



CAHF REGION 4 ALL PROVIDERS ANNUAL CLUSTER & ASSOCIATE VENDOR FAIR

Thursday, Sept. 18
8:30 a.m. - 3:00 p.m.

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

Agenda:
7:30 a.m.- 8:30 a.m.
Registration and Continental Breakfast
9:00 a.m. – 3:00 p.m. – Program
Noon — Lunch

Special Programs

- **Executive Management Team LA Health Facilities Inspection Division 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”
- **Cassie Dunham, CEO/President, CAHF**
“The State of Post-Acute Care/What’s on the Horizon for Providers at the Federal and State levels”
- **Suzette Leverett-Clark, RN, MSN Chief of Health Facilities Inspection Division LA and All Team Managers**
“Federal/CMS Changes to Survey Regulations and New Survey Practices”
- **Mark Reagan, Esquire, Hooper, Lundy & Bookman, CAHF Counsel**
“Navigating Legal, Financial and Operational Facility Challenges”
- **Susie Mix, Mix Solutions, Inc.**
“Successfully Managing the Manage Care Environment”
- **Jason Belden, Director of Emergency and Disaster Preparedness, CAHF**
“Lessons Learned from the Los Angeles Wildfires”

Fee: \$95 for members and \$185 for non-members

Continental breakfast and lunch included with admission. Limited seating, so RSVP as soon as possible. Pre-registration is required.

No registration on day of event. CEUs Provided

Register (Registration is **REQUIRED** with payment)


Email Jerri.Haight@wipfli.com with the following information (**Deadline to reserve your spot is Friday, Sept. 5 at 5 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>

Region IV Cluster (Drop down to select member or non member pricing)

QR Code:

