



Weekly Roundup

...Reporting the state and national long term care news

Please disseminate relevant information to the appropriate department.

- Administration
 Nursing
 Dietary
 Activities
 Social Services
 Rehabilitation
 Housekeeping
 Maintenance
 Laundry

Friday, October 3, 2014

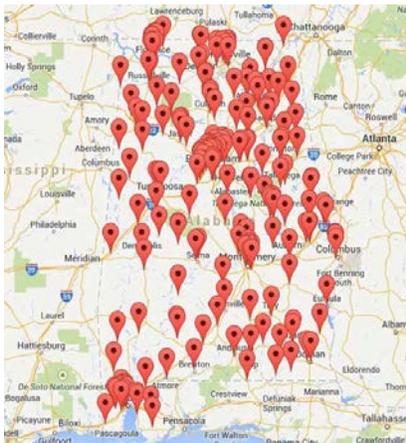
ANHA NEWS

ANHA Office Schedule

The ANHA office will be open for limited business hours October 7-11 due to some staff members attending the American Health Care Association Annual Convention.

ANHA Unveils New, Interactive Facility Locator

A Partnership with Gericare Medical Supply and Senior Care Pharmacy



The Alabama Nursing Home Association has launched an interactive map that allows consumers to easily locate Alabama nursing homes.

Users can search by city or zip code to find nursing homes in a specific geographic area. You can also search by the name of the nursing home.

Clicking on a map “pin” displays the nursing home’s contact information and provides a link to more details.

You can view the facility locator at facilitylocator.anha.org.

“This completes the transformation of our website into the best destination for information about Alabama nursing homes,” ANHA President Frank Brown said. “People looking for rehab, respite and skilled nursing care can locate a facility that meets their needs, and learn about the great things taking place in our homes. I appreciate our partners making this valuable member benefit and consumer resource a reality.”

The facility locator is made possible by ANHA’s partnership with Gericare Medical Supply and Senior Care Pharmacy.



ANHA 2014 Activity/Social Services Annual Convention – Make Room Reservations Now!

Join ANHA as we present the 2014 Activity/Social Services Annual Convention October 22 -24 at The Hyatt Regency Wynfrey Hotel in Birmingham. This year's convention is packed with great educational offerings for **ALL** nursing home staff. Continuing education will be offered for activity professionals (14 hours), social workers (14 hours), nursing home administrators (14 hours) and nurses (16.8 hours).

During the convention, we will hold the Annual Activity/Social Services Auxiliary General Business Session and officers will be elected for 2015. The Activity/Social Services Auxiliary Nominating Committee is charged with the task of collecting the names of individuals interested in serving the Auxiliary Association in a leadership role.

The Committee is accepting nominations for the following positions:

- Vice President
- Secretary
- Treasurer

If you are interested in one of the above positions, or if you have additional questions, please contact *Ina Brown* (ina@tlcnursingcenter.com) or *Endya Gibbs* (egibbs@ballhealth.com). Elections will be held during the General Business Session of the Activity/Social Services Auxiliary Annual Convention on Thursday, October 23 at 8:00 a.m. at The Hyatt Regency Wynfrey Hotel in Birmingham.

Host Hotel Reservations for 2014 Activity/Social Services Convention

The newly renovated Hyatt Regency Birmingham – The Wynfrey Hotel will be the host hotel for this year's convention. Reservations can be made by calling the hotel at 800-233-1234, or online at www.hyattregencywynfrey.com and using code "AAS4".

The following rates have been negotiated with the Hyatt Regency Birmingham – The Wynfrey Hotel for our 2014 Activity/Social Services Annual Convention Attendees:

- \$140 per Standard/Double Room
- \$170 per Concierge Level Room

Based on space availability, these rates will be offered one day before and following the meeting dates. To ensure availability of reservation space, all participants are encouraged to make their overnight reservations by **OCTOBER 8**. After this date, rooms from our block which are not reserved will be released for general sales to the public and availability cannot be guaranteed. *Please see the attached flyer for more details.*

2014 ANHA Owners' Meeting & Educational Symposium October 26 - 29 – Register Now!

Sponsored by:

American Medical Technologies
Arthur J. Gallagher & Co.
Associated LTC Insurance Company
Gericare Medical Supply
Healthcare Services Group, Inc.

Senior Care Pharmacy
Sherlock, Smith & Adams
Starnes Davis Florie, LLP
Restore Therapy Services

Join ANHA for the 2014 Owners' Meeting and Educational Symposium. The event will be held October 26-29 at the Beau Rivage in Biloxi, Mississippi. The annual owners' meeting and lunch will be held on October 28. ANHA will hold its annual Board Retreat and planning session on October 29.

To make overnight reservations, please contact 888-567-6667 and identify yourself as being part of the Alabama Nursing Home Association.

This entire event has been approved for a total of 4.5 hours of continuing education credit for nursing home administrators. *Please see the attached flyer for more details.*

Online Registration Open for “The Nursing Home Survey Process – Update 2014” Seminar

Please mark your calendars for November 18, 2014, as ANHA will present a seminar entitled “The Nursing Home Survey Process – Update 2014”. This seminar will be held at the Embassy Suites located in Montgomery, Alabama. The seminar will begin at 8:30 a.m. and conclude at 4:30 p.m. This seminar is approved for 6 hours of continuing education for nursing home administrators. It is approved for 7.2 contact hours for nurses. *Please see the attached flyer for more information. Attendees should check www.anha.org approximately one week prior to the seminar to download the handouts.*

Updated Voting Procedures for 2014 General Election

Alabama's 2014 General Election will be held Tuesday, November 4.

*Attached is a memo from ANHA's legal counsel outlining recent election law changes and how the changes affect your residents, family members and employees. Also attached is a copy of the *Alabama Secretary of State's 2014 Voter Guide* and an **Application for Absentee Ballot**.*

As a profession caring for over 24,000 Alabamians, it is important that we understand election laws and how to properly assist nursing home residents who want to vote.

Please contact Jackie Ayers at the ANHA office at 334-271-6214 or jayers@anha.org if you have any questions.

Send Medicaid Cost Reports to ANHA

The Alabama Nursing Home Association is collecting Medicaid cost reports for analysis by our independent reimbursement consultant, Dave Bishop. As in the past, our reimbursement consultant will provide you a detailed analysis of your costs compared to the costs of other

facilities of a similar size. ANHA cannot stress enough the importance of sending in your cost report. In order to negotiate with Medicaid on various issues, we need to have accurate information concerning the profession. This information has proved very beneficial in the past.

Please send a copy of your 2013 Medicaid Cost Report to kmagdon@anha.org or by mail to:
Alabama Nursing Home Association
4156 Carmichael Road
Montgomery, Alabama, 36106
ATTN: Katrina Magdon

NATIONAL NEWS

Rule Expanding Requirements to Report Severe Injuries to OSHA, Updated Recordkeeping Requirements Published in the Federal Register

The final rule that will require employers to notify OSHA of all work-related hospitalizations, amputations or losses of an eye in addition to workplace fatalities has been published in the Federal Register

(https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=FEDERAL_REGISTER&p_id=24728). The rule, which also updates the list of employers partially exempt from OSHA record-keeping requirements, will go into effect January 1, 2015, for workplaces under federal OSHA jurisdiction. For more information, visit www.osha.gov/recordkeeping2014.

