



LA COUNTY CAHF ALL PROVIDERS ANNUAL CLUSTER & ASSOCIATE VENDOR FAIR

Thursday, September 19
7:30 a.m. - 3:00 p.m.

Below are the details of the meeting and how to register. We look forward to seeing you.

When:
Thursday, Sept. 19
7:30 a.m.- 3:00 p.m.

Location:
Ararat Nursing Facility Ballroom
15099 Mission Hills Road
Mission Hills, CA 91345

Agenda:
7:30 - 8:30 a.m.
Registration & Continental
Breakfast
8:30 a.m. – 3:00 p.m.
Program
12:30 – 1:30 p.m.
Lunch

Special Programs

- **Executive Management Team of the Los Angeles Health Facilities Inspection Division of Licensing & Certification**
 - Suzette Leverett-Clark RN, MSW Chief, Health Facilities Inspection Division
 - Lena Resurreccion, RN, BSN Assistant Chief, Health Facilities Inspection Division
 - Lisa Parker-Wills, RN, BSN, Assistant Chief Health Facilities Inspection Division

“Changes in Survey Direction & Regulations, What you do not know, may hurt you”
- **Jeff Sandman, CAHF Director of Reimbursement**
“WQIP Measurement Standards, Compliance Benchmarks, Qualifying Metrics for Funding”
- **Dolly Green, RN, BSN, MA Infection Professor**
“Effective Infection Prevention and Control Programs, Outbreak Management, Most Cited Tags”
- **Jenny Treis, CAHF, Assistant Director of Reimbursement**
“CalAIM, Latest Payment Requirements by Managed Care Plans, New Payment, Appeal Process”
- **Lisa Kohl, CAHF, Certified Nurse Assistant Program Grant Program Manager**
“How to Build your CNA Workforce with Grant Funds”
- **Jason Belden, CAHF Director of Emergency and Disaster Preparedness**
“ Understanding and Complying with New Backup Power Regulations AB 2511. Disaster Proofing Your Facility”

Fee: \$90 for members and \$180 for non-members

Continental breakfast and lunch included in admission. Limited seating available so RSVP as soon as possible. Pre-registration is required. **No day of registration. CEUs provided.**

Register (payment is required)

Email Jerri.Haight@wipfli.com with the following information. **The registration deadline is Friday, Sept. 6, 5:00 p.m.**

- Organization Name: _____
- Address: _____
- E-Mail Address: _____

Registrant Names:

- Name: _____ email address: _____
- Name: _____ email address: _____
- Name: _____ email address: _____
- Name: _____ email address: _____
- Name: _____ email address: _____

Method of Preferred Payment:

- Check or credit card (choose one). Mail check (payable to CAHF Region IV) or PayPal Receipt with this completed form to: CAHF Region IV, Attn: Jerri Haight, 3 Park Plaza - Suite 400, Irvine, CA 92614.
- If paying by credit card, a link to (Please use drop down menu to select which payment you are making)

- <https://www.paypal.com/ncp/payment/JECFJBTWHC3XJ>
- QR Code:

