



# PULSE

A PUBLICATION FOR FLORIDA'S LONG TERM CARE COMMUNITY



**FHCA's 2017 Nurse Leadership Program had record-breaking attendance, with sessions for both the skilled nursing and assisted living professional. Featured speakers included nationally-recognized dementia care specialist Teepa Snow (pictured), and AHCA Bureau Chief of Field Operations Kim Smoak. Attendees also enjoyed a Welcome Reception and Tabletop Expo. Learn more about this year's NLP sponsors and exhibitors at [www.fhca.org/events/nlp](http://www.fhca.org/events/nlp). ♦**



## FHCA honors the leaders in long term care nursing

Last month, Florida Health Care Association recognized Florida's leading caregivers as part of its annual Long Term Care Excellence in Nursing Awards. These awards, presented at the annual Nurse Leadership Program in St. Pete Beach, recognize the best of the best in five categories: the Rising Star in Long Term Care Nursing, as well as the Certified Nursing Assistant, Licensed Practical Nurse, Registered Nurse, and Nurse Administrator of the Year.

Each honored award recipient shares the unique characteristics, professionalism and expanded skill sets of the long term care nurse. There was a constant theme weaved throughout each of their nominations — longevity, passion and purpose. All of them play an important role in helping their centers deliver exceptional care and improve the lives of residents.

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# FHCA Annual Conference

*A time to connect and celebrate*



By John Simmons, MSW, NHA  
FHCA President

Next month we'll gather together for FHCA's signature event, the 2017 Annual Conference & Trade Show. I find Annual Conference to be one of the most valuable benefits of my FHCA membership. Over the course of my career I've come to understand that the connections I've made over time have all played a role in the path I've taken. Having mentors to guide me in my leadership development, peers who can relate to similar experiences and contacts who could put me in touch with the people I need to know to effectively run a nursing center has been key to my success long term care professional.

FHCA has learned over the years that Annual Conference is more than just an educational event. Rather, it's an experience, and every attendee takes home something different. I'm always impressed by the level of expertise and knowledge of the speakers and the diversity of topics that are covered in the agenda. But it's the networking events that, for me, are most meaningful. From the Opening Social and Trade Show to the Circle of Excellence (COE) Award luncheon and Fun Night, the events built in to bring us together always top my list. The buzz of energy can always be felt in the room and the way the ACC and staff build in the theme always adds to the excitement.

Annual Conference is also our opportunity to celebrate those in our profession who have shined throughout the year. Our Long Term Care Achievement Awards will honor those who have contributed most — from the volunteers and resident who give back to the administrators who not only excel in leading their center, but also stand out as the best and brightest in our association. And of course we'll honor the Walter M. Johnson Jr. COE Award winner, where one among us will join the likes of Bobby Rosenthal, Bruce Baldwin, Dion and Cathy Sena, Bruce Taylor, Art Harris and other iconic names who are the reason Florida Health Care Association is the leading long term care association in the state, and in my humble opinion, the nation.

We'll also honor those centers which, in 2017, earned the Governor's Gold Seal Award and an AHCA/NCAL National Quality Award. Their commitment to quality also puts our state ahead of the rest. These awards have always been an important part of the journey to improve the care for our residents, but as we prepare to move to a Prospective Payment System next year, they'll become even more meaningful.

Celebrating our achievements plays an important role at both the frontline and global level. When we recognize the importance of caring for our state's frailest elders, our teams are motivated and have a better chance of understanding the key role they play in that process. Last month I had the privilege of reviewing the LTC Excellence in Nursing Award nominations and the Certified Nursing Assistant Essay Contest submissions. It was clear these caregivers value the work they do and have a passion for the care they provide to their residents. It was an inspiring experience for me and helped remind me that what we do is important.

And once we return from Annual Conference, we'll go beyond our "walls" to honor all those we will celebrate. FHCA plans to highlight the CNAs, nurses, administrators, volunteers and residents through a social media campaign to bring attention to the compassion, caring, dedication and determination that goes into being a long term care professional. At the same time the campaign will tell the story of why Florida leads the nation in delivering exceptional care and services to seniors and people with disabilities.

So as you wind down your summer this month, don't forget to put Annual Conference on your list of events to attend. Explore the Attendee Program and make a plan for what sessions and activities will mean the most to you. And come ready to network, celebrate and walk away with another year of memorable experiences designed to help you achieve professional success. ♦

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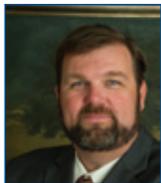
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by J. Emmett Reed, CAE

FHCA/Our Florida Promise  
Executive Director

## Halftime and 99 yard lines

I try to stay away from sports analogies because I know not everyone can relate. Forgive me for mentioning to you that it's halftime, or better stated, the halfway mark of 2017.

The 2017 legislative session was tremendously successful for FHCA and our members. Last month our team traveled around the state holding PPS Pep Rallies to urge the Governor to sign Senate Bill 2514 that included the Prospective Payment System (PPS). Chief Lobbyist Bob Asztalos had one of the more humorous moments during the rally held at Hunters Creek Nursing & Rehabilitation. Bob was doing his usual great job of working the crowd into a frenzy of enthusiasm. As he brought the crowd to a crescendo, he wanted to reiterate that while the PPS challenge was nearly over, there was still work to do. He uttered the words, "We cannot stop advocating until the Governor signs this bill! We are at the 99-yard line, and we need to push it over the goal line for a touchdown." "99-yard-line...never heard that one," I thought to myself.

Bob used that same line the next day at the Miami Jewish Health Systems rally, and at about the time he did, FHCA Reimbursement Director Tom Parker looked at me with a smirk that let me know he was thinking the exact same thing. We all shared a laugh about it after the rally, and Bob liked the newly-minted phrase so much that he continued to use it until the ink finally dried on the Governor's signature on June 16.

It is good, after such a difficult but successful legislative session, to laugh a bit.

The halfway mark in the year also means FHCA's 2017 Annual Conference & Trade Show is right around the corner. This year we're asking everyone to show their team spirit and help us celebrate with the theme of "FHCA University." Our keynote speakers are going to be amazing, from Leigh Anne Tuohy, famous mom from "The Blind Side," and nationally-recognized photographer Platon to AHCA/NCAL President & CEO Mark Parkinson and Agency for Health Care Administration Bureau Chief of Field Operations Kim Smoak. We'll kick off a week of networking events with an Opening Social, have another sold out Trade Show and Golf Tournament, celebrate our members' accomplishments during a Quality Awards Ceremony and the annual Long Term Care Achievement Awards and bring the house down at the Tailgates & Touchdowns Fun Night. Annual Conference is always a time for FHCA to shine among our members, and my team can't wait to be with you to ensure your Conference experience is a success and the biggest bang for your membership investment.

