



Mastering the LHCSA Survey Process

HOME CARE SURVIVAL BOOTCAMPS

September 20 OR October 30



UPSTATE

September 20, 2018

Mohawk Valley Health System
Community Room
1650 Champlin Avenue
Utica, NY 13502

DOWNSTATE (NYC)

October 30, 2018

Conference Center
130 East 59th St., Room 712
(near Lexington Ave.)
New York, NY 10022

9:30 – 10:00am

Registration and Continental Breakfast

10:00am – 12:00pm

Program

State Department of Health Regional Office staff will discuss the Licensed Home Care Services Agency (LHCSA) Re-licensure Survey Process and describe the purpose and various survey activities conducted. The Department will also identify the top 10 deficiencies cited for regulatory non-compliance for LHCSAs statewide. Don't miss this valuable opportunity to garner a better understanding of the survey process and better prepare yourself for navigating your agency through a re-licensure survey.

This program will be offered at both an upstate and downstate location.

UTICA – September 20, 2018

Presented by:

*Paula Williams, Program Manager, Home and Community Based Services, Central New York Regional Office
NYS Department of Health*

AND

NYC – October 30, 2018

Presented by:

*Mikhail Pankov, Program Manager, Home and Community Based Services, Metropolitan Area Regional Office
NYS Department of Health*

REGISTRATION – (Deadline for registration & payment is one week prior to the event)

Name: _____

Title: _____

Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____ Ext. _____

Email: _____

Cancellations received no less than 5 business days prior to the event are refundable less a 25% administrative fee. Cancellations must be received in writing via e-mail to info@hcanys.org. No refunds after that time or for no shows. Substitutions are permitted.

In accordance with the **Americans with Disabilities Act** or special meal needs, please let us know how we can accommodate you:

SELECT LOCATION: Utica _____ NYC _____

REGISTRATION FEE

HCA Members \$99 _____ Non-Members \$199 _____

PAYMENT

____ MasterCard ____ VISA ____ American Express ____ Check*

*Make checks payable and mailed to: HCA Education and Research
388 Broadway, 4th Floor, Albany, NY 12207

Credit Card #: _____ Exp. Date: _____ Security Code: _____

Name and/or Company Name on Card

Billing Address of card (including City, State and Zip Code)

Authorized Signature

FAX TO: (518) 426-8788