

“HIRC Regulations Explained”

A workshop for Homes for Individual Residential Care

Sponsored by: The Bureau of Health Care Quality and Compliance

This Workshop will have two separate sessions:

<u>Date:</u>	<u>Time:</u>	<u>Location:</u>
December 2, 2009: Las Vegas	1pm-3pm	Las Ventanas Senior Facility 10401 W. Charleston Blvd
December 8, 2009: Reno	9am-11am	The Seasons Assisted Living 5165 Summit Ridge Rd

This is a workshop for providers licensed as Homes for Individual Residential Care

AGENDA

- Registration
- Welcome
- Regulation's Explained
- New Requirements
- Closing comments and certificates



By the end of the program, participants will be able to:

- Understand how to read and comprehend the HIC regulations
- Explain the regulatory expectations
- Discuss forms and documents needed for file and survey
- Explain the facility's responsibilities regarding regulatory compliance

Mail Registration Form to:
Wendy Simons, Consultant
Bureau of Health Care Quality and Compliance
1550 E. College Parkway, Suite 158, Carson City, NV 89706

Or Fax to: BHCQC (775) 687-6588

REGISTRATION INFORMATION

Registration includes workshop materials, certificate of attendance for continuing education

No Registration Fee

Space is limited, so please **submit registration form on or before November 27, 2009** to reserve your seat. **No registrations will be accepted at the door.**

There are only 60 seats in Las Vegas and 40 seats in Reno

For more information contact: Wendy Simons wsimons@health.nv.gov

"HIRC Regualtions Explained"

December 2nd, - Las Vegas
Las Ventanas
10401 W Charleston Blvd
Las Vegas, NV 89135

Or

December 8, 2009- Reno
The Seasons
5165 Summit Ridge Drive
Reno, NV 89523

Note: Please copy this form for additional registrations.

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

E-mail: _____

Note: Please print clearly, as e-mail will be used for future mailings!

I require special accommodations (please explain): _____

Note: Staff will do their best to accommodate special requests; however, some restrictions may apply.

Facility Name and Address: _____

City: _____ State: _____ Zip: _____

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