Assoc of NJ:** \$125.00
- Non-Members:** \$275.00

Registration confirmation will be sent only to those providing a valid email address. Registration fees will be refunded only if written cancellation is received by **October 1, 2010**. Cancellation requests should be emailed to donna@homecarenj.org. Registrants unable to attend may send an alternate if Home Care Association of NJ is notified in advance. In the event of a written cancellation, Home Care Association of NJ will retain 25% of the initial fee to cover administrative overhead. There will be a \$25 service charge on all returned checks. For more information or if you have a disability or require special accommodations please call 732-877-1100 or email karen@homecarenj.org. The sponsors reserve the right to cancel or modify any workshop listed herein for any reason without advanced notice. Make checks payable to: Home Care Association of NJ. **Registrations must be received in writing. Registration will not be accepted without payment for non-member agencies.**

Session Choice: *(please check)* **AM Session** (8:30am-12pm) **PM Session** (12:30pm-4pm)

Name: _____

Agency Name: _____

Agency Address: _____

E-mail Address (please print legibly): _____

Phone: _____ **Fax:** _____

PAYMENT INFORMATION:

Total Amount Due: \$ _____

Check # _____ *(payable to: Home Care Association of NJ)*

Credit Card: Visa MasterCard American Express

Credit Card Number: _____ **CCV #** _____

Exp. Date: _____ **Name (as it appears on card):** _____

Address (of cardholder): _____

Signature (required): _____

Fax completed registrations to (732) 877-1101 or mail with payment to: Home Care Association of NJ
485D Route 1 South, Suite 210, Iselin, NJ 08830. For questions please contact Karen Noll at karen@homecarenj.org