42nd Annual
20-HOUR SYMPOSIUM
April 1 - 3, 2014

NEW LOCATION
RESORTS CASINO & HOTEL
Atlantic City, New Jersey

FACILITY PACKET
PAYMENT  All registrations must be accompanied by payment in full. Checks should be made out to HCANJ. We accept Visa, MasterCard and American Express. Registrations received without full payment cannot be processed.

REGISTRATION INCLUDES
- Access to education sessions
- Buffet breakfast & lunch (Kosher available)
- Refreshment breaks
- Access to the exhibit hall and prize drawings

Each individual must be registered and have paid the daily fee in order to take advantage of the above listed on the day(s) they are attending.

BADGES/PROGRAM MATERIALS  Please make certain to print your information clearly on your registration form to avoid badge errors. Badges cannot be mailed in advance. Each registered individual must pick up their own badge at the registration desk on site.

DRESS CODE  Attendees are encouraged to employ a business casual dress code. Bring a jacket or sweater to ensure your comfort in the event of meeting room temperature changes.

CANCELLATIONS/REFUND POLICY  HCANJ reserves the right to cancel any program for which received registration fees are insufficient to support budgeted expenses. In the event of inclement weather, call the HCANJ office at (609) 890-8700 for cancellation information. When HCANJ cancels a program, and rescheduling fails, all registration fees are refunded in full with notification. HCANJ regrets that we are unable to offer refunds for cancelled registrations and no-shows.

REGISTRATION SUBSTITUTIONS  If the originally registered individual is unable to attend the program, we encourage substitution from the same facility. Since badges are not transferable, individuals wishing to make a substitution should call HCANJ at 609.890.8700 or email the change request to michelle@hcanj.org. Be sure to include the information for the new attendee so that new badges can be prepared in advance of the conference. Last minute changes can be accommodated provided the replacement attendee notifies HCANJ staff upon arrival onsite to allow preparation of a new badge.

EXHIBITOR PRIZE DRAWINGS: All prize drawings will take place in the exhibit room during lunch. Attendees wishing to participate must visit with exhibitors on a daily basis, complete their ballots or drop off business cards prior to each drawing. Participants must be registered for the conference and must be present in the exhibit room to win or another name will be drawn and announced.

LODGING  All lodging is made and paid by participant and not included in your registration fee. A limited amount of rooms are blocked at the discount rate of $69 / night plus applicable taxes. The discounted block will be held through March 17,2014 and reservations are on a first-come, first-served basis.

TO RESERVE A ROOM AT THE RESORTS CASINO AND HOTEL:
1) call the hotel directly at 1.888.797.7700
2) give group code: VHCA14

Rooms include VIP check-in and complimentary wireless internet in both meeting and guest rooms.

CONTINUING EDUCATION AND CONTACT HOURS:
- LNHA and CALA - NJ Approved / NY PA DE - 20 hours submitted and pending approval
- Nurse - 11 hours submitted and pending approval

Credit hours are indicated in each program description. All attendees will be scanned both in and out of each program in order to track and award accurate education credits / contact hours. All attendees will be required to fill out an evaluation which will be collected at the conclusion of each program.

HCANJ reserves the right to make alterations, additions, or omissions to the program or schedule when, in our opinion, such alteration is necessary.

ADMINISTRATOR EDUCATION CONTACT HOURS: This continuing education program is approved for LNHA and CALA by the Health Care Association of New Jersey (HCANJ) and is in compliance with N.J.A.C. 8:34-7.3 to provide licensed nursing home administrator (LNHA) and certified assisted living administrator (CALA) education credits accepted by the Nursing Home Administrators Licensing Board (NHALB). This education activity may only be used for continuing education credit and not to meet academic college credits.

PA, NY and DE credits have been submitted to the State Board of Examiners of Nursing Home Administrators and are pending approval.

LNHA and CALA certificates will be available within 30 days of the conference. Certificates can be printed at http://ceu.hcanj.org/

NURSING EDUCATION CONTACT HOURS: This activity has been submitted to NJSNA for approval to award contact hours. New Jersey State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Approval status does not imply endorsement by HCANJ, NJSNA or by ANCC of any commercial products discussed / displayed in conjunction with the educational activity.

