

PAE REFRESHER

WHEN & WHERE

JANUARY 17, 2020 (1:00-4:00 p.m.) KNOXVILLE

JANUARY 22, 2020 (1:00-4:00 p.m.) JACKSON

JANUARY 23, 2020 (9:00 a.m. - Noon) NASHVILLE

WHAT'S IT ALL ABOUT?

PAE Refresher

This 3-hour seminar will cover the most common PAE errors seen by the state. You'll learn how to capture the vital patient information on paper for the PAE nurse to review. You'll learn the scoring process and why the supporting documentation is so critical.

Program Objectives

- Understand the purpose of the Pre-Admission Evaluation
- Review the current PAE process and requirements
- Learn how to use a PAE for performance improvement
- Understand the PAE scoring system

SEMINAR FACULTY

Linda Estes, RN, BS, NHA, is the director of quality and regulatory affairs for THCA. She is a registered nurse as well as a licensed nursing home administrator and has worked in both skilled nursing and assisted care living facilities. She has also been a consultant and trainer.

WHO SHOULD ATTEND?

PAE Refresher: Nursing home administrators, directors of nursing and PAE nurses



REGISTRATION INFORMATION

DATES AND LOCATIONS:

Jan. 17 - Knoxville

Knoxville Airport Hilton
2001 Alcoa Highway • Alcoa, TN 37701 • (865) 970-4300

Jan. 22 - Jackson

Doubletree Hotel
1770 Highway 45 Bypass • Jackson, TN 38305 • (731) 664-6900

Jan. 23 - Nashville

THCA Meeting Center
5120 Virginia Way, Lower Level • Brentwood, TN 37027 • (615) 834-6520

Registration: **Jan. 17/Knoxville** 12:30-1:00 p.m.
Jan. 22/Jackson 12:30-1:00 p.m.
Jan. 23/Nashville 8:30-9:00 a.m.

Registration fees: *Member* \$75
Non-member \$150

Early registration deadline/late fees: January 10, 2020 (add \$20 per person for registrations postmarked or fax-dated after this date)

Credit: Three hours NAB administrator credit per session.

To register: Complete the form below, detach and mail to THCA, P.O. Box 440548, Nashville, TN 37244-0548 or fax to (615) 834-2502

CANCELLATIONS AND REFