

Twelve Part Series at 3:00 PM (Eastern Time)  
**Comprehensive Review of Regulations & Interpretive Guidance for Top F-Tags**

During this year-long series, we will focus on the top deficiencies cited nationally with the new Long Term Care Survey Process (LTCSP). Each session will concentrate on top-cited F-Tags with a review of the regulation and an analysis of the associated Interpretive Guidance. Survey procedures, such as associated Critical Element Pathways and/or Surveyor Probes used to guide the investigative process will be discussed. Actual citation examples will be shared and examined. Tools to assist the facility interdisciplinary team in monitoring compliance and incorporating performance improvement activities into the facility QAPI processes will be a focal point.

**Projected Learning Outcomes/Course Objectives:**

- ✓ Identify the regulatory requirements related to the monthly F-Tag topic
- ✓ Identify survey procedures that describe how the F-Tag topic is reviewed for compliance during the annual survey process
- ✓ Identify examples of how the F-Tag is commonly cited in the new LTCSP
- ✓ Identify tools for the leadership team to use for monitoring compliance with the F-Tag topic
- ✓ Explain strategies for incorporating survey preparedness into facility QAPI processes

**Course Content:**

1. Overview of the F-Tag Regulations and Interpretive Guidance
2. Survey procedures for assessing compliance with the F-Tag and citation examples
3. Strategies for monitoring compliance and incorporating survey preparedness into facility QAPI processes
4. Closing Comments/Q&A

**Speaker:** Shelly Maffia, MSN, MBA, RN, LNHA, QCP | Director of Regulatory Services for Proactive Medical Review & Consulting. Shelley has over 15 years of leadership and consulting experience and provides consultation on regulatory compliance.

Registration fee includes one web login, one dial-in phone line and materials via email. One or more individuals from the same facility may participate - as long as they use **one** phone line and **one** computer to access the webinar. If paying by check, send to LeadingAge Indiana, PO Box 68829, Indianapolis, IN 46268. Individual webinars are \$75 (\$38 for Samaritan Alliance) or \$700/\$350 for the series. To qualify for a refund, any cancellations must be received 5 business days prior to a program date. Administrators will earn between 1.25 CEUs per webinar (98000057A). This series is also NAB Approved.

**Webinar Series Registration - Comprehensive Review of Regulations & Interpretive Guidance for Top F-Tags**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Facility: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Check the individual webinars you plan to purchase or the box for all 12 sessions.  **Entire 12-Part Series -- or --**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <b>1/31</b> Infection Control/Antibiotic Stewardship F880, F881 (former F441)      | <input type="checkbox"/> <b>5/30</b> Pharmacy Services F755, F761 (Former F431)  | <input type="checkbox"/> <b>9/26</b> Resident Assessments/Accuracy of Assessments F641 (Former F278)        |
| <input type="checkbox"/> <b>2/28</b> Food Safety F812 & F813 (Former F371)                                  | <input type="checkbox"/> <b>6/27</b> Comprehensive Care Plans F656 (Former F279) | <input type="checkbox"/> <b>10/31</b> Dignity and Respect of Individuality F550 (Former F241)               |
| <input type="checkbox"/> <b>3/28</b> Accidents/Bed Rails F689 & F700 (Former F323)                          | <input type="checkbox"/> <b>7/25</b> Unnecessary Drugs F757-758 (Former F329)    | <input type="checkbox"/> <b>11/28</b> Treatment/Services to Prevent/Heal Pressure Ulcers F686 (Former F314) |
| <input type="checkbox"/> <b>4/25</b> Quality of Life/Quality of Care F675, 684, 697, 698, 744 (Former F309) | <input type="checkbox"/> <b>8/29</b> Resident Records F842 (Former F514)         | <input type="checkbox"/> <b>12/19</b> Services Meet Professional Standards F658 (Former F281)               |

Individual Member: \$75 X \_\_\_ = \_\_\_     Individual Samaritan: \$38 X \_\_\_ = \_\_\_     Individual Non-Member: \$125 X \_\_\_ = \_\_\_

Series Member: \$700 X \_\_\_ = \_\_\_     Series Samaritan: \$350 X \_\_\_ = \_\_\_     Series Non-Member: \$1200 X \_\_\_ = \_\_\_

**Payment**     Check to LeadingAge Indiana - or -  Credit Card {  VISA    MC    AMEX }

Card # \_\_\_\_\_ Exp: \_\_\_\_\_ Signature: \_\_\_\_\_

Credit Card Billing Address:  Same as Company -- or --  Printed Here: \_\_\_\_\_