

# KANSAS ADULT CARE EXECUTIVES (KACE)

*Presents*

## “WHAT YOU ALWAYS WANTED TO KNOW ABOUT NURSING FACILITY REGULATIONS—AND WERE AFRAID TO ASK”



### PRESENTER

**AUDREY SUNDERRAJ, MBBS, Director of Survey and Certification Survey, KDADS**

**Monday, March 9, 2015**

**Hilton Garden Inn Manhattan**

**410 South 3rd St.**

**Manhattan, KS**

**1:00 to 4:30 Registration begins at 12:30**

This workshop is the result of requests made by new and experienced KACE members. The session will be an intensive review of the Nursing Facility Regulations. Ms. Sunderraj will focus on the specific areas of the Regulations as requested by the attendees. Please note—this will be a “no frills” training session delivered in a small group setting. Attendance will be limited as to encourage interactive dialogue and discussion. Workshop registration must be received by **Thursday, March 5, 2015**.

### **Objectives of the Workshop**

- ⇒ To achieve a dialogue with subsequent discussion about the Nursing Facility Regulations
- ⇒ To answer questions about specific Regulations that are in need of clarification
- ⇒ To share ideas and solutions about meeting the intent of the Nursing Facility Regulations in your adult care home

### **Continuing Education Credit:**

**Administrators**—This workshop is approved for **four continuing education clock hours** for adult care home administrators in the core area of administration.

**Nurses**—CNE’s will be available for nurses.

**Attendance Certificates will be available for all other attendees.**

***Register online at [www.kaceks.org](http://www.kaceks.org)***



## REGISTRATION FORM

### “WHAT YOU ALWAYS WANTED TO KNOW ABOUT THE NURSING FACILITY REGULATIONS – AND WERE AFRAID TO ASK”

**Monday, March 9  
Hilton Garden Inn  
410 S. 3<sup>rd</sup> St  
Manhattan, KS**

12:30 P.M. – Registration & 1:00 P.M. to 4:30 P.M. – Workshop

**Workshop Registration must be received by Thursday, March 5, 2015**

**Registration Fee: \$45 per person for KACE members and staff members in their building  
\$60 per person for non KACE members**

*Please register early to ensure space at the session you wish to attend*

Payment Method: Visa  MasterCard  Discover Card  American Express  Check  Invoice

*If paying by credit card, please provide the following information:*

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on the Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(Address, City and State)

Facility Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Facility or Personal Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Facility or Personal Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Participant Name(s)	Title(s) & License Numbers(s)	Conference Fee (\$45 or \$60 per person)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount Enclosed \$ \_\_\_\_\_



KACE, 1505 SW Fairlawn Rd., Suite B, Topeka, KS 66604 Phone: (785) 273-4393 Fax: (785) 273-8681 E-mail: [kace@kaceks.org](mailto:kace@kaceks.org) or Register online at [www.kaceks.org](http://www.kaceks.org)

*No refunds will be given for cancellations. Substitutions are welcome.*