Annual Conference is just one of FHCA's many educational opportunities designed to enhance our members' learning experiences while offering ways to connect with their professional peers. Last month we held an incredibly successful Nurse Leadership Program, along with the CMS Emergency Preparedness Seminar as well as the Prospective Payment System Seminar for independently-owned and not-for-profit members. In September, FHCA will take the lead and bring back the Agency for Health Care Administration's Joint Trainings for Nursing Homes and ALFs. And later this fall, we'll add the Quality Symposium onto the books, so stay tuned for even more to come.

As you can see, there really is no halftime at FHCA, as we are busy providing the services our members need to continue delivering exceptional care to their residents.

The year is flying by, and fall will be here before you know it. Maybe by then we'll have time to catch a football game and cheer our favorite team across the 99-yard line!◆

# Clearing up the confusion with advance directives

By Karen Goldsmith

*When we reviewed the statistics from surveys conducted between January and March 2017, we were astounded to see that in those three months we were rapidly approaching the total number of Immediate Jeopardy (IJ) deficiencies seen in the first three quarters of 2016. In fact, with April, May and June added in, it is possible that we have already exceeded that number.*

We are looking for the root cause of so many IJs. In the meantime, we will focus on the issues raised in these surveys to assist our members with better preparing their staff for dealing with specific problem areas. This month we'll focus on advance directives, as that is an area where centers are receiving IJs.

Here are some issues that have arisen about which you should refresh your staff's memory:

- Performing CPR when the person has a Do Not Resuscitate Order (DNRO) is still a significant violation of the resident's right to make treatment decisions and have an advance directive.
- Withdrawal and withholding are the same things legally. If CPR is inappropriately started, it is usually ok to discontinue when the true facts are known.
- Remember that when the resident has a surrogate, guardian, proxy or agent under a durable power of attorney for health care, that person stands in the shoes of the resident. If that person was actually named by the resident, it is clear the resident wished that individual to make his/her health care decisions. There may be very good reasons for this. If the person is given the authority by a court to make someone's life and death decisions, the court expects the center to honor that directive. The bottom line is, make sure the right person is making the decision if the resident is unable.
- An absence of the yellow, uniform Do Not Resuscitate Order does not mean the person must be resuscitated. While you should make the form available to your residents and give them information regarding how that form can be used, the law recognizes that physician's orders not to resuscitate, if written legally, are valid. This is likely because the yellow form is universal to all health care providers. A resident may not want such a broad order. An order limited to your center may satisfy that resident's needs. Section 401.45, Florida Statutes is the source of the uniform Do Not Resuscitate Order. Its language has confused many providers. There is a statement that the yellow Do Not Resuscitate Order is necessary; however, this

chapter relates to Emergency Medical Services. The language is directed at them, not all health care providers.

- A copy is as good as the original, providing it is on the yellow paper. See 64J-2018(1)(a).
- A DNRO is not a "do not hospitalize" order. You can never deny someone treatment for comfort or to ease the dying process. Hospitalization may be necessary for these or other purposes, such as your inability to meet the resident's needs.
- Resuscitation is a means to restore vital functions, such as breathing and heart rate. The Heimlich maneuver is not resuscitation per se.
- We are still grappling with the concept of Registered Nurses (RN) determining if resuscitation would be futile. We do not have any law that says that in a nursing center this is permissible. The Centers for Medicare and Medicaid Services (CMS) has set out guidance in the advance directives interpretive guidelines. Based on this guidance, you would not have to resuscitate someone who is in rigor mortis, has dependent lividity, has been beheaded, has been transected or has decomposition. While these are not likely to occur in long term care, the state law is still the barometer of what advance directives mean and how they are applied. Until we have case law or statutory law that permits a RN to make certain decisions, we must proceed very cautiously.
- Proper filing of an advance directive is critical, especially with many centers using electronic and paper records simultaneously. Staff on the floor needs to know where to look for advance directives, and a system must be in place to ensure they are easily accessible.

*continued on page 18*



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# AHCA/NCAL National Quality Awards

*It is not just an application, it is a journey*

By Koko Okano

*Last month, the American Health Care Association/National Center for Assisted Living (AHCA/NCAL) announced its 2017 Bronze National Quality Award recipients. Thirty four FHCA members earned a Bronze National Quality Award and have proudly joined Florida's more than 300 National Quality Award recipients.*

Also last month, Governor Rick Scott signed Senate Bill 2514 which passed in the 2017 legislative session and includes the Prospective Payment System (PPS). The PPS is the new Medicaid reimbursement structure for skilled nursing centers that will be implemented in October 2018. For the first time in Florida Medicaid history, nursing center reimbursement will be directly tied to quality performance outcomes. The PPS includes a new Quality Score component that will incentivize improved resident care, with 6% of total funding paid on the basis of achieving a series of quality measures. One of those measures is the AHCA/NCAL National Quality Award, with centers having the ability to add to their overall Quality Score for being a recipient of either the Silver or Gold Award.

There is a good reason the Agency for Health Care Administration, legislators, and other long term care stakeholders considered the National Quality Award Program as a legitimate and highly effective outcome to represent "quality" in skilled nursing centers — because it is not just an award, but a journey for performance excellence.

First, the AHCA/NCAL National Quality Award Program is a Baldrige-based program. The Baldrige Performance Excellence Program is not a long term care specific, subjective or internal award program. Rather, it is "the nation's public-private partnership dedicated to performance excellence" that is highly acknowledged by all industries, across sectors. The AHCA/NCAL Silver Award uses an abbreviated version of the National Baldrige Criteria, while the Gold Award uses the full Baldrige Criteria. This gives the program and the award recipients tremendous credibility and value not only within, but also outside of the long term care community. You can learn more about the Baldrige Program at [www.nist.gov/baldrige](http://www.nist.gov/baldrige).

Second, Baldrige criteria are extremely comprehensive and can serve as a road map to quality. Silver and Gold National Quality Award criteria (i.e. Baldrige criteria) have six process categories and one results category. Organizations will be able to self-assess and develop their approaches, deployment, evaluation and integration/alignment in the areas of 1) Leadership and Governance; 2) Strategic Planning; 3) Customer Focus; 4) Knowledge Management; 5) Workforce Focus; and 6) Operations Effectiveness. By developing approaches using each of the six criteria requirements, there is not much of anything an organization can miss.

Third, the Quality Award process requires team work. While the administrator and/or the leadership team can guide the process, everyone in the organization must be on board. The process may seem less daunting when you consider having such a comprehensive operational framework based on the Baldrige Criteria that includes your entire team approaching all the challenges that come with implementing Quality Assurance and Performance Improvement (QAPI), the CMS Requirements of Participation, a new survey process, etc.

Finally, participating in the Silver and Gold National Quality Award will take you further than self-assessment. Trained Senior and Master examiners spend a considerable amount of time reviewing your center's application and provide comprehensive feedback on your organizational strengths and opportunities for improvement. Feedback comments and the scoring outcome will help you understand where your organization currently stands in each category.

This fall, FHCA will once again provide the Quality Award Bootcamp for applicants for the 2018 award cycle. The Bootcamp will include webinars, onsite workshops, face-to-face meetings, worksheets and tools, with resources housed on the Bootcamp page on FHCA's website. The Bootcamp will start after the announcement of the 2017 Silver National Quality Award recipients, with the workshops taking place between September and December 2017.

Until then, I strongly encourage you to join me at FHCA's Annual Conference & Trade Show on Friday, August 4, for my Continuing Education Session (#53), to learn more about the program. Learn more about this CE Session at [www.fhcaconference.org](http://www.fhcaconference.org), or contact me at [kokano@fhca.org](mailto:kokano@fhca.org) for more information about the Quality Award Bootcamp. ♦



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# FMLA case review

By Mike Miller

Miller Tack & Madson, FHCA Labor Relations Consultant

Recently, the U.S. Eleventh Circuit Court of Appeals (which covers Florida) considered a case brought under the Family and Medical Leave Act (FMLA) by an employee who was suspended from his job as an Activities Director at a long term care center and fired after returning from leave to have rotator cuff surgery. A day before he was scheduled to return to work from FMLA leave, the employee's doctor reported that the employee was still not able to resume physical activity and needed to be excused from work for more than an additional month. Even so, the employee asked his supervisor to allow him to return to work in a light duty capacity performing desk duty and computer work, with his staff covering his physical job duties. The supervisor, however, refused. Accordingly, the employee requested additional time off and was granted an additional 30 days of non-FMLA leave. During his non-FMLA leave, the employee visited Busch Gardens in Tampa, Florida, and went on a trip to St. Martin with his family. The employee had texted pictures of the holiday decorations at Busch Gardens to his staff to give them decorating ideas for the center and posted pictures of his trip to St. Martin on social media.

Following his non-FMLA leave period, the employee returned to work as scheduled and presented a fitness-for-duty certification confirming that he could resume his job as Activities Director. However, instead of returning the employee to work, the supervisor suspended his employment to investigate the employee's conduct while he was on leave. According to the employee, his supervisor stated that "corporate" believed the employee was well enough to return to work at an earlier date based on his social media posts. Several days later, the employee was fired.

The employee subsequently sued the center, claiming that it interfered with his rights under the FMLA by refusing to allow him to return to work on light duty even though two other employees were allowed to do so, and that the center retaliated against him for taking FMLA leave. As the Eleventh Circuit explained, an employee need not be reinstated or restored to another position if he cannot perform the essential functions of his job because of a physical condition. Additionally, an employer may require a fitness-for-duty certification pursuant to a uniform practice, which applies to "all similarly-situated employees (i.e., same occupation, same serious health condition)

who take leave for such condition." However, unlike the employee, his alleged comparators had submitted fitness-for-duty certifications to the center, their jobs were less physically demanding, and their conditions were less physically limiting. Accordingly, the Eleventh Circuit agreed with the lower court that the employee failed to show that he was denied a benefit to which he was entitled under the FMLA and could not establish an FMLA interference claim.

As for his retaliation claim, the employee argued, among other things, that the close "temporal proximity" (i.e., timing) between his return from FMLA leave and his discharge (about a month later) showed that he was discharged for taking FMLA leave. The center, however, argued that "temporal proximity" should be measured from the date the employee began his FMLA leave (not returned from FMLA leave) until his discharge, which would have set the "temporal proximity" at four months, not one month. Clarifying the law on this issue, the Eleventh Circuit concluded that "temporal proximity" should be measured from the last day of an employee's FMLA leave (not the first day of the leave). Thus, the close "temporal proximity" between the employee's last day of FMLA leave and subsequent discharge raised a genuine issue of material fact as to whether they were casually related. Also, because the employee was never informed of the reasons for discharge (i.e., violating the center's social media policy and displaying poor judgment in posting the photos on social media), the Eleventh Circuit found that a jury could conclude that the center's reasons were a pretext for discrimination. The Eleventh Circuit, therefore, reversed the lower court's summary judgment decision in favor of the employer on the employee's retaliation claim and sent the case back to the lower court for trial.

This case serves as a reminder to employers to exercise caution and seek legal advice before discharging an employee in FMLA leave situations. ♦



Mike Miller is with Miller Tack & Madson, FHCA's Labor Relations Consultant. Learn more about MTM at [www.peolawyers.net](http://www.peolawyers.net).

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# Business News

By Lorne Simmons, Moore Stephens Lovelace

## Hurricane season financial tips

The hurricane season this year promises to be a big one — at least, according to the usual preliminary outlook (has there ever been a positive outlook?). Last year saw some significant impacts to a few nursing centers, especially along the Atlantic Coast, including building evacuations and major repairs. Here is our annual reminder for our long term care friends of the more important financial issues in dealing with disasters.

### Cash is king

When a major storm is imminent, ensure sufficient cash is on hand with several key staff members or department heads so they can adequately perform their necessary functions. Credit/debit cards don't work well in a world without power.

### Documentation

Make sure your office manager keeps an accurate account of expenditures for hurricane-related costs and tracks all receipts during and after the disaster, especially when cash is involved. It's easy to lose control of cash flows during and after a disaster and, unfortunately, some people take advantage of poor oversight when they think no one is looking.

### Secure your records

In order to preserve important financial history and support claims for insurance, tax and reimbursement, consider offsite storage of critical records. At a minimum, 10 years of financial statements and 7 years of tax returns and general ledgers should be in a secure, storm and flood-proof location.

### Program billing

Placements of 30 days or less are generally considered temporary. If temporary, the transferring center continues to bill and should pay for the services rendered by the receiving center. If the transfer is permanent, the receiving center should bill for services. Providers should act now to ensure their transfer agreements with other centers are up to date and executed properly to avoid any problems during a disaster.

### Proposed Medicare rule for FY 2018 released

The Centers for Medicare and Medicaid Service (CMS) recently released the proposed rule for Skilled Nursing Facility Prospective Payment System (SNF PPS) FY 2018. The proposed rule for FY 2018 establishes a net market basket increase of 1.0 percent. CMS is also proposing to revise and rebase the market basket index by updating the base year from FY 2010 to FY 2014. Based on proposed changes contained within this proposed rule, CMS projects aggregate payments to SNFs will increase in FY 2018 by \$390 million, or 1.0 percent, from payments in FY 2017. The update is a result of last year's doc fix, which required all post-acute care (PAC) providers to receive a maximum market basket update of 1.0 percent in FY 2018 to offset part of the cost of the bill. Otherwise, SNFs would have seen a net increase of 2.3 percent, which reflects an increase of 2.7 percent minus a 0.4 percent multifactor productivity adjustment as required by Section 3401(b) of the Affordable Care Act (ACA). No forecast error was incurred.

### Preparing for PPS

With the FHCA Annual Conference & Trade Show just around the corner, I would like to extend a personal invitation to all of our readers to join me for my session on Thursday, August 3, at 3:45 p.m. regarding the new Prospective Payment System (PPS) for Medicaid reimbursement. I'll focus participants on the current PPS model, the various components of the new rate and how to take advantage of the transition period to prepare for the future. I will provide examples of the new Fair Rental Value (FRV) system that will replace the current FRV methodology that will be required for all centers except government-operated buildings. I'll also discuss the incentives built into the PPS plan for providers to not only adapt to the new plan, but also succeed and improve their quality of care. I look forward to seeing you all there! ♦



Lorne Simmons and Sandy Swindling are with Moore Stephens Lovelace, P.A., FHCA's CPA Consultant. Learn more about MSL at [www.msllcpa.com](http://www.msllcpa.com).

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# CNA Essay Contest winner shares how communication comes in many different forms

*Florida Health Care Association is pleased to recognize Belinda Tanner, CNA at Palm Garden of Ocala, as the 2017 winner of FHCA's CNA Essay Contest. This year's contest focused on the theme, "CNAs: Champions for Person-Centered Care." Participants were given six topics around which to craft their essay - Dignity, Respect, Compassion, Listening, Communication or Standards of Care — and write about how these words translated into their daily practice of caring for residents. Read her submission below.*



A Certified Nurse Assistant's main role is to provide basic care to patients. Certified Nurse Assistants are compassionate, and we enjoy helping others. I've had the pleasure of serving as a CNA for sixteen years. During the course of my career as a caregiver, I've learned to strive for Excellence and give the Best Quality Care to

residents. There are many valuable and important aspects of providing daily care such as Standard Care, Communication, Respect, and Dignity. Certified Nurse Assistants are the eyes and ears for the nurse. We are able to notice first signs of problems concerning a patient. I've found that Non-Verbal Communication is very vital concerning a patient. A patient is able to communicate using their eyes, hands, and mouth.

Therefore, CNAs must not only listen to the patient's verbal needs, but also be able to acknowledge and understand needs that are unspoken. A few years ago, I provided care to a male Hospice patient. He was on comfort measure. Each time I entered his room I would look at him, smile and say "Hello." I saw that he wanted to speak and respond but the words would not come out. I noticed that he would lower his eyes as if he was disappointed in his inability to respond and communicate as he desired. I simply smiled and said that "It is alright, I understand."

After providing care and making sure that he was comfortable, he looked at me and smiled as to say thank you. Then I noticed a tear roll

down his face. I asked him what was wrong and was he in any pain. The patient nodded his head "No" and began to mumble. I lowered my head to listen closely to the words he softly spoke. I was able to make out the first word which was (The) so I repeated it and he looked up at me and smiled. The next word was (Lord). I thought it was strange and that I misunderstood so I repeated and he nodded his head "Yes". At that moment, the patient took my hands and squeezed them together as if he wanted to pray. I asked him, "Are you trying to say a prayer?" He squeezed my hand tighter as to confirm. I honored his request and respect his wishes. In a low faint voice he recited "The Lord's Prayer" slowly as he held my hand. I closed my eyes and lowered my head. When he ended his prayer, he humbly kissed my hand and closed his eyes. I smiled and bid him good day as I left him to rest.

The next morning I returned to work. I was informed that the patient had expired. The tender memory allowed me to understand that listening through different forms of communication is essential in meeting all needs of the patients whether its physical, emotional, or spiritual, to ensure Quality Assurance and Excellence of Care. It is my pleasure to continue to fulfill the needs and desires of patients.

*FHCA's CNA Essay Contest helps to raise awareness about the important role of Certified Nursing Assistants and their contributions toward the exceptional care and quality of life for Florida's long term care center residents and patients. Belinda Tanner earned a \$500 award for her winning entry. Additional winners of the 2017 contest included second-place winner Crystal Gainer of Signature HealthCARE of North Florida and third-place winner Debra Myers of Clifford Chester Sims State Veterans' Nursing Home. For more information about FHCA's CNA Essay Contest and to read excerpts of the top entries, visit the FHCA website at [www.fhca.org](http://www.fhca.org).*

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# Florida nursing center Medicaid payment method

## *The tie to quality*

By Robin A. Bleier, RN, LHRM, CLC

The 2017 legislative session ended in May with the Legislature passing the biggest change to nursing home reimbursement in over 30 years. Set to take effect October 1, 2018, the new Medicaid prospective payment system (PPS) has the goal of balancing financial incentives to provide fair and equitable payments while rewarding centers providing high quality care. The PPS includes a quality incentive program that uses quality metrics to increase reimbursement to high performing centers based on how they score against other providers in the state. The change to reimbursement came about because during the 2016 session, when the Agency for Health Care Administration (AHCA) was directed to work with a third party contractor to develop a plan to convert Medicaid payments away from the current cost based retroactive system. FHCA members and staff participated in a Task Force led by Deborah Franklin, Senior Director of Quality Affairs, to assist this third party provider to create a fair and equitable system. Several of FHCA's recommendations were included in the final legislation.

The payment method includes standard rates for direct care, indirect care and operations with various spending floors. The goal of this is to reward efficiencies in areas like operating cost while ensuring providers continue to spend on resident care. The program acknowledges higher costs in the southern portion of the state and has two peer groupings - "South" and "North." The program includes a fair rental value (FRV) property component. This pays providers for renovating and updating buildings and enhancing resident quality of life. There is no case mix index (CMI) in this system, but there is a \$200 a day add-on for ventilator dependent residents.

One of the biggest changes from the current system is the reimbursement incentive for centers for the high quality of care they provide. The PPS appropriates 6% of reimbursement funds, or almost \$185 million, to the new quality incentive program. As a result, the new system projects to provide over \$27 million in additional reimbursement to four and five star centers in the first year of implementation. The quality incentive program is made up of CMS long-stay measures, staffing levels, overall five-star rating and quality awards/accreditations. For instance, low infection rates, direct care staffing level, the Governor's Gold Seal status, and/or external quality accreditations such as Joint Commission or American Health Care Association National Quality Awards based on Baldrige criteria can help centers earn higher reimbursement rates. The scoring is based on three Quality Measure categories. There are a maximum of 40 total quality points a provider can earn based upon performance compared to other providers in the state. Scoring above the 50th percentile on the process, outcome or staffing measures will earn providers 1 point,

above the 75th percentile 2 points, and the 90th percentile 3 points. The overall five-star score is worth 3 points for three stars, 4 points for four stars, and 5 points for five stars. Lastly a maximum of 5 points are rewarded for earning any of the included quality awards/accreditations. Centers must score above the 20th percentile to be eligible for the quality add-on. The quality per diem add-on is calculated by taking the total points of all eligible providers and calculating a per point score which is then applied to each facility based on their total points. The three Quality Measure categories are made up of the following:

1. Process Measures - flu vaccine, antipsychotics, and restraints;
2. Outcome Measures - based on urinary tract infections (UTIs); pressure ulcers, falls, incontinence, decline in ADLs; and
3. Structural Measures - combined direct care staffing (RN, LPN, CNA), Social Work and Activity staff, CMS 5 Star, Florida Gold Seal, Joint Commission Accreditation, and National Quality Awards.

The program has certain "safeguards" built in, such as a three year transition period allowing time for providers to evaluate and update their systems and prepare. The PPS will be effective with rates first set October 1, 2018, so now is the time to learn and prepare by taking a step back and evaluating your status to make your performance improvement plans to direct your future. ♦

*Robin Bleier is President at RB Health Partners, Inc., which is a clinical risk Medicare and operations consultancy firm that consults with FHCA on quality affairs. Contact Robin at (727) 786-3032 or robin@rbhealthpartners.com. RB Health Partners, Inc. can assist you today with your evaluation and each of the accreditation options listed.*



## FHCA on the Web [www.fhca.org](http://www.fhca.org)



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# FHCA honors the leaders in long term care nursing

## CERTIFIED NURSING ASSISTANT OF THE YEAR

**Patricia Cormack, CNA**

**Renaissance Health and Rehabilitation in West Palm Beach**



Patricia Cormack has dedicated over 30 years at Renaissance Health and Rehabilitation in West Palm Beach, enriching the lives of the residents under her care. She is described as a natural leader who exemplifies positivity, punctuality and a winning smile and attitude. Her unmatched qualities have shined through in her roles in the dietary department and housekeeping, and as activities assistant. These experiences quickly placed her as a trained individual and leader at the top of her profession. Today she is the lead restorative CNA because she has that special power to motivate residents to get out of bed even when they tell others “no.”

Executive Director Gary Krulewitz continually values her service and knows she sees this as more than just a job, but as a true calling. In the October *Pulse* issue, FHCA highlighted Patricia who hit it big when her scratch off Florida Lottery ticket revealed a \$1 million prize. Despite these unbelievable winnings, Patricia showed up at work the next day and told her team members she had no intentions of quitting.

## LICENSED PRACTICAL NURSE OF THE YEAR

**Virginia Fay, LPN**

**Douglas T. Jacobson State Veterans Nursing Home in Port Charlotte**

Virginia Fay is described as a leader, advocator and educator. Her 44 years in the profession includes extensive work in long term care, as well as service in the intensive care unit, coronary care unit, cardiac care, “train-the-trainer” and management training. In addition to her day job at Douglas T. Jacobson State Veterans Nursing Home, Virginia fights to further the quality of life for aging U.S. veterans through volunteer services.

Her most recent achievement includes being one of 10 individuals among 22,000 employees selected as a Prudential Employee of the Month. She was also asked to participate as a volunteer flight nurse for the Honor Flight Association.

Virginia is known for taking time to listen to each family’s story and having the ability to make incoming patients and families feel welcomed and at home. She shares her knowledge and skills with everyone to facilitate a team atmosphere and is always willing to go above and beyond.





## REGISTERED NURSE OF THE YEAR Katy Eastwood, Assistant Director of Nursing Boynton Health Care Center

Katy Eastwood is known for her versatility and contributions to the nursing profession. Her passion for working with seniors brought her to the Boynton Health Care Center, and over the course of her career, she has served as staff developer, risk manager and assistant director of nursing, a role that was created specifically for her. She was then named director of nursing, but soon returned to the assistant position because she missed the “hands-on” work.

Boynton Health Care Center administrator Kim DelPlato describes Katy as an inspiration to her colleagues and someone who redefines nursing. Her experience in multiple roles, her willingness to take on new responsibilities, and her overall compassion for working with the elderly sets her apart.

## RISING STAR IN LONG TERM CARE NURSING AWARD Patricia Ebanks Okeechobee Health Care Facility



Patricia Ebanks of Okeechobee Health Care Facility has been a dedicated employee for more than 20 years. She began as a housekeeper and soon discovered her desire to make an impact in the lives of the residents whose rooms she cleaned each day. She first tackled the certified nursing assistant exam, and then pursued her registered nursing degree at her local college.

During her 10 years as a CNA, Patricia attended school part-time, earning the requirements of the Registered Nursing (RN) program. At that time, she held numerous positions at Okeechobee, gaining a complete picture of what’s involved in caring for residents and working with a team - from administrative, admissions and pharmacy assistant, to nurse staffing coordinator and staff development and personnel. In 2004, she earned her nursing degree and quickly took the floor as an RN.

Patricia continues to hold multiple roles at the center — currently serving as the Assistant Director of Nursing, ICF Nurse, admission case manager and Quality Assurance. She has a constant quest for learning, believing that one can never have too much knowledge. Patricia’s goal is to one day obtain her Master’s Degree in Health Administration and become a Nursing Home Administrator — making her a true star on the rise in the long term care profession.

## NURSE ADMINISTRATOR OF THE YEAR Toni Dudley, Director of Nursing Consulate Health Care of New Port Richey



Toni Dudley has been a registered nurse for 30 years and is long admired for her compassion, honesty and passion. She has been Consulate Health Care’s nursing director for the past 20 years and is known for her ability to improve centers’ care and operations, turning one star centers into five-star rated buildings. Consulate executive director Daniel Frenden estimates that Toni has touched the lives of more than 250,000 patients.

“Toni is everything a company could wish for as the clinical leader in one of their facilities,” said Frenden. “She always strives to make the patients’ days just a little better than the day before. She accomplishes that for her patients and staff members more than she will ever know.”

Toni is well-versed in all departments, providing immeasurable assistance to those who ask. She maintains the same respect and dignity for all staff members regardless of the employee’s position, background or knowledge. She takes time to get to know each staff member, resident and family member, and acknowledges employees’ personal and professional accomplishments.

# Hurricane season underway

By April Henkel

July is a spectacular month. School is out for the summer and in Florida, the watermelons are sweet on the vine. Add the smell of freshly cut grass and you know it's summertime. Those of us along the Atlantic and Gulf coasts know that summer heralds the arrival of hurricane season, which runs from June 1 through November 30.

Most native Floridians and newcomers know the dates of hurricane season, but they may not know that mid-August through mid-October sees the most tropical activity. According to the National Oceanic and Atmospheric Administration (NOAA), 78% of the tropical storm days, 87% of the category 1 and 2 hurricane days, and 96% of the major hurricane days (category 3-4-5) occur during this period.

Last year marked the end of more than a decade of calm years for Florida. Horrific Hurricane Andrew in 1992 brought much attention to how we prepare for these massive storms, both as individuals and as communities. In 2004 and 2005, eight named storms were the catalyst for new preparedness tools and resources for long term care centers. In 2016, Hurricanes Hermine in late September and Matthew in early October caused major power disruptions, evacuations and \$1.59 billion in damages between the two storms, and lessons from these storms are still emerging.

## What's in store for 2017?

According to the Colorado State University's Department of Atmospheric Science' annual hurricane prediction (6/1/17), the 2017 Atlantic basin hurricane season will have approximately average activity, with a near average probability for major hurricanes making landfall along the United States coastline and in the Caribbean. Their closing statement included a serious reminder to all coastal residents — it only takes one hurricane making landfall to make it an active season for them. Indeed. Those living along Florida's 1,800 miles of shoreline should prepare the same for every hurricane season, regardless of how much activity is predicted.

Let's paint a picture of this using recent historical events. In 1992, there were only six named storms, but one of them was Hurricane Andrew, the Category 5 storm that devastated south Florida. Conversely, 2010 saw 19 named storms and 12 hurricanes in the Atlantic Basin, but only one tropical storm and no hurricanes made landfall in the United States. Thus, a season can bring many storms to a region with little impact, or just a few storms with only one or two having a major impact. That's why we must all prepare the same way every single year — it could be our year.

## Preparedness beyond hurricanes

It's crucial to recognize that it doesn't take a hurricane to have an emergency. Think about your experiences over the last two years (excluding hurricanes Hermine and Matthew). You likely have one

or two examples of emergencies in your buildings, not caused by a hurricane, but which required a preparedness strategy. Maybe a broken city water main caused flooding in your building. Perhaps you had a fire in the laundry. Maybe the family member of an employee entered your building with a weapon. Perhaps you had a missing resident for which you took immediate action and activated your emergency procedures for this specific type of event.

## CMS Emergency Preparedness Rule

While the National Hurricane Center gives us advance notice about tropical weather, other emergencies may hit with no advance notice, making all-hazards planning absolutely critical. The required elements of a nursing center's emergency plan is outlined in the new Centers for Medicaid and Medicare Services (CMS) Emergency Preparedness Rule, which went into effect on November 16, 2016 and must be implemented by November 15, 2017. Planning must be comprehensive (all kinds of hazards), based on a risk assessment (the impact of hazards and vulnerabilities of your facility and your community), integrated (includes consideration of your key partners and vendors), and well understood by your staff and contracted partners (a training and testing program for all staff and contracted providers).

## Upcoming trainings

This year's annual FPL/FHCA discussion-based tabletop exercise, sponsored by the Florida Power and Light Company, will be held in Brevard County in August. More information about this program can be found on FHCA's website.

At FHCA's 2017 Annual Conference & Trade Show (July 31-Aug. 4 at the Rosen Shingle Creek in Orlando), workshops covering emergency preparedness topics include Active Shooters in Healthcare Settings; Lessons Learned from the 2016 Storms; and Emergency Preparedness Rule Updates. Learn more about these CE Sessions at [www.fhcaconference.org](http://www.fhcaconference.org).

## Tools and resources

FHCA's hurricane preparedness tools are available on the FHCA website (Facility Operations / Emergency Preparedness). The most frequently used tool is the Hurricane Planning Checklist, providing a helpful list of tasks from 120-hours pre-landfall to post landfall. For additional resources, visit [www.fhca.org](http://www.fhca.org) or [www.LTCprepare.org](http://www.LTCprepare.org) or contact me at [ahenkel@fhca.org](mailto:ahenkel@fhca.org). ♦



April Henkel is FHCA's Quality Improvement & Education Manager and the staff liaison on emergency preparedness issues. She can be reached at [ahenkel@fhca.org](mailto:ahenkel@fhca.org).

# It's Hurricane Season... Are You Ready?



- **Staying Connected**, with links to national and state information sources for disaster news and updates.
- **Planning & Response**, with tools and resources to improve all-hazards preparedness planning.
- **Training & Exercise**, with tools, resources and examples for training and exercises, critical to preparedness.
- **Disaster Recovery**, with resources and information for LTC providers seeking guidance to direct recovery or mitigation efforts.



## CONGRATULATIONS to FHCA Members Earning a 2017 Bronze National Quality Award

*Thirty-four Florida long term care providers have earned a 2017 Bronze - Commitment to Quality Award from the American Health Care Association and National Center for Assisted Living (AHCA/NCAL). These FHCA member centers were among 520 in 46 states earning the Bronze Award, which is the first of three distinctions possible through the AHCA/NCAL National Quality Award Program, which honors long term and post-acute care providers who have demonstrated their commitment to improving the quality of care for seniors and persons with disabilities.*

- Alexander Sandy Nininger State Veterans' Nursing Home, *Pembroke Pines*
- Brighton Gardens of Boca Raton, *Boca Raton*
- Brooks Bartram Crossing, *Jacksonville*
- Brooks Bartram Lakes, *Jacksonville*
- Broward Nursing & Rehabilitation Center, *Fort Lauderdale*
- Clifford Chester Sims State Veterans' Nursing Home, *Panama City*
- Community Convalescent Center, *Plant City*
- Consulate Health Care of Port Charlotte, *Port Charlotte*
- Diamond Ridge Health and Rehab. Center, *Lecanto*
- Douglas T. Jacobson State Veterans' Nursing Home, *Port Charlotte*
- Emory L. Bennett Veterans' Nursing Home, *Daytona Beach*
- Evans Health Care Center, *Fort Myers*
- Ft. Lauderdale Health & Rehab, *Ft. Lauderdale*
- Glades West Rehabilitation and Nursing Center, *Miramar*
- Miami Jewish Hazel Cypen Tower, *Miami*
- Northbrook Health and Rehabilitation Center, *Brooksville*
- Northlake Care Center, *Lake Park*
- Ocean View Nursing & Rehabilitation Center, *New Smyrna Beach*
- Palmetto Care Center, *Hialeah*
- Palms Rehabilitation and Nursing Center, *Lauderdale Lakes*
- Plantation Nursing & Rehabilitation Center, *Plantation*
- Robert H. Jenkins, Jr. Veterans' Domiciliary Home of Florida, *Lake City*
- Sandalwood Nursing Center, *Daytona Beach*
- Sandy Ridge Health and Rehabilitation, *Milton*
- Sinai Plaza Nursing & Rehab, *Miami*
- Southern Oaks Care Center, *Pensacola*
- Southern Lifestyle Senior Living Center, *Lake Placid*
- Springtree Rehabilitation and Health Care Center, *Sunrise*
- Stratford Court of Boca Raton, *Boca Raton*
- Tamarac Rehabilitation & Health Center, *Tamarac*
- Terraces of Lake Worth Care Center, *Lake Worth*
- Tuscany Villa, *Naples*
- University Plaza Rehabilitation and Nursing Center, *Miami*
- Villages Rehab and Nursing Center, *Lady Lake*

# Details are important

By Kim Broom

Details matter when looking at a painting, buying a car and especially, when taking care of a resident.

Part of taking care of a resident is reviewing the AHCA form 1823 for accuracy and details. Did the physician fill in each section, list allergies, address elopement risk, and/or list any special diet or even give an order for a regular diet?

Simply put, Section 1 of the 1823 "C," lists five items for the physician to answer "yes" or "no." One detail that is easy to overlook is the requirement for the health assessment to address whether the individual has signs of symptoms of Tuberculosis (TB), Methicillin Resistant Staphylococcus Aureus (MRSA), Scabies or any other communicable disease which is likely to be transmitted to other residents or staff. The three diseases that are listed, TB, MRSA and Scabies, need to be written in by the physician and can easily be missed. This requirement is more than just answering "no" to the question listed.

The staff may obtain omitted information from the health care provider. Most health care providers are not current with assisted living regulations and need your guidance to not miss the details. Information that is omitted from the 1823, whether diet, infectious disease information or other clarifications, must be documented in the resident's record. Information received to clarify details must include the name of the health care provider, the name of the facility staff recording the information and the date the information was provided.

Make sure the details of the 1823 are correct so it will help you with the details during your state survey. Details are important!◆



*Kim Broom is FHCA's Director of Clinical & Regulatory Services. She can be reached at [kbroom@fhca.org](mailto:kbroom@fhca.org).*



## NATIONAL ADVOCATES

FHCA members traveled to Washington, D.C., to advocate for federal issues impacting the profession as part of the American Health Care Association/National Center for Assisted Living's Congressional Briefing.



# good news

florida health care association around the state

## PPS Pep Rallies

In June, FHCA hosted pep rallies in member centers around the state to encourage Governor Scott to sign Senate Bill 2514 which includes the Prospective Payment System for nursing center reimbursement. As part of the event, members signed PPS petitions that were hand-delivered to Gov. Scott.



Heritage Park Care & Rehabilitation Center PPS Pep Rally

Miami Jewish Health Systems PPS Pep Rally



Hunters Creek Nursing & Rehab Center PPS Pep Rally

## National Nursing Home Week

FHCA members celebrated National Nursing Home Week in May using the theme, "Spirit of America." Carnival activities at Diamond Ridge Health & Rehab Center, Super Hero Day at Desoto Health & Rehab and a visit from llamas at Hawthorne Village Sarasota were all part of the fun.



# UPCOMING EVENTS



Some meetings noted herein may also carry CE credits.  
Additional information and registration  
can be found at [www.fhca.org](http://www.fhca.org).

## MEETINGS/EVENTS

### JULY/AUGUST

*July 31-August 4, 2017*

**FHCA Annual Conference & Trade Show**  
Orlando, FL

## CONTINUING EDUCATION/TRAINING

### JULY

*July 12, 2017*

**FPL/FHCA Discussion-Based Tabletop Exercise for  
Brevard County Nursing Centers**  
Brevard County Department of Health  
Viera, FL

### SEPTEMBER

*September 6-7, 12-13, 14-15 and 18-19, 2017*

**Agency for Health Care Administration Joint Trainings for  
Skilled Nursing & Assisted Living Facilities**  
Sunrise, Tampa, Orlando and Tallahassee, FL

### OCTOBER

*October 15-18, 2017*

**AHCA/NCAL 68th Annual Convention & Expo**  
Mandalay Bay Resort  
Las Vegas, NV  
Visit [www.ahcaconvention.org](http://www.ahcaconvention.org) for details.



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*Rosen Shingle Creek, Orlando, FL*

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## WELCOME NEW MEMBERS

### ASSISTED LIVING FACILITY

**Woodmont a Pacifica Senior Living Community,**  
Tallahassee

### ASSOCIATE MEMBERS

**C.C. Hodgson Architectural Group, Fort Lauderdale**

**The PrivateBank, Chicago, IL**

**Red Capital Group, Tampa**

**Sunovion Pharmaceuticals Inc., Naples**

**TeleHealth Solution, Mooresville, NC**

**Ullman Bursa Law, Tampa**

### LTC LEGAL ISSUES & TRENDS, *cont. from 5*

## Clearing up the confusion with advance directives

- In regard to agency nurses, it's important to be aware they do not know the residents and may not know your systems.
- We have been asked how soon after admission an advance directive and a doctor's order (if the resident wants a DNRO) should be secured. The short answer is there is no specific time; however, with every minute the resident is in the building, there is a risk that staff will need to know if he or she has a DNRO. The rule of thumb is the sooner the better.

We are working with FHCA to develop a comprehensive training tool and program for members. Please feel free to share any of your center's experiences to help us with this development. ♦

*The information in this article is not legal advice, it is general information. If you have an attorney representing your facility, you should let that attorney know about the incident and follow his/her advice as you proceed. The involvement of the attorney could also give you some legal protection.*

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## **BOUCHARD INSURANCE**

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## **EDGE INFORMATION MANAGEMENT INC.**

Since becoming an approved service corporation company for FHCA in 1993, Edge has helped over 250 FHCA members meet their background screening requirements and kept them informed of pertinent legislative issues. Edge offers a variety of background checks including: drug screening, fingerprints, criminal, sexual offender, license verifications and references. Contact Nate Archibald at (321) 676-8822 or by email at [natea@edgeinfomation.com](mailto:natea@edgeinfomation.com), or visit [www.edgeinfomation.com](http://www.edgeinfomation.com) for more information.



## **HEALTHCARE SERVICES GROUP**

Since 1976, Healthcare Services Group has delivered exceptional housekeeping/laundry and dining/nutrition services to an ever-changing healthcare industry. Currently serving over 250 facilities in Florida, we provide professional management of ancillary services to a diverse mix of satisfied clients. Flexible and responsive, our people are trained to help you achieve success by delivering innovative solutions, exceptional performance and measurable results. For more information contact Yale Metz at (800) 433-2710 or [ymetz@hcsgrcorp.com](mailto:ymetz@hcsgrcorp.com). Visit our website at [www.hcsgrcorp.com](http://www.hcsgrcorp.com).



## **HPSI PURCHASING SERVICES**

HPSI Purchasing Services, one of the nation's fastest growing Group Purchasing Organizations, is privately owned and has served the senior health care community for over 50 years. HPSI leverages the purchasing power of over 15,000 members to provide substantial savings and discounts on a wide range of products and services including: Dietary, Medical, Maintenance, Housekeeping, Linens, Capital Equipment, Technology, Administration, Pharmacy and more. What sets HPSI apart from its competition is the personal service provided by 40 Purchasing Consultants located nationwide. Call your Purchasing Consultant for a free cost analysis to get you started on your pathway to greater savings. East Florida: Mike Donohoo (407) 928-5870; West Florida: Russ Holmes (407) 719-0229; Panhandle: Bill Bayhi (985) 718-7830; Corporate and National Accounts: MaryClare Soliman (540) 589-2772; or visit [www.hpsionline.com](http://www.hpsionline.com) for more details.



## **OFFICE DEPOT**

Office Depot offers Florida Health Care Association members extra discounts and services due to the cooperative purchasing power of FHCA. We offer a wide variety of benefits, including 50 items which have been reduced based on volume ordering up to 80 percent off the list prices (the "High Use Item List"); next-day delivery on everyday office products; an award-winning Web site which links you to your pricing and into the warehouse and keeps 12 months of tracking information at your fingertips. For more information or to set up an account contact Terry Bush at [terry.bush@officedepot.com](mailto:terry.bush@officedepot.com) or (850) 624-9979.



## **SENIOR CRIMESTOPPERS**

The Senior Crimestoppers program is a proven, effective, proactive crime prevention system that combines proven components to help provide safe, crime-free facilities for residents, staff, visitors and vendors. Personal lock boxes for use by residents and/or family members, an around-the-clock, completely anonymous "tip line" call center, cash rewards of up to \$1,000 posted on any and all incidents that occur and educational materials for residents, families, management and staff members are a few of the components that make up the program. More details can be found at [www.seniorcrimestoppers.org](http://www.seniorcrimestoppers.org) or contact Kay Joest at (800) 529-9096 for more details.

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## Leading the Charge in Education and Excellence

### 2017 ANNUAL CONFERENCE & TRADE SHOW

July 31 - August 4, 2017

Rosen Shingle Creek • Orlando, FL

Pre-registration closes at 11:59 p.m. EST on Monday, July 24, 2017



#### INCREDIBLE KEYNOTE SPEAKERS

Leigh Anne Tuohy inspires audiences to recognize the full potential of individuals in their community. She shares her personal "Blind Side" story and how the experience changed her as a person and the Tuohys as a family.



Platon shares his experience photographing an eclectic mix of world leaders, celebrities and human rights champions. He takes his audience on a roller coaster of emotions through the stories behind the photos.

#### ANNUAL CONFERENCE HIGHLIGHTS

- 60 Continuing Education Sessions, with the potential for 27 contact hours
- 280+ booth Trade Show featuring products and services, the AMSC Wine Toss and Scratch Off, Professional Head Shot and Internet Lounges, FHC PAC Silent Auction, raffle prizes and more
- NEW Leadership Pre-Session with Dr. Earl Suttle, a high-energy and motivational program that will leave participants with a great desire to manage their personal and professional growth
- Networking and Social Gatherings, including the Opening Social, Awards Ceremony, Fun Night, Annual Golf Tournament and Cardio Networking
- Bonus education, including the Preceptor Provider Training and Preceptor Refresher Course (combined)

***To register, reserve your hotel room or learn more about FHCA's 2017 Annual Conference & Trade Show, visit [www.fhcaconference.org](http://www.fhcaconference.org).***

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