MDS 3.0 Manual Update – Effective October 1

The Centers for Medicare and Medicaid Services (CMS) has released the latest version of the MDS 3.0 RAI Manual. This new manual incorporates clarifications to existing coding and transmission policy, integrates previously published Questions and Answers (Q & As) into the appropriate sections and addresses requested clarifications and scenarios concerning complex areas. Portions of the MDS 3.0 RAI Manual (v1.12) that were changed are as follows:

- Chapter 1 - Resident Assessment Instrument
- Chapter 2 - Assessments for the Resident Assessment Instrument
- Chapter 3 - The Item-by-Item Guide to the MDS 3.0
- Sections: A, C, E, G, H, J, K, M, N, O, X, and Z
- Chapter 5 - Submission and Correction of the MDS Assessments
- Chapter 6 - Medicare Skilled Nursing Facility Prospective Payment System

More information can be found at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

Transition for Implementation of FY 2015 SNF PPS MDS 3.0 Policy Changes Revision to COT OMRA Completion Requirements

The FY 2015 Transition Memo has been posted to the Centers for Medicare and Medicaid Services (CMS) website regarding the transition policy as finalized in FY 2015 SNF PPS rule related to revised COT OMRA requirements. The content of the policy is as follows:

Transition for Implementation of FY 2015 SNF PPS MDS 3.0 Policy Changes
Revision to COT OMRA Completion Requirements

Policy Summary

For the reasons specified in the FY 2015 Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Final Rule (79 FR 45647 through 45649) and FY 2015 SNF PPS Proposed Rule (79 FR 25786 through 79 FR 25788), providers are permitted, in certain circumstances, to complete a Change of Therapy (COT) Other Medicare Required Assessment (OMRA) for a resident who is not currently classified into a Resource Utilization Group, Version 4 (RUG-IV) therapy group, or receiving a level of therapy sufficient for classification into a RUG-IV therapy group. These circumstances are limited to cases in which the resident had qualified for a RUG-IV therapy group on a prior assessment during the resident's current Medicare Part A stay and had no discontinuation of therapy services between Day 1 of the COT observation period for the COT OMRA that classified the resident into his/her current non-therapy RUG-IV group and the Assessment Reference Date (ARD) of the COT OMRA that reclassified the resident into a RUG-IV therapy group.

Transition Policy

This policy is effective on October 1, 2014. More specifically, the COT OMRA which would be used to reclassify the resident into a RUG-IV therapy group from a RUG-IV non-therapy group, pursuant to the rules associated with this policy outlined in the FY 2015 SNF final rule (79 FR 45647 through 45649) and in the Minimum Data Set, Version 3.0 (MDS 3.0) manual, must have an ARD set for on or after October 1, 2014.

DEA Final Rule on Disposal of Controlled Substances – More Information Released

On September 8, 2014 the Drug Enforcement Administration (DEA) released their final rule (<https://www.federalregister.gov/articles/2014/09/09/2014-20926/disposal-of-controlled-substances#h-92>) regarding the disposal of controlled substances which takes effect October 9, 2014. This rule governs the secure disposal of controlled substances by registrants and ultimate users. These regulations will implement the Secure and Responsible Drug Disposal Act of 2010 by expanding the options available to collect controlled substances from ultimate users for the purpose of disposal, including: take-back events, mail-back programs, and collection receptacle locations. Significant changes are made in this final rule which the DEA states are to help ensure that long term care centers have adequate disposal options. These changes are outlined below:

- Expands authority of authorized hospitals/clinics and retail pharmacies to voluntarily maintain collection receptacles at long-term care centers.
 - (1301.51 Modification in registration) A hospital/clinic with an onsite pharmacy or retail pharmacy applying for a modification in registration to authorize such registrant to be a collector to maintain a collection receptacle at a long term care facility in accordance with 1317.80, shall also include the name and physical location of each long term care facility at which the hospital/clinic with an onsite pharmacy, or the retail pharmacy, intends to operate a collection receptacle.
- Alleviates two security requirements proposed to apply to collection receptacles at long term care centers:

- DEA is permitting authorized hospitals/clinics and retail pharmacies to store inner liners that have been sealed upon removal from collection receptacle at long term care centers in securely locked, substantially constructed cabinet or securely locked room with controlled access for up to three business days until liners can be transferred for destruction.
- DEA relaxed the two employee integrity requirement for inner liner installation, removal, storage, and transfer at long term care centers. Collectors will retain the option to authorize two of their own employees to install, remove, store, and transfer inner liners; however, the DEA is permitting collectors the option to designate a supervisor-level employee of the long term care center (e.g., a charge nurse, supervisor, or similar employee) to install, remove, store, or transfer inner liners with only one employee of the collector.
- With this rule, the DEA allows all pharmaceutical controlled substances collected through take-back events, mail-back programs, and collection receptacles to be comingled with non-controlled substances, although such comingling is not required.
- Collection receptacle must be located in an area regularly monitored by long term care center personnel.

The American Health Care Association (AHCA) would like to highlight three aspects of this rule that are important considerations from an operational perspective:

1. Definition of long term care facilities (LTCFs) - DEA's definition of long term care facilities is broad and seems to include assisted living. *LTCF is defined at 1300.01(b) and "means a nursing home, retirement care, mental care or other facility or institution which provides extended health care to resident patients." (see page 53540 of Federal Register)*
2. Definition of ultimate user - *An ultimate user is defined by the CSA as a "person who has lawfully obtained, and who possesses, a controlled substance for his own use or for the use of a member of his household or for an animal owned by him or by a member of his household."...Individuals lawfully entitled to dispose of an ultimate user decedent's property are authorized to dispose of the ultimate user's pharmaceutical controlled substances by utilizing any of the three disposal options. All of the collection methods are voluntary and no person is required to establish or operate a disposal program. The rule also does not require ultimate users to utilize any of these three methods for disposal of controlled substances...this rule does not prohibit ultimate users from using existing lawful methods. (see page 53521 of Federal Register)*
3. Exposure to DEA inspection - *The location of the collection receptacle is both a registered location and a controlled premise...LTCFs with authorized collection receptacles are "controlled premises" pursuant to 21 U.S.C. 880(a) and 21 CFR 1316.02(c); accordingly, the DEA may enter LTCFs and conduct administrative inspections in furtherance of, and in carrying out, the responsibilities charged to the DEA by the CSA pursuant to 21 U.S.C. 880 (b) and 21 CFR 1216.03. (see page 53541 of Federal Register)*

Under the Secure and Responsible Drug Disposal Act of 2010, DEA already has the authority over disposal of controlled drugs (including in long term care centers), and they also have the authority to issue regulations governing disposal of drugs in long term care centers and to ensure

compliance with those regulations. It is not clear how frequently DEA will visit centers if they do or do not have collection receptacles.

While the rule states it is voluntary to maintain collection receptacles at long term care centers, AHCA recommends members seek advice of their legal counsel.

DEA Final Rule Reclassifies Hydrocodone Combination Products to Schedule II

The Drug Enforcement Administration (DEA) has issued a final rule imposing stricter regulatory controls and sanctions on people who handle or propose to handle hydrocodone combination products, drugs that contain hydrocodone and specified amounts of other substances. Effective October 6, 2014, the rule moves hydrocodone combination products from Schedule III to Schedule II.

The Controlled Substances Act places substances with accepted medical uses into one of four schedules; schedule II is for substances with the highest potential for harm and abuse. According to an analysis by HHS and the DEA, hydrocodone combination products have a high potential for abuse, which may lead to severe psychological or physical dependence. A Food and Drug Administration advisory committee also recommended the schedule change last year.

The American Health Care Association (AHCA) submitted comments requesting delayed implementation or allow SNFs to accept orders for hydrocodone from physicians as done in hospitals. The final rule allows a form of delayed implementation of 45 days from the date of publication to the effective date, versus the usual 30 days. Pages 49672-49673 of the final rule address the impact on long term care facilities. To read the final rule visit <https://www.federalregister.gov/articles/2014/08/22/2014-19922/schedules-of-controlled-substances-rescheduling-of-hydrocodone-combination-products-from-schedule>.

DOJ Launches Elder Justice Website

The US Department of Justice (DOJ) has launched a new website in an effort to further prevent and combat elder abuse and financial exploitation, according the agency's press release. The Elder Justice Website will serve as a resource for elder abuse prosecutors, researchers, practitioners and for victims of elder abuse and their families. The website also will serve as a forum for law enforcement and elder justice policy communities to share information and enhance public awareness about potential elder abuse.

As reported previously, protecting older Americans is one of the DOJ's top priorities, as evidence shows that nearly 1 in 10 people over the age of 60 suffer abuse and neglect. Older Americans also are targeted by consumer scams, health care fraud and financial exploitation. A DOJ spokesperson, Assistant Attorney General Delery, says "the website provides resources and a means for improved communication among prosecutors, supports victims and families, and establishes a mechanism for collaboration for researchers and practitioners."

To view the DOJ press release on the website go to <http://www.justice.gov/opa/pr/justice-officials-meet-key-stakeholders-launch-elder-justice-website>. To view the DOJ website go to <http://www.justice.gov/elderjustice/>.

New Pneumococcal Vaccination Recommendations

Centers for Disease Control & Prevention (CDC) has released new pneumococcal vaccination recommendations. Adults 65 years of age or older are now recommended to get the pneumococcal conjugate vaccine (PCV13, Prevnar-13®) followed by the pneumococcal polysaccharide vaccine (PPSV23, Pneumovax®23) 6-12 months later.

Below are several resources to assist with communications regarding the new pneumococcal vaccination recommendations for adults 65 years or older:

- Short article informs readers about the new pneumococcal vaccination recommendation for adults 65 years or older and explains why it is important for older adults to be up-to-date on this and other vaccines recommended for them - [“CDC Releases New Recommendations for Pneumococcal Vaccination”](http://www.cdc.gov/vaccines/hcp/patient-ed/adults/for-partners/resources.html#articles) at <http://www.cdc.gov/vaccines/hcp/patient-ed/adults/for-partners/resources.html#articles>.
- Factsheet to help healthcare professionals address common questions patients ask regarding pneumococcal vaccination. Click here to view the [Pneumococcal Frequently Asked Questions](http://www.cdc.gov/vaccines/hcp/patient-ed/adults/downloads/fs-pneumo-hcp.pdf) factsheet at <http://www.cdc.gov/vaccines/hcp/patient-ed/adults/downloads/fs-pneumo-hcp.pdf>.

CMS Revises SNF Certifications and Recertification MLN Article

The US Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) has recently updated its [Medicare Learning Network \(MLN\) Article SE1428, Comprehensive Error Rate Testing \(CERT\): SNF Certifications and Recertifications](#), which alerts SNFs that a major reason for denial of claims is failure to obtain certification and recertification statements from physicians or non-physician practitioners (NPPs). The routine admission order established by a physician is not a certification of the necessity for post hospital extended care services, according to CMS.

An acceptable certification statement must contain:

- The individual needs skilled nursing care or other skilled rehabilitation services;
- Such services are required on a daily basis;
- Such services can only practically be provided in a SNF or swing-bed hospital on an inpatient basis;
- Such services are for an ongoing condition for which the individual received inpatient care in a hospital; and
- A dated signature of the certifying physician or NPP.

An acceptable re-certification statement must contain:

- The reasons for the continued need for post hospital SNF care;
- The estimated time the individual will need to remain in the SNF;
- Plans for home care, if any;
- If the reason for continued need for services is a condition that arose after admission to the SNF this must be indicated; and
- A dated signature of the recertifying physician or NPP.

To obtain a complete copy of the MLN Article go to <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1428.pdf>.

STATE NEWS

Recovery Audit Contractor (RAC) Audits

Mandatory provisions of the Affordable Care Act require the Alabama Medicaid Agency to select and provide oversight for a Medicaid Recovery Audit Contractor (RAC) to perform provider audits. Goold Health Systems (GHS), a Maine-based firm, was selected to be Alabama Medicaid's Recovery Audit Contractor (RAC) for a two-year period that began January 1, 2013. The RAC program is designed to improve payment accuracy by identifying under and overpayments in Medicaid.

The Medicaid RAC program is a separate program from the Medicare RAC which is overseen by the Centers for Medicare and Medicaid Services. Reviews will be conducted by GHS staff to include full time medical directors, pharmacists, certified professional coders and experienced clinicians. Audits will be conducted by GHS using a "top down" approach where data analysis, through data mining, is applied against the universe of paid claims to identify patterns of utilization or billing which look atypical based on Alabama Medicaid and/or national standards. Following the high-level claims analysis, GHS may expand its review by requesting clinical records and/or other documents in accordance with state and federal regulations. GHS has been informed of the critical role that all providers play in a successful Medicaid program and requires that auditors be professional, objective and consistent in performing all required audits/reviews. Providers are reminded that the Alabama Administrative Code and their Provider Agreements require compliance with requests for medical records for Medicaid program audits.

Questions regarding the audits should be directed to Sandra Shaw, RAC Program Manager, at (334) 242-5372 or sandra.shaw@medicaid.alabama.gov or Jacqueline Thomas, Program Integrity Division Director, at (334) 242-5318 or jacqueline.thomas@medicaid.alabama.gov.

ANHA has been informed that several facilities will be receiving recoupment letters as a result of their RAC financial audits. The audits which were on hold pending finalization of the Provider Alert for the Handling of Funds Following the Death of a Medicaid-Eligible Resident. *The recoupments will be for the reasons described in the attached document.*

ANHA anticipates more final determination letters to go out soon for those facilities awaiting results from their RAC clinical audits.

PACE – An Important Note from the Alabama Department of Public Health

The Bureau of Provider Standards recently had the opportunity to participate in a conference call with representatives from the Alabama Medicaid Agency and from the CMS Regional and Central Offices regarding some confusion about PACE program regulations. There was concern that a nursing home contracting with a local PACE provider might not be required to follow all of the regulations from the Code of Federal Regulations (CFR) as conveyed in the State Operations Manual for nursing home care of their PACE residents. This confusion stems from the PACE rules which imply that the PACE Interdisciplinary Team (IDT) must approve all aspects of their clients care. However, CMS has reaffirmed that all residents in a certified bed in a certified NF or SNF must be treated exactly the same and in compliance with all of the F-Tag

regulations regardless of payer source. This obligation applies to all capitated insurance programs including such Medicare and Medicaid programs as the PACE program.

This informational review of CMS standards have may come at a fortuitous time since Alabama is about to embark on a new model of capitated Medicaid funding. The details of the financial track this will take in the nursing home are unclear. However, the standards of assessment and care for such residents in any nursing home are clearly set forth by CMS. Our the survey staff will be investigating any deviation from the standards set forth in the CFR for all nursing home residents in certified beds.

FACILITY NEWS

Facility News is posted on www.anha.org. Recent articles include:

- [Nursing Home Residents, Employees Support Community Fundraisers](#)
- [National Fitness Expert Inspires Nursing Home Residents to Move](#)

OTHER NEWS

2014-2015 Influenza Resources for Health Care Professionals from MLN Matters

The Medicare Learning Network, MLN Matters, released a special edition article for all health care professionals who order, refer, or provide flu vaccines and vaccine administration to Medicare beneficiaries. Please visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1431.pdf> to view this MLN Matters article and refer to it throughout the 2014 - 2015 flu season.

New eLearning Lesson on Preventing Adverse Drug Events Available

The Agency for Healthcare Research and Quality would like to make you aware of the following eLearning course offered by the Office of Disease Prevention and Health Promotion: [Preventing Adverse Drug Events: Individualizing Glycemic Targets Using Health Literacy Strategies](#).

Adverse drug events (ADEs) are the largest contributor to hospital-related complications and account for more than 3.5 million physician office visits each year. The U.S. Department of Health and Human Services (HHS) recently released the National Action Plan for Adverse Drug Event Prevention (ADE Action Plan), which targets diabetes agents as a significant contributor to ADEs and advocates for the use of patient-centered communication strategies to prevent hypoglycemia among patients with diabetes.

The interactive eLearning course, “Preventing Adverse Drug Events: Individualizing Glycemic Targets Using Health Literacy Strategies,” teaches health care providers how to:

- Apply health literacy strategies to provide personalized care for patients with diabetes, and to help them understand and act on information to prevent hypoglycemia

- Apply current, evidence-based guidelines for individualizing glycemic target goals
- Adopt the teach back method and shared decision-making in the health care setting

Continuing education (CME, CNE, CEU, and CPE) is available to participants who complete the course. To launch the course, visit: http://health.gov/hai/training.asp#preventing_ades

Share your Story - Submit a Poster for the 2015 Quality Symposium

The American Health Care Association (AHCA) is accepting Poster Session proposals for the 2015 AHCA Quality Symposium in Austin, Texas, February 23-25, 2015.

AHCA is particularly interested in proposals showing how improvements in the Quality Initiative goals have led to positive business outcomes.

- Safely Reducing Hospital Readmissions
- Safely Reducing Off-Label Antipsychotic Drug Use
- Reducing Staff Turnover
- Improving Customer Satisfaction

To submit an application visit: <https://www.surveymonkey.com/s/DXJQZN3>. The deadline to submit is November 17, 2014. Applicants will be notified on December 15, 2014. For questions contact Urvi Patel at upatel@ahca.org.

Track Hospitalizations with Advancing Excellence Tracking Tools

The Advancing Excellence (AE) hospitalization tracking tools allow you to document your work, monitor outcomes and processes related to those outcomes. Data-driven quality improvement projects require ongoing data collection and analysis. It is important to start collecting data to establish a solid baseline and set a target for improvement. Keep your workbook up-to-date on a daily or weekly basis and look at data often to support a rapid cycle quality improvement project.

This website <https://www.nhqualitycampaign.org/goalDetail.aspx?g=hosp#tab2> allows you to download the data tracking tool.

Contact the AE Helpdesk with any questions at: help@nhqualitycampaign.org

CALENDAR OF EVENTS

| <i><u>Date</u></i> | <i><u>Event</u></i> | <i><u>Location</u></i> | <i><u>Time</u></i> |
|--------------------|--|-------------------------|--------------------|
| October 8 | ANHA Region I Act/SS Auxiliary Meeting RSVP: Kim Allred 256-352-9100, kallred@hnrcenter.com Speaker Topic: Interventions for Behavioral Symptoms | Johnny's BBQ Cullman | 11:30 a.m. |

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|------------------|--|------------------------------|------------|
| October 15 | ANHA Region II Act/SS Auxiliary Meeting RSVP: Mary Anne Parsons 256-218-3706 Speaker: Local Ombudsman | Catfish Cabin Albertville | 11:00 a.m. |
| October 22-24 | ANHA Act/SS Annual Convention | Hyatt Wynfrey Birmingham | |
| October 26-29 | ANHA Owners' Meeting & Board Retreat | Beau Rivage Biloxi, MS | |

Alabama Nursing Home Association

4156 Carmichael Road ♦ Montgomery, AL 36106 ♦ PH: (334) 271-6214 ♦ FAX: (334) 244-6509

Links:

Alabama Nursing Home Association <http://www.anha.org>

AL Board of Examiners of Nursing Home Administrators <http://www.alboenha.state.al.us>

AL Dept. of Public Health <http://www.adph.org>

CMS <http://cms.gov>