



Weekly Roundup

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

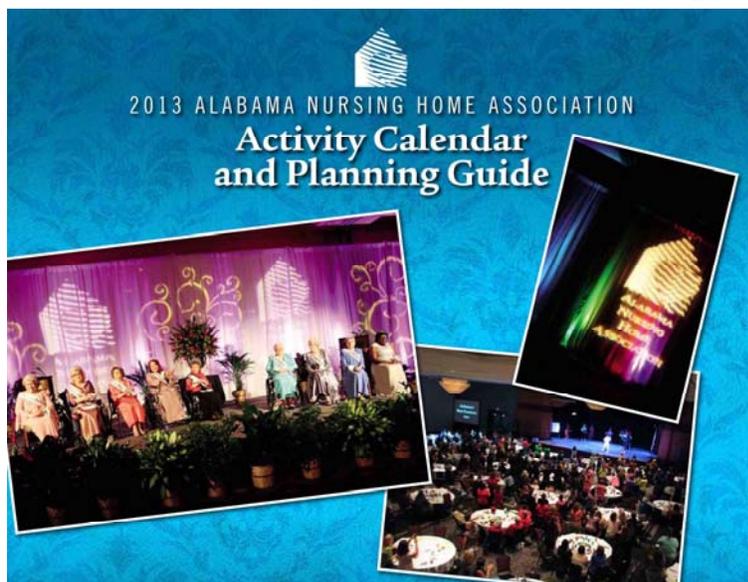
Please disseminate relevant information to the appropriate department.

- Administration Nursing Dietary Activities Social Services
 Rehabilitation Housekeeping Maintenance Laundry

Friday, December 14, 2012

ANHA NEWS

2013 ANHA Activity Calendar and Planning Guide



Copies of the 2013 ANHA Activity Calendar and Planning Guide were mailed to all administrators, activity directors, owners and associate members this week. The calendar is full of useful information related to nursing homes and contains the dates of major ANHA events. A limited number of calendars are available for purchase for only \$10.00 each. *Please see the attached calendar order form for more details.*

“2013 Legal Compliance for Nursing Homes” Educational Seminar: January 9

Please mark your calendars for January 9, 2013, as ANHA will present a seminar entitled “2013 Legal Compliance for Nursing Homes.” This seminar will be held at The Wynfrey Hotel in Birmingham. The seminar will begin at 8:30 am and conclude at 4:00 pm. This seminar has been approved for 6 hours of continuing education for nursing home administrators. It has also been approved for 7.2 contact hours for nurses. *Please see the attached flyer for more information.*

NATIONAL NEWS

Minimize Side Rail Injuries, Deaths and Survey Deficiencies

Side rails have been around a long time, yet they continue to cause injuries, deaths and survey problems for nursing homes and other health care settings.

- On November 25, 2012, the New York Times published an article titled “After Dozens of Deaths, Inquiry into Bed Rails” that highlighted the dangers of using poorly designed side rails, poorly matched bed systems, or side rails with high-risk clients.
- On November 29, 2012 the Consumer Products Safety Commission issued a report (<http://www.cpsc.gov/LIBRARY/FOIA/FOIA13/os/adultbedrail.pdf>), that focused on bed rail deaths, injuries and potential injuries.

How can you prevent side rail survey deficiencies and minimize side rail related injuries and deaths?

- Conduct and document an assessment for the use of side rails (what are they being used for and for what type of resident?).
- Educate and document residents and/or family members on the risks and benefits of using side rails.
- Ensure the side rails in use are of a safe design and properly maintained.
- Use side rails consistent with the manufacturer’s recommendations for use.

We anticipate this to be a survey issue and encourage all facilities to check for the proper use of side rails.

OSHA Workplace Violence Directive/Summary

Editor’s Note: This article was provided by ANHA Associate Member MCA Consulting.

OSHA has issued two distinct directives regarding workplace violence in the last 15 months.

The first/primary workplace violence directive was issued in September 2011 and primarily outlined the “purpose/approach/scope” for the OSHA Compliance Officers.

The second abstract was issued April 15, 2012, as an integral part of the National Emphasis Program (NEP) for programmed inspections of nursing and residential care facilities [NAICS 623110, 623210, and 623311 (formerly SIC codes 8051-Skilled Nursing Care Facilities, 8052-Intermediate Care Facilities, and 8059-Nursing and Residential Care Facilities, Not Elsewhere Classified)]. The inspection criteria are clearly stipulated in the abstract (*see OSHA attachment*).

It is important to note that the NEP is renewable for three years from April 15, 2012.

The purpose of OSHA’s Workplace Violence Abstract/Instruction (*see OSHA attachment*) is specific to workplace violence. It provides general policies and procedures that apply when workplace violence is identified as a hazard while conducting an inspection under a national, regional or local emphasis program(s) and when responding to incidents of workplace violence, especially when conducting inspections at worksites in industries with a high incidence of workplace violence (e.g. healthcare, social service settings, etc.).

The directive is not intended to require an OSHA response to every complaint or fatality of workplace violence or require that citations or notices be issued for every incident inspected or investigated. Instead, it provides general enforcement guidance to be applied in determining whether to make an initial response and/or cite an employer. An instance of workplace violence is presumed to be work-related if it results from an event occurring in the workplace.

It is important to note that there are no specific OSHA standards/rules that clearly define how employers should address workplace violence exposures. Instead the employer would be found in violation of the “general duty clause” if they fail to reduce or eliminate serious recognized hazards.

Under this directive, inspectors will therefore gather evidence and MUST demonstrate whether an employer recognized, either individually or through its industry, the existence of a potential workplace violence hazard affecting his or her employees. Furthermore, investigations should focus on the availability to employers of feasible means of preventing or minimizing such hazards.

Types of Workplace Violence (per OSHA Abstract)

Classifications of workplace violence that describe the relationship between the perpetrator and the target of workplace violence are:

1. Type 1—Criminal Intent: Violent acts by people who enter the workplace to commit a robbery or other crime or current or former employees who enter the workplace with the intent to commit a crime.
2. Type 2—Customer/Client/Patients: Violence directed at employees by customers, clients, patients, students, inmates or any others to whom the employer provides a service.
3. Type 3—Co-worker: Violence against co-workers, supervisors or managers by a current or former employee, supervisor or manager.
4. Type 4—Personal: Violence in the workplace by someone who does not work there, but who is known to, or has a personal relationship with, an employee.

OIG Releases Semi Annual Report to Congress

The U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG) has released its Fall Semiannual Report to Congress, which summarizes significant OIG enforcement, investigation, and audit activities for the period of April 1–September 30, 2012, along with summary information for all of FY 2012. Most notably, the OIG reports approximately \$6.9 billion in expected audit and investigative recoveries, consisting of \$923.8 million in audit receivables and \$6 billion in investigative receivables (of which \$1.7 billion represents non-HHS investigative receivables, such as OIG’s work in states’ shares of Medicaid restitution). OIG also identifies approximately \$8.5 billion in savings that result from legislative, regulatory or administrative actions that were supported by the OIG’s recommendations (such as payment reforms for Part B drugs and biologicals adopted under the Modernization Act of 2003 and a variety of Medicare payment reductions impacting home health agencies, DME suppliers and clinical laboratory services, among many others). Further, OIG reports exclusions of 3,131 individuals and entities from participation in federal health care programs; 778 criminal actions against individuals or entities that engaged in crimes against HHS programs and 367 civil actions (including false claims and unjust-enrichment lawsuits filed in federal district court, civil monetary penalties settlements and administrative recoveries related to provider self-disclosure matters). Lastly, the report highlights significant OIG accomplishments for this period, including various Medicare and Medicaid program reviews and Medicare Fraud Strike Force efforts that resulted in the filing of charges against 305 individuals or entities, 181 convictions and \$151 million in investigative receivables. To obtain a complete copy of the report go to <https://oig.hhs.gov/reports-and-publications/semiannual/index.asp>.

GAO Releases Report Critical of Medicaid Integrity Program

The U.S. Government Accountability Office (GAO) has released a report, *Medicaid Integrity Program: CMS Should Take Steps to Eliminate Duplication and Improve Efficiency*, that is critical of CMS' Medicaid Integrity Group (MIG) established by the federal government to implement the Medicaid Integrity Program created under the Deficit Reduction Act of 2005. According to the report, MIG's hiring of separate review and audit contractors for its National Medicaid Audit Program was inefficient and led to duplication because key functions were performed by both entities. Other MIG oversight and support activities — the free training provided to state officials through the Medicaid Integrity Institute, the evaluation of state program integrity procedures through triennial comprehensive reviews and the collection of data from states through annual assessments — show mixed results in enhancing program integrity efforts. GAO recommends that CMS: 1) eliminate duplication by merging contractor functions; 2) use comprehensive reviews to better target audits; 3) follow-up with states to ensure reliable reporting of their program integrity recoveries; 4) discontinue state program integrity assessments; and 5) reevaluate and publish its return on investment methodology. To obtain a complete copy of the report go to <http://gao.gov/products/GAO-13-50>.

Administration Issues New ACA Proposed Rules

The Obama Administration has moved forward and released three new proposed rules to implement the Affordable Care Act (ACA). The first proposed rule released by HHS, *Patient Protection and Affordable Care Act; Health Insurance Market Rules; Rate Review*, would prohibit (beginning in 2014) health insurance companies from discriminating against individuals because of a pre-existing or chronic condition or from charging higher premiums to certain enrollees because of their current or past health problems, gender, occupation, and small employer size or industry. The proposed rule also would ensure that people for whom coverage would otherwise be unaffordable, and young adults, have access to a catastrophic coverage plan in the individual market. For more information regarding this rule, visit: <http://www.healthcare.gov/news/factsheets/2012/11/market-reforms11202012a.html>. To obtain a copy of the proposed rule go to <http://www.gpo.gov/fdsys/pkg/FR-2012-11-26/pdf/2012-28428.pdf>.

The second proposed rule released by HHS, *Patient Protection and Affordable Care Act; Standards Related to Essential Health Benefits, Actuarial Value, and Accreditation; Proposed Rule*, outlines policies and standards for coverage of essential health benefits, while at the same time, giving states more flexibility to implement the ACA. Essential health benefits are a core set of benefits that would give consumers a consistent way to compare health plans in the individual and small group markets. For more information regarding this rule, visit <http://www.healthcare.gov/news/factsheets/2012/11/ehb11202012a.html>. To obtain a copy of the proposed rule go to <http://www.gpo.gov/fdsys/pkg/FR-2012-11-26/pdf/2012-28362.pdf>.

The third proposed rule, released by Department of Treasury, Department of Labor and HHS, *Incentives for Nondiscriminatory Wellness Programs in Group Health Plans*, would implement and expand employment-based wellness programs to promote health and help control health care spending, while ensuring that individuals are protected from unfair underwriting practices that could otherwise reduce benefits based on health status. For more information regarding this rule, visit: <http://www.healthcare.gov/news/factsheets/2012/11/wellness11202012a.html>. To obtain a copy of the proposed rule go to <http://www.gpo.gov/fdsys/pkg/FR-2012-11-26/pdf/2012-28361.pdf>.

For a copy of the HHS press release on all three proposed rules go to <http://www.hhs.gov/news/press/2012pres/11/20121120a.html>.

Proper Administration of Vaccines Including Influenza

Attached is information regarding the proper administration of vaccines. The link provides useful information: <http://www.cdc.gov/flu/nivw/>.

CDC Health Advisory: Health Concerns about Misuse of Pesticides for Bedbug Control

The Centers for Disease Control and Prevention (CDC) released a Health Advisory on 11/27/2012 describing incidents of pesticide misuse for bedbug control, resulting adverse health events, and proper treatment practices for bedbugs. The full text of the CDC alert is available at <http://emergency.cdc.gov/HAN/han00336.asp>.

STATE NEWS

HIGH IMPORTANCE: CON Update

Editor's Note: This article was provided by ANHA legal counsel Johnston, Barton, Proctor & Rose.

On November 30, 2012, the Alabama Court of Civil Appeals issued a ruling in Florence Eye Surgery et al. v. Eye Surgery Center of Florence, LLC, et al. that would require common changes of ownership of health care facilities involving an asset sale to be subject to certificate of need (CON) approval. This is a reversal of over 30-years of CON law interpretation.

Under the CON regulations as written, a change of ownership involving an asset sale is considered a non-reviewable event unless the transaction includes either making capital improvements over certain spending thresholds, adding new beds, moving to a new campus, or adding a new health service not offered in the previous 12 months. The Court ruled that the Alabama State Health Planning and Development Agency (SHPDA) exceeded its statutory authority in issuing a so-called change of ownership determination that no further CON approval is necessary in the transfer of ownership of an eye surgery center and, thus, invalidated the SHPDA determination. The Court further said that only a change of ownership involving a transfer of stock or the transfer between a parent corporation and a subsidiary is permitted without going through the full CON process.

ANHA, as well as SHPDA and many other health care providers, believe the Court is misreading of the CON law that has been in effect since 1979. SHPDA is filing for a rehearing and a number of providers and trade associations, including ANHA, are filing as amicus curia (friend of the court) asking the Court to reconsider and issue a new ruling consistent with SHPDA's interpretation. Meanwhile the law is unsettled and you should consider consulting legal counsel familiar with CON laws before undertaking any change of ownership transactions.

OBRA Screening Tips

Editor's Note: This article was provided by the OBRA Screening Office at the Alabama Dept. of Mental Health.

The OBRA Screening Office is aware that some nursing home staff members are encountering problems in printing the Level I Determinations or the Notifications. The problem is that they are using the previous steps of the old application. Please forward all of your PASRR professionals the below steps to facilitate their submissions.

Tips for Accurately Printing the Immediate Level I Screening Determinations or Undetermined Status Notifications for the New OBRA Application:

1. After you complete the last question on the Level I Form, question # 8, select the **green button** at the bottom of the page titled, **“Submit Screening.”** **Do not** print the information before you select the “Submit Screening button. Pressing the Submit Screening button first, allows the application to process your input and alert you of any errors. If the system identifies errors in your submission, it instantly produces a box in red at the top of the screen that identifies the specific errors, which you must correct before you are able to print the determination or notification.
2. After you select the Submit Screening Button and no errors are identified or they are corrected, select **print**.
3. After you select print, the system will (a) print an immediate determination or (b) print an Undetermined Status Notification. If you receive an Undetermined Status Notification, the determination will be faxed to the referral source.

Note: Do not use the back button on the browser to correct errors on the form. In fact, doing so may cause additional errors.

Nurse Aide Abuse Registry

Please note that the following individual has been placed on the Alabama Nurse Aide Abuse and/or Sanction Registry. This individual is prohibited from working in any long-term care facility. To check nurse aides, you can use the nurse aide web site at www.adph.org (Click on Contents A-Z - located in the dark blue at the top of the screen - then Click on Nurse Aide Registry - then Click in the white box and type in the Social Security Number of the person you are trying to find. Be sure and include the dashes in the SSN.)

<u>Name</u>	<u>Effective Date</u>
Sherica Jones	12/12/2012

Medicaid Alert: Claims for Non-Enrolled OPR Providers to Deny Effective January 1, 2013

Federal law now requires any ordering, referring or prescribing providers to enroll with Medicaid, even if they do not accept Medicaid, to help prevent and detect fraud and abuse. ***Alabama Medicaid will comply with this law effective January 1, 2013, by denying all claims that require a referral, order or prescription from a physician or other licensed health care professional unless that physician or provider has a current enrollment record on file.*** To address this requirement, a new category of enrollment was created: ordering, prescribing, referring (OPR) provider; provider type 97.

Medicaid's claims processing system will monitor whether the ordering, prescribing, or referring provider is enrolled in Medicaid. Claims will deny if the ordering, prescribing, or referring provider is not enrolled.

Medicaid has been sending informational EOBs for medical claims since May 2012 informing the billing provider of the status of the ordering, referring, prescribing, physician or licensed health care provider. Medicaid has been sending informational EOBs on pharmacy claims since December 2012.

Action Required: Providers already enrolled as active Medicaid participating providers do not need to enroll again as an OPR provider.

Providers **not** enrolled as active participating Medicaid providers must enroll as OPR providers. NOTE: For providers who choose to enroll as OPR providers, it is important to remember that an OPR provider cannot submit claims to Medicaid for payment of services rendered. If the provider wishes to be able to submit claims for payment, enrollment as another participating provider type will be required.

Questions & Answers

Q: Why is Medicaid requiring these providers to become enrolled?

A: Medicaid is complying with Federal Medicaid Regulations 42 CFR 455.410(b) which provides that Medicaid must require all ordering or referring physicians or other professionals providing services be enrolled as providers, and 42 CFR 455.440 which provides that Medicaid must require all claims for the payment of items and services that were ordered, referred, prescribed to contain the National Provider Identifier (NPI) of the physician or other professional who ordered, referred, or prescribe such items or services.

Q: How does the ordering, referring, or prescribing provider enroll as a Medicaid provider?

A: The OPR Enrollment application can be found on the Medicaid Provider enrollment web page at:

http://medicaid.alabama.gov/CONTENT/5.0_Resources/5.4_Forms_Library/5.4.6_Provider_Enrollment_Forms.aspx.

Q: How will these impact Alabama Medicaid recipients that cross state lines?

A: If services are furnished to an Alabama Medicaid recipient in another state, the out of state providers are required to enroll with Medicaid in order to receive reimbursement. Likewise, if the out of state provider writes a prescription, orders a service, or refers the patient, then the out of state provider must be enrolled with Medicaid.

Q: What if the provider is enrolled with another state's Medicaid? Will the provider need to enroll in all states in which he or she provides service?

A: Enrollment in another state's Medicaid program does not exempt a provider from enrolling with Alabama Medicaid. Providers are required to enroll in each state where they will provide services or where their order/referral/prescription will be provided.

Q: What if the ordering, prescribing, referring provider is with another State. For example, we receive prescriptions from out-of-state providers?

A: The out-of-state ordering, prescribing, referring provider must be enrolled with Alabama Medicaid.

Q: If Alabama Medicaid is secondary to a commercial insurance, would the claim be accepted without an enrolled ordering, prescribing, or referring provider requirement?

A: No, the enrollment requirement also applies if Medicaid is being billed as the secondary to a commercial insurance.

Q: Do Medicare crossover claims require the ordering, prescribing, or referring provider to be enrolled?

A: No, for claims that crossover directly from Medicare to Medicaid. These claims are identified with as region 30 - COBA crossover claims. When Medicare implements their edits, then Medicaid will require the region 30 claims to comply. All other Medicare/Medicaid related claims will require the provider be enrolled.

Q: How do we know the NPI of the physician or licensed health care provider who wrote the prescription or order?

A: Any prescribing physician or licensed health care provider must include his or her NPI on any prescription/order he or she writes, to allow the provider filling the prescription/order to submit their claim.

Q: I have the provider's NPI, but how can I tell if he or she is enrolled with Alabama Medicaid?

A: For pharmacies filling a prescription for medication, simply bill the claim with the NPI of the prescriber. If the prescriber is not enrolled with Medicaid, you will receive a claim rejection that informs you of the prescriber's status.

For all other providers, the Medicaid Agency is enhancing the Provider web portal to add functionality to look this information up. This functionality should be available early 2013. Until it is available, you may call the Provider Assistance Center at 1-800-688-7989.

Providers of services that are ordered or prescribed (such as a laboratory or radiology facility, a pharmacy, or a medical supply company) will always need the NPI of an ordering or prescribing practitioner in order to submit their claims for payment to the Medicaid program.

NOTE: If you render services or provide medical supplies in response to a provider's order, prescription, or referral, this requirement may affect your reimbursement.

Medicaid cannot pay for any health care service requiring a referral, order, or prescription from a physician or other licensed health care professional unless the ordering, referring, or prescribing provider has a current enrollment record on file in Medicaid's system.

Medicaid encourages all participating providers to be proactive and ensure the ordering, prescribing, referring physician/practitioner is enrolled in Medicaid prior to the December 31, 2012 deadline.

Christmas Tree Guidance from the Alabama Department of Public Health

As a reminder, the Alabama Department of Public Health passed along the following guidance concerning Christmas trees.

2000 NFPA 1 (Fire Prevention Code), Section 3-9 COMBUSTIBLE VEGETATION, contains the following requirements:

1. Natural cut Christmas trees shall be permitted only in areas protected by an automatic sprinkler system.
2. Artificial Christmas trees shall be labeled or otherwise identified or certified by the manufacturer as being “flame retardant” or “flame resistive.”
3. No Christmas trees shall be allowed to obstruct corridors, exit ways, or other means of egress.
4. Only listed electrical lights and wiring shall be used on Christmas trees and similar decorations.
5. Electric lights are prohibited on metal artificial trees.
6. Open flames, such as from candles, shall not be located on or near Christmas trees or other similar combustible materials.
7. Natural cut Christmas trees shall not be located near fireplaces, heating vents or other heating devices that could cause the tree to dry out prematurely or to be ignited.
8. Where natural trees are permitted, the bottom end of the trunk shall have a straight fresh cut at least 1/2 inch above the original cut end, made immediately prior to the tree's being placed in a suitable stand with adequate water. The water level shall be checked and maintained above the fresh cut on a daily basis. The tree shall be removed from the building immediately upon evidence of dryness.

FACILITY NEWS

Former Ms. Alabama Nursing Home Passes Away



ANHA wishes to express sympathy to the family and friends of Jacqueline Lishkoff. Ms. Lishkoff passed away on Tuesday, December 11. She was a resident of Fair Haven Retirement Center in Birmingham and served as Ms. Alabama Nursing Home 2009. She was a wonderful ambassador for the state's nursing home residents. During her reign, Ms. Lishkoff visited several nursing homes, participated in parades, attended official ANHA events and spoke on behalf of nursing home residents at a statewide public hearing. In lieu of flowers, Ms. Lishkoff's family requests that donations be made in her honor to the charity of your choice.

Col. Robert L. Howard State VA Home Welcomes First Residents



The newly opened Col. Robert L. Howard State Veterans Home recently welcomed its first residents. Pictured are Peter McConico and William Gercken (seated left to right) and facility staff at the welcome home celebration. The facility is located in Pell City.

Andalusia Manor Residents Receive Early Christmas Gift



Andalusia Manor residents received an early Christmas gift this week. The Pilot Club of Andalusia and Pilot Club International together with the Andalusia High School Anchor Club donated a large television and a Wii gaming system with games and accessories. Pictured with the gifts are Pierre Johnson, Sung Mo, Charlotte Hawkins, Stallion Sasser of Andalusia Manor, Carolyn Davis and Laura Gatlin.

Public Relations Opportunities for Christmas

Christmas is an exciting time for our residents and a great opportunity to reach out to your local media. Planning ahead for media coverage gives you a greater chance of success. Just like you, reporters want to spend more time with their families during the holidays. Giving them good story ideas early lets them complete the story now and use it later which helps move your event to top of their list.

Community or facility-wide Christmas events are the best ones to invite media to because it involves more people and is seen as more important. Also, remember to thank the reporters, photographers and editors that have provided news coverage of your facility during the year. While most are not allowed to accept gifts, a resident may present them with a small craft or ornament. You can invite the reporter to taste some of the delicious food you are serving or sample some holiday treats. That will literally leave a “good taste in their mouth” about the high quality of care provided at your facility.

OTHER NEWS

Brochure Identifies Warning Signs of Financial Exploitation

The recently released “*Protect Your Pocketbook: Tips to Avoid Financial Exploitation*” is a six page brochure that can be used as a tool to educate residents, families, and staff about financial exploitation.

Financial exploitation targeting older adults is a major problem that is growing across the nation. Research shows five million seniors are victims of elder abuse. Financial abuse is believed to cost seniors an estimated \$3 billion annually. The brochure is published by the Administration on Aging, and the National Association of Area Agencies on Aging’ Eldercare Locator.

To obtain copies of this brochure call Eldercare Locator at (800) 677-1116 or visit eldercare.gov or visit the website of the National Center on Elder Abuse at ncea.aoa.gov.

Registration Open for 2013 AHCA Quality Symposium

Registration is now open for the AHCA Quality Symposium. Celebrating its 5th year, the symposium will take place February 11-13, in San Antonio, Texas. The Quality Symposium will provide attendees with practical, real-world ideas and solutions to take back to their work environments. Administrators, corporate staff, directors of nursing, quality managers, and anyone with an interest in examining and improving their processes to achieve excellence across the operational and care spectrums will find value in this unique educational and networking event.

Don’t miss this three-day event and the potential to earn 14.25 CEUs! For more information please visit <http://www.ahcancal.org/events/qualitysymposium/Pages/default.aspx>.

Registration Open for AHCA Independent Owner Leadership Conference

Don’t miss this unique opportunity to meet and discuss all the issues that concern you with the people who understand exactly what you deal with on a day-to-day basis. The American Health Care Association’s Independent Owner Leadership Conference will be held March 13-15, 2013, at the Westin Beach Resort & Spa in Fort Lauderdale, FL.

This year, the focus of the Independent Owner (IO) Leadership Conference is on Electronic Health Records (EHR). You’ll hear from IOs who have already implemented EHRs. Learn how they did it, what challenges they faced, how much it costs, and why it was useful. You’ll have opportunities to ask questions and find out everything you need to know to get started on the process at your facilities. We’ll also tie in the use of EHRs with the AHCA Quality Initiative and show you how technology can help you meet the challenges you face and raise the quality of care you provide.

The IO Leadership Conference is for not for profit operators and for profit owners of ten or fewer facilities providing skilled nursing, assisted living, and developmental disability services. Attendees can earn up to 13 CEUs. Registration and attendance for companies and individuals who sell or market products and/or services to provider organizations is limited to sponsors only. AHCA reserves the right to grant final approval for all registrants to attend this conference.

Register early and save \$75! The advanced registration deadline is February 15, 2013.
For more information or to register online, visit www.io.ahcancal.org

CALENDAR OF EVENTS

<u>Date</u>	<u>Event</u>	<u>Location</u>	<u>Time</u>
December 14	ANHA Payment for Services Committee Meeting	ANHA Office Montgomery	10:00 a.m.
December 18	ANHA Region IX Meeting RSVP: John Burchfield (205) 343-7104, irma.taylor@northporthealth.com Guest Speaker and one hour CEU credit	Wintzell's Oyster House Tuscaloosa	12:00 p.m.
January 9	Seminar: Legal Compliance for Nursing Homes	The Wynfrey Hotel Birmingham	8:30 a.m.

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

WEB SITES:

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>