

## DETAILS/PROGRAM SCHEDULE

### Objectives

Gain working knowledge of the survey process from beginning to end from the professionals conducting your surveys and the consultants who are in agencies before, during and after!

Our Experts will give you:

- ◆ Preparation tips for peak performance
- ◆ Guidelines to get you through the survey visit
- ◆ The keys to preparing an acceptable Plan of Correction
- ◆ Important cautions regarding fraud, red flags and adverse events.

Attend this workshop and learn everything you need to know to about surveys.

### Workshop

9:00 am - 3:30 pm (Registration 8:00 - 9:00 am)  
*Networking Lunch provided*

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## Survey Preparation: Strategies to Prevent Survey Panic

**September 21, 2009**

Courtyard by Marriott - Cal Expo  
Sacramento, CA

**September 23, 2009**

Knott's Berry Farm Resort  
Buena Park, CA

**Brought to you by:**

California Association for  
Health Services at Home



## HOTEL INFORMATION

**September 21, 2009**

Courtyard By Marriott Cal Expo  
1782 Tribute Road  
Sacramento, CA 95815  
(916) 929-7900

**September 23, 2009**

Knott's Berry Farm Resort  
7675 Crescent Avenue  
Buena Park, CA 90620  
(714) 995-1111

## CEUs

Provider approved by the California Board of Registered Nursing (Provider #CEP2463 and by the California Board of Behavioral Sciences (Provider #PCE588) for five (5) contact hours of continuing education. You must be present for the entire workshop to earn Continuing Education Units. No partial credits can be given.

California Association for Health Services at Home  
3780 Rosin Court, Suite 190  
Sacramento, CA 95834  
www.cahsah.org



**Supported by:**

*Strategic Healthcare Programs, LLC*



## AGENDA

**8:00 - 9:00 am Registration**

**9:00 - 10:00 am DPH Update**

DPH representative will discuss the following:

- ◆ Types of Surveys: Standard, partial extended, or extended survey
- ◆ Survey frequency
- ◆ Regulations: State and Federal
- ◆ Survey Tasks: How surveyors prepare for a survey and what they look for in the survey process. Info gathering methods Surveyors use during a survey.
- ◆ The Plan of Correction: Timeliness and content
- ◆ Present and future trends for survey process, including initial surveys
- ◆ Most written deficiencies on a survey

**10:15 - 11:15 am CMS Update**

CMS representative will discuss the following:

- ◆ Re-enrollment (Form 855A) status
- ◆ CMS directive requiring description of need and accreditation alternative for initial certification
- ◆ Any major policy changes
- ◆ Difference in surveying large agencies vs. small agencies
- ◆ Fraud and Abuse
- ◆ Resurveys

**11:15 - 11:45 am Questions & Answers**

**11:45 - 12:45 pm Lunch**

**12:45 - 1:30 pm Before the Survey**

Learn steps to be survey ready at all times. Learn to use your OBQI data to your agency's advantage. Know the implications of your Adverse Event Reports. Hear about how you can use your data to provide insight into system issues.

**1:30 - 2:15 pm During the Survey**

Learn useful tips for a successful surveyor's on-site visit. Plan how to have your management and field staff prepared for the survey experience, including patient visits and how to avoid an Immediate Jeopardy finding.

**2:30 - 3:15 pm After the Survey**

Learn about preparing and implementing a Plan of Correction that not only ensures regulatory compliance, but is a blueprint for agency performance improvement. Review actual standard and condition level deficiencies and the plans submitted to correct them.

**3:15 - 3:30 pm Questions & Answers**

## FACULTY

**Mary Lou Connolly, RN, MS**

Consultant

McCoy & Connolly Consulting, Inc.  
Former Administrator, UCSD Home Care

**Nancy McCoy, RN, MS**

Consultant

McCoy & Connolly Consulting, Inc.  
Former Dir. Of Clinical Services,  
UCSD Home Care

**Connie Little, RN, MS**

Consultant

CFL Consulting  
Former Dir. of West Bay Home Health &  
Community Services

**Pat Frey**

Team Leader for Home Health,  
Hospice and ASCs

Centers for Medicare & Medicaid Services  
(CMS) Region IX

**Representative**

Department of Public Health

## HOW TO REGISTER

- **ON-LINE** with your credit card at: [www.cahsah.org](http://www.cahsah.org)
- **FAX** your registration to: (916) 641-5881
- **MAIL** your registration to:  
CAHSAH  
3780 Rosin Court, Suite 190  
Sacramento, CA 95834
- **PHONE** in your registration with credit card payment to: (916) 641-5795 ext. 113
- **QUESTIONS?**  
Contact CAHSAH at (916) 641-5795 ext. 113

**CANCELLATIONS:** Received 10 days prior to the program date are subject to a 20% handling fee. Cancellations must be in writing. **NO REFUNDS** will be issued for cancellations received within 10 days of the program. Refunds will NOT be made for no-shows. However, substitutions will be allowed. Should CAHSAH cancel the program, a full registration fee refund will be issued.

## REGISTRATION FORM

September 21, 2009 - Sacramento, CA

September 23, 2009 - Buena Park, CA

RATE SCHEDULE	Member	Non-member	Sub-total
<input type="checkbox"/> Early Bird Registration Must be received by August 21, 2009	\$175	\$350	_____
<input type="checkbox"/> Advance Registration Must be received by September 4, 2009	\$195	\$390	_____
<input type="checkbox"/> On-Site Registration Day of program - space permitting	\$235	\$470	_____
Save \$10 off each registration when registering two or more people from the same agency. <b>ONLINE REGISTRATION ONLY</b>			<b>Total \$</b> _____

**Not a CAHSAH member?** Contact CAHSAH at (916) 641-5795 ext. 114 to find out how you can join and receive member benefit discounted registration rates for this important training program!

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Attendee Name & Title

\_\_\_\_\_  
RN Number

\_\_\_\_\_  
Attendee Name & Title

\_\_\_\_\_  
RN Number

\_\_\_\_\_  
Company Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
Email Address (Confirmations will be sent to this address)

### Pre-payment is required

<b>Method of Payment</b>		<input type="checkbox"/> Check (payable to CAHSAH)
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Credit Card #	Exp. date	
Credit Card Billing Address	City, State, Billing Zip Code (required)	
Cardholder Name (please print)		
Signature (required)		