

RESIDENT MOVE-IN / MOVE-OUT POLICIES AND PROCEDURES FOR ASSISTED LIVING FACILITIES

DATE & LOCATION

Tuesday, June 26, 2018

9:00 am — 1:15 pm

**Handelman Conference Center
7090 Samuel Morse Drive
Suite #400
Columbia, Maryland 21046**

Registration / breakfast begin at 8:30 am.
Doors open at 8:15 am.

TARGET AUDIENCE

- Assisted Living Managers
- Admission Staff
- Social Workers/Services

CEU — 4.0

- Assisted Living Manager
- Social Work

FEES

- Lifespan Members: \$85
- Lifespan Nonmembers: \$185

PRESENTER

Samaria Washington, MBA, LNHA
Administrator

For additional information please call
Anmarie Gordon at 410.381.2401, x240 or
agordon@lifespan-network.org

PROGRAM

A well-defined and executed move-in process is the first critical step in establishing a respectful and informed relationship with the resident and their family. Through the pre-assessment and move-in process, the facility's team can work closely with the resident and their family to (1) create mutually understood expectations; (2) ease the transition process and; (3) ensure that appropriate care and services are planned.

The requirements for remaining in the facility are the same as those for admission; in other words, if a resident's health or functional abilities decline to the point that they would not be eligible for admission to the facility, the resident may not continue to reside in an ALF. When this happens, the resident receives a moved out notice.

This seminar focuses on the regulations, criteria, policies and procedures of resident Move-in and Move-out.

OBJECTIVES

At the completion of the seminar, the participant will have an understanding of

1. Maryland State move-in and move-out regulations
2. The value of the residents needs assessment
3. The key content of the move-in packet
4. Resident move-out criteria
5. The policies and procedures of resident move-in and move-out
6. Residents' rights to appeal move-out orders



Continuing Education

This program is approved for 4.0 credit hours. This program is sponsored by the Beacon Institute. This program is approved by the National Continuing Education Review Service (NCERS) of the National Association of Boards of Examiners of Long Term Care Administrators. The program is approved by the Office of Health Care Quality (OHCQ) for continuing education credits for assisted living managers. This program is approved by the Maryland Board of Social Worker Examiners for Category I continuing education for social workers licensed in Maryland.

Registration Policies

1. Please mail or fax your registration early. Space is filled on a first served basis. Policy and deadlines for registration are the same by fax as by mail.
2. Please enclose a check or complete the credit card registration below. Faxed registrations must include credit card or purchase order information.
3. Registrations and payment must be received no later than five days prior to the workshop.
4. We reserve the right to cancel this program due to insufficient registration.

Cancellation Policy

Refunds, minus a \$25 processing fee per registrant, will be honored if requested in writing five (5) business days prior to the date of the seminar. In the event of emergency, attendees may send substitutions in their places without prior notification.

Inclement Weather Policy

If Howard County Public Schools are closed or opening late due to inclement weather, all seminars are **CANCELLED**. Registrants will be contacted regarding rescheduling arrangements.

SEMINAR LOCATION

HANDELMAN CONFERENCE CENTER

7090 SAMUEL MORSE DRIVE

SUITE #400

COLUMBIA, MD 21046

(Located at rear of building)

Registration Form

Move-In / Move-Out Policies and Procedures for AL Tuesday, June 26, 2018

PLEASE PRINT. Copy this form for multiple registrants. Please register and return by **June 21, 2018**

Name _____ Title _____

Email (Work) **Required** _____

NH Administrator License # _____ NAB CE Registry ID# _____

Facility Name _____

Facility Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____

Fee: LifeSpan Members: **\$85** Non-members: **\$185** Total Amount Due \$ _____

Please mail with check payable to: **THE BEACON INSTITUTE**, 7090 Samuel Morse Drive, Suite #400, Columbia, MD 21046
Or fax with credit card information to **410.381.6061**



Name on Card _____ Account No. _____

CVV2 Security Code _____ Expiration Date _____ Signature _____

CREDIT CARD BILLING ADDRESS _____

Card Holder Email Address _____