

What Every Healthcare Organization Needs to Know About the Licensing Standards in N.J.A.C. 8:43E – A Four-Part Webinar Series



May 19, June 29, Sept. 13 and Oct. 18

Fee for Series:

NJHA/LANJ/HCANJ Member: \$99/facility

Non-member: \$149/facility

OVERVIEW:

Every New Jersey healthcare facility is expected to comply with a multitude of federal and state regulations. Among them is *N.J.A.C. 8:43E*, a set of licensing standards that apply to most, if not all, licensed facilities; yet, many times these regulations are not the focus of attention. This four-part webinar series will be led by the New Jersey Department of Health and will offer hospitals, nursing homes and assisted living providers a refresher on what is contained in *N.J.A.C. 8:43E* and focus on what is critical for compliance.

OBJECTIVES:

1. Learn the key provisions of *N.J.A.C. 8:43E* that apply to your organization
2. Understand how to ensure compliance for your organization.

TARGET AUDIENCE:

Administrators, directors, managers of hospitals, nursing homes, hospices, assisted living communities and home health agencies.

FACULTY:

Stefanie Mozgai

Director, Survey and Certification Program

New Jersey Department of Health

John Calabria

Director, Division of Certificate of Need and Licensing

New Jersey Department of Health

CONTINUING EDUCATION CREDITS:

This continuing education program is sponsored/conducted by the Health Research and Educational Trust 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) continuing education credits accepted by the Nursing Home Administrators Licensing Board. This education activity may only be used for continuing education credit and not to meet academic college credits.

This education activity has been approved for **1.5** LNHA/CALA credits per webinar.

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SCHEDULE

Thurs., May 19, 2 – 3:30 p.m.

**Part 1 – Patient or Resident Safety Requirements
and Reportable Events**

This session is applicable to all licensed providers.

Wed., June 29, 10 – 11:30 a.m.

Part 2 – Violence Prevention and Safe Patient Handling

This session is applicable to hospitals and nursing homes.

Tues., Sept. 13, 10 – 11:30 a.m.

**Part 3 – Pain Management Procedures, Requirements
Related to Needles and Sharps, Mandatory Overtime,
Universal Transfer Form**

This session is applicable to all licensed providers.

Tues., October 18, 2 – 3:30 p.m.

**Part 4 – Survey Procedures, Enforcement Remedies
and Licensure Procedures**

This session is applicable to all licensed providers.

Registration Guidelines for 2016

PAYING BY CREDIT CARD

Guarantee your seat now by paying for your registration online with a credit card.
It's secure and easy.

Click "Register for this Event" button below to begin the registration process.

Note: For security purposes, **DO NOT** mail credit card information with your security code to the P.O. Box. Save time and register online through our secure Web site.

PAYING BY CHECK

Fax your registration form prior to mailing with payment. Reference the seminar number on the face of the check. Your registration will not be confirmed until your payment is received by HRET. The registration form must accompany checks in order to allocate payment properly.

FAX: 609-275-4271

Make check payable to: HRET of NJ

Mail to: HRET of NJ – P.O. Box 828691 – Philadelphia, PA 19182-8691

Payments by mail must be postmarked no later than Monday, May 9, 2016.

GENERAL INFORMATION

- **FAX REGISTRATION FORMS PRIOR TO MAILING TO (609) 275-4271.**
- Registration fee is for **ONE (1) FACILITY**.
- Registration fee is inclusive of **FOUR (4)** Webinars.
- Price will not be prorated for registrations received after the Webinar series commences.
- HRET/NJHA staff reserve the right to refuse participation if payment is not received in full prior to the commencement of the program.
- **WebEx** is the Webinar provider for HRET/NJHA. Contact your organization's IT Department prior to the start of the event to assure the organization's network is equipped to run the application necessary to view this Webinar.
- **WebEx** will send confirmation and reminder emails directly to all participants. Please check **inbox and junk mail folders** frequently for emails from WebEx regarding updated program information and login accessibility.
- **Registration and payment inquiries** - contact 609-275-4180 or HRETEducation@njha.com
- Program inquiries - contact Theresa Edelstein at tedelstein@njha.com

Registration Guidelines for 2016 *(cont'd)*

CANCELLATION POLICY

- To cancel your attendance for any reason, NJHA requests a notice of cancellation 48 hours before the start of each Webinar. E-mail: HRETEducation@njha.com or phone: (609) 275-4180.
- Cancellations must be received by 4 p.m. on May 16 to receive a refund minus a \$30 administrative fee.
- No refunds will be issued after the deadline.

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Dates:	May 19, June 29, Sept. 13 and Oct. 18, 2016
Location:	Webinar
Member Fee:	<i>NJHA/LANJ/HCANJ Member:</i> \$99/facility <i>Non-member:</i> \$149/facility
Seminar:	EDU 1665W

Payment by Mail or Fax

(Type information directly into this PDF form before printing. Copy form to add registrants.)

Note: Your registration will not be complete until payment has been received.

Payment must be postmarked no later than May 9, 2016

Online Credit Card Registration

To register online with a credit card, do not type into this form.

Instead click “Register for this Event” below.

Full Name:	Additional Registrant:
Job Title:	Job Title:
Degrees/Credentials (MD, RN, LNHA, etc.):	Degrees/Credentials (MD, RN, LNHA, etc.):
E-mail:	E-mail:
Phone number:	Phone number:
Organization:	Additional Registrant:
Organization Address:	Job Title:
City, State, Zip:	Degrees/Credentials (MD, RN, LNHA, etc.):
Registration Contact:	E-mail:
Contact e-mail:	Phone number:
Payment Information: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	Additional Registrant:
Check / Credit Card No.:	Job Title:
Expiration Date: Security Code:	Degrees/Credentials (MD, RN, LNHA, etc.):
Name on credit card:	E-mail:
Billing Address: <i>(street, city, state, zip)</i>	Phone number: