

“Medication Management or Mismanagement?”

Information and tools for the Residential Care/Assisted Living providers

This Workshop will give you the option of one session in Las Vegas and one in Reno.

January 19th, 2010 Las Vegas 1pm-4pm

Merrill Gardens of Green Valley Ranch
1935 Paseo Verde Parkway
Henderson, NV 89012

January 22nd, 2010 Reno 9am-12pm

The Seasons Assisted Living
5165 Summit Ridge Rd
Reno, NV 89523



AGENDA

Registration

Welcome

Wendy Simons

Topic 1:

“Medication Management” *Wendy Simons*

Overview of the regulations; NRS 449.037,
NAC449.2742-NAC449.2748, forms to help you stay in compliance, tips and
tricks to get it done

Break 15 minutes

Topic 2:

“Medication Mismanagement” *Patricia Chambers, RN, HFS III*

Most common deficiencies, understanding the regulatory expectations

Closing Comments- Certificates-Evaluations

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

- Describe the regulations regarding medication administration in residential settings
- Discuss how avoid deficiencies and problems with medication management
- Explain how the regulations work and the most common citations with medication management
- Define the responsibility of the facility in maintaining 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

REGISTRATION INFORMATION

Registration includes workshop materials and certificate of attendance for continuing education.

No Registration Fee

Space is limited, so please **submit registration form on or before January 15, 2010** to reserve your seat. **Course is limited to 70 participants, no more than 2 per facility.**

No one will be admitted at the door. Only pre-registrants will be allowed to enter.

For more information contact: Wendy Simons, Consultant (775) 687-4475 x 258 or wsimons@health.nv.gov

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Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

E-mail: _____

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

Note: Please select date: January 22, 2010,Reno _____

January 19th, 2010 Las Vegas _____

Limit: 2 registrations per facility

Facility Name and Address: _____

City: _____ State: _____ Zip: _____

Fax to: BHCQC (775) 687-6588 Or: **Mail Registration Form to:**

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