The nurse planner and speakers have been cleared that there is no presence of conflict of interest for this event.

QUESTIONS?  Please call the HCANJ Office at 609.890.8700
Registration/Program/Hotel: Michelle Palko - michelle@hcanj.org
Member Status/Billing: Andrea Browne - andrea@hcanj.org
Tuesday, April 1, 2014

7:30 a.m.  Ballroom open to exhibitors only
8 a.m.  to 9 a.m.  *The Ballroom* Registration, tour of exhibits, complimentary breakfast
9 a.m.  to 9:15 a.m.  *Welcome - President, HCANJ*
9:15 a.m.  to 12 noon  *Horizon Room*  **TO BUILD OR TO RENOVATE, THAT IS THE QUESTION**

When contemplating building in the health care profession, where do you begin? Listen while peers share their
decision-making process of new vs. remodel, where to build and how to begin the process.
*Herbert Heflich*, Chairman and CEO, Chelsea Senior Living
*Don Pelligrino*, CEO & Owner, Bridgeway Senior Healthcare
*Steven Heaney*, Vice President of Operation and Real Estate, Brandywine Senior Living

3 LNHA and CALA - NJ Credit Hours approved; PA, NY & DE Credit Hours pending

12 noon  to 1 p.m.  *The Ballroom* Complimentary lunch, tour of exhibits, drawing for exhibitor prizes
1 p.m.  to 3 p.m.  *Horizon Room*  **DO THE STARS REALLY HOLD YOUR DESTINY? Forecasting your future in CMS' Five-Star System**

The Five-Star public data reporting is an important “story” for each SNF providing services in the US market. This presentation will provide the audience with a detailed overview of the three components that drive the Five-Star rating that includes the calculations and data cut-points used to assign a ‘star’ to each category. Strategies for success will be provided to help facilities implement steps to improve and/or manage their star rating and remove the element of surprise from the process.
*Steven Littlehale*, MS, GCNS-BC, Executive Vice President & Chief Clinical Officer, PointRight Inc.

2 LNHA and CALA - NJ Credit Hours approved; PA, NY & DE Credit Hours pending

3 p.m.  to 3:15 p.m.  *The Ballroom* Tour of Exhibits, complimentary refreshment break
3:15 p.m.  to 5:15 p.m.  *Horizon Room*  **FACE-LIFT YOUR FACILITY ON A LIMITED BUDGET**

This session will explore ideas of beautifying your facility on a limited budget.
*TBA*, Direct Supply

2 LNHA and CALA - NJ Credit Hours approved; PA, NY & DE Credit Hours pending

3:15 p.m.  to 5:15 p.m.  *Starlight Room*  **YOU AND THE 4TH ESTATE: Media relations and social media in today's 24-hour news cycle**

In today’s world of 24-hour cable news, stories on skilled nursing profession can quickly spin out of control unless they’re properly understood, mitigated and controlled. This session will help you to understand the new media dynamic and equip you with the tools you can use to anticipate and leverage potential new stories into opportunities to tell YOUR story. Tips on how to conduct interviews and protecting the privacy of your residents and employees will be practiced.
*Greg Crist*, Sr. Vice President, Public Affairs, American Health Care Association (AHCA)
*Amy Mendoza*, Manager, Public Relations & Member Communications, AHCA

2 LNHA and CALA - NJ Credit Hours approved; PA, NY & DE Credit Hours pending
2 Nursing Contact Hours submitted and pending approval
Wednesday, April 2, 2014

7:30 a.m. Ballroom open to exhibitors only
8 a.m. to 9 a.m. Registration, tour of exhibits, complimentary breakfast

9 a.m. to 12 noon Horizon Room
THE JOURNEY INTO PERSON-CENTERED CARE
True Person-Centered Care supports the voices and choices of patients, residents and staff. It promotes staff having flexibility so patients and residents can have purpose and meaning in their daily lives. So how and where do you begin this journey? This session will help you to understand the true definition of Person-Centered Care, the concepts that define it, and what you can do to move towards implementation.

Denise Boudreau-Scott, Owner, Denise B. Scott, LLC
Denise Kish, Director of Organization Development & Service Excellence, Christian Health Care Center

3 LNHA and CALA - NJ Credit Hours approved; PA, NY & DE Credit Hours pending
3 Nursing Contact Hours submitted and pending approval

12 noon to 1 p.m. The Ballroom
Complimentary lunch, tour of exhibits, drawing for exhibitor prizes

1 p.m. to 3 p.m. Horizon Room
ACO - HOW TO SUCCEED UNDER ATRANSFORMING REIMBURSEMENT ENVIRONMENT
With concepts such as accountable care organizations and bundled payments beginning to take shape, it is imperative for post acute care and long term care (PAC/LTC) providers to understand where there is opportunity and what they should be doing to adapt and succeed in an evolving marketplace. This presentation will highlight national trends in payment system reform efforts from the perspective of the American Health Care Association (AHCA) and provide strategies for success.

James Michel, Director, Medicare Research & Reimbursement, AHCA

2 LNHA and CALA - NJ Credit Hours approved; PA, NY & DE Credit Hours pending

Starlight Room
ELECTRONIC HEALTH INFORMATION EXCHANGE IN THE LONG-TERM & POST-ACUTE SETTING
This session will explore how electronic health information exchange (HIE) is improving the coordination of the care process by providing comprehensive, up-to-date information for long-term and post-acute (LTPAC) patients moving from facility to facility. You will obtain a better understanding of how LTPAC providers are currently using electronic health information technology which will help to identify the opportunities for your facility associated with these new delivery models of care.

Lou Hermans, Executive Director, Jersey Health Connect

2 LNHA and CALA - NJ Credit Hours approved; PA, NY & DE Credit Hours pending
2 Nursing Contact Hours submitted and pending approval

3 p.m. to 3:15 p.m. The Ballroom
Tour of exhibits, complimentary refreshment break

3:15 p.m. to 5:15 p.m. Horizon Room
LEADING WITH ETHICS & INTEGRITY
This session will provide attendees with a comprehensive understanding of ethical leadership and its impact on others and the overall long term success of their organization as well as recognizing the difference between compliance and ethics crucial in today’s environment. You will learn the difference between the two along with specific approaches that sustain a culture of positive ethics within your community.

Robert L. Cooper, President, RL Cooper Associates

POLST
This session will review what the POLST form is and how it can help residents make decisions regarding their care as they enter the final stages of life. Methods of using POLST as part of advanced care planning for residents and helping staff understand it’s purpose will be discussed.

Jennifer Marsalis, Outreach Coordinator, Office of the Ombudsman for the Institutionalized Elderly

2 LNHA and CALA - NJ Credit Hours approved; PA, NY & DE Credit Hours pending
2 Nursing Contact Hours submitted and pending approval
Thursday, April 3, 2014

8 a.m. to 9 a.m.  Registration and complimentary breakfast  
Capriccio

9 a.m. to 12 noon  
Horizon Room  
DRIVING TARGETED PERFORMANCE IMPROVEMENT THROUGH THE CUSTOMER SATISFACTION SURVEY
What do high performing centers do that makes a difference? They listen to not only their residents but also families and employees by analyzing data received through their customer satisfaction surveys. This session will discuss the importance of not only collecting data but doing something with the data you have obtained. Thinking outside the box about how you can collect data and how to drive your employees to participate results in a positive atmosphere for everyone within your community.

Mary Tess Crotty, Vice President, Quality, Genesis Health Care
3 LNHA and CALA - NJ Credit Hours approved; PA, NY & DE Credit Hours pending
3 Nursing Contact Hours submitted and pending approval

12 noon to 1 p.m.  Complimentary lunch  
Capriccio

1 p.m. to 4 p.m.  
Horizon Room  
State & Federal Regulatory Updates
This session will present national and state issues, the future of the Medicaid reimbursement system, funding challenges and pending state and federal legislation. Evolving issues for all types of long term care facilities will be discussed.

President, Health Care Association of New Jersey (HCANJ)  
Christopher Donnellan, Senior Director, Government Relations, American Health Care Association (AHCA)
3 LNHA and CALA - NJ Credit Hours Approved; PA, NY & DE Credit Hours Pending
3 Nursing Contact Hours Submitted and Pending Approval

A special thanks to the HCANJ 2014 Gold Sponsors

Alert Ambulance Service  
Compassionate Care Hospice  
GEM Ambulance  
Healthcare Services Group  
IPPC Pharmacy  

Keystone Communications Service  
Life Choice Hospice  
Marsh & McLennan Agency  
Omnicare Inc.  
On Time Ambulance  

Partners Pharmacy  
PharMerica  
ReUnion Rx  
Sea Breeze  
Specialty Rx
1133 Boardwalk, Atlantic City, New Jersey
Tel: 800.772.9000

Only 15 minutes away from Atlantic City International Airport
and an hour from the Philadelphia International Airport.
Minutes away from Amtrak.

DIRECTIONS

FROM NEW YORK AND POINTS NORTH Take the NJ Turnpike South to Exit #11. Follow the Garden State Parkway South to Exit #38. Follow the Atlantic City Expressway East and continue onto Christopher Columbus Blvd. Turn left onto Atlantic Ave. then right onto S. Pennsylvania Ave.

FROM PHILADELPHIA AND POINTS WEST Take the Schuylkill Expressway (Interstate 76 East) to the Walt Whitman Bridge. Continue on Route 42 North and onto the Atlantic City Expressway. Follow the Atlantic City Expressway East. Continue onto Christopher Columbus Blvd. Turn left onto Atlantic Ave. and right onto S. Pennsylvania Ave.

FROM PHILADELPHIA INTERNATIONAL AIRPORT Exit the airport onto Interstate 95 North and follow to Interstate 76 East and the Walt Whitman Bridge. Follow directions above.

FROM BALTIMORE / WASHINGTON D.C. AND POINTS SOUTH Take Interstate 95 North to Interstate 76 East in Philadelphia. Follow 76 East to the Walt Whitman Bridge. Follow directions above.

PARKING
Resorts offers both self-park and valet parking to all guests. The current charge is $5.00 per car, per stay, for valet or self-park. Should the hotel change the rates, the prevailing rate will apply at the time of the conference.

Further directions can be found at www.resortsac.com/travel/maps

SAVE THE DATE

Top Gun School for Skilled Nursing Facility & Sub Acute Care Nurses ~ April 23 - 24, 2014
16th Annual Assisted Living Conference ~ May 13, 2014
PUPS Wound Certification Prep Course ~ May 22, 23, 29 & 30, 2014
Train - The - Trainer Workshop ~ June 19, 2014 & November 19, 2014
HCANJ 66th Annual Convention & Expo ~ October 28 - 30, 2014
RN Refresher Course for the Certified Medication Aide Program ~ date TBA
Top Gun School for Assisted Living Nurses ~ date TBA
100-Hour Administrator Preparation Course ~ January 2015
42nd Annual 20-Hour Symposium  April 1 - 3, 2014
Resorts Casino & Hotel, Atlantic City, NJ

Registration

PAYMENT MAY BE MADE ONE OF THREE WAYS:

BY FAX:  You may fax your completed registration form along with your credit card information to:  Fax: 609.584.1047

BY MAIL:  You may mail this form along with your check or credit card information to:  HCANJ, 4 AAA Drive, Suite 203, Hamilton, NJ 08691

ONLINE REGISTRATION:  http://www.hcanj.org/201420hr

All registrations must be accompanied by payment in full. Registrations received without payment in full will not be processed.

Please print attendee

Name ________________________________________________________________
Title _______________________________________________________________

My license numbers are:
☐ LNHA: circle state:
  NJ  PA  DE  NY  Lic. # ____________________________________________
  NJ  PA  DE  NY  Lic. # ____________________________________________
  NJ  PA  DE  NY  Lic. # ____________________________________________

☐ I am an administrator in training: State: __________________________

☐ CALA: circle state:
  NJ  PA  DE  NY  Lic. # ____________________________________________
  NJ  PA  DE  NY  Lic. # ____________________________________________
  NJ  PA  DE  NY  Lic. # ____________________________________________

☐ I am an administrator in training: State: __________________________

☐ NURSE:
  RN Lic. # ___________________  LPN Lic. # ___________________

DAILY REGISTRATION
✓ Check applicable date, registration fee:

DAY 1 - TUES., April 1, 2014
HCANJ FACILITY MEMBER individual ☐$250
NON-FACILITY MEMBER individual ☐$375

DAY 2 - WED., April 2, 2014
HCANJ FACILITY MEMBER individual ☐$250
NON-FACILITY MEMBER individual ☐$375

DAY 3 - THURS., April 3, 2014
HCANJ FACILITY MEMBER individual ☐$250
NON-FACILITY MEMBER individual ☐$375

3-DAY DISCOUNT
IF YOU ARE TAKING THE TOTAL 3-DAY COURSE, YOU PAY:
HCANJ FACILITY MEMBER individual ☐$650
NON-FACILITY MEMBER individual ☐$975

Please Print

Name on credit card: ________________________________________________
Street address _______________________________________________________
  (where credit card statement is sent)
City/State/Zip _______________________________________________________

☐ Check or money order enclosed for $ ________________
☐ Charge my credit card for $ ________________
  ☐ MasterCard ☐ Visa ☐ American Express
Card no. __________________________________________________________
Security no. __________________  Card Exp. Date _________________________

The Security No. is the three or four digit additional number on the front or back of your credit card. (Example: 4786 411)

Cardholder signature: ______________________________________________
Cardholder phone: _________________________________________________
Cardholder fax: ___________________________________________________
Cardholder e-mail: _________________________________________________

FACILITY NAME: __________________________________________________
Company address is the same as cardholder address above
Street address ______________________________________________________
City/State/Zip ______________________________________________________

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REGISTRATION INCLUDES

♦ Access to education sessions
♦ Buffet breakfast & lunch (Kosher available)
♦ Refreshment breaks
♦ Access to the exhibit hall and prize drawings
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Please print attendee

Name ________________________________________________

Title ________________________________________________

My license numbers are:

☐LNHA: circle state:
   NJ PA DE NY Lic. # ______________________
   NJ PA DE NY Lic. # ______________________
   NJ PA DE NY Lic. # ______________________

☐I am an administrator in training: State:___________

☐CALA: circle state:
   NJ PA DE NY Lic. # ______________________
   NJ PA DE NY Lic. # ______________________
   NJ PA DE NY Lic. # ______________________

☐I am an administrator in training: State:___________

☐NURSE:
   RN Lic. # ______________________
   LPN Lic. # ______________________

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NON-FACILITY MEMBER individual ☐$375

DAY 2 - WED., April 2, 2014
HCANJ FACILITY MEMBER individual ☐$250
NON-FACILITY MEMBER individual ☐$375

DAY 3 - THURS., April 3, 2014
HCANJ FACILITY MEMBER individual ☐$250
NON-FACILITY MEMBER individual ☐$375

☐ 3-DAY DISCOUNT

IF YOU ARE TAKING THE TOTAL 3-DAY COURSE, YOU PAY:
HCANJ FACILITY MEMBER individual ☐$650
NON-FACILITY MEMBER individual ☐$975

Please Print

Name on credit card: ________________________________________

Street address ________________________________________________
   (where credit card statement is sent)

City/State/Zip ________________________________________________

☐ Check or money order enclosed for $ __________

☐ Charge my credit card for $ __________
   ☐ MasterCard ☐ Visa ☐ American Express

Card no. ________________________________________________

Security no. __________________ Card Exp. Date ________________
   The Security No. is the three or four digit additional number on
   the front or back of your credit card. (Example: 4786 411)

Cardholder signature: _______________________________________

Cardholder phone: ___________________________________________

Cardholder fax: _____________________________________________

Cardholder e-mail: ___________________________________________

FACILITY NAME: ___________________________________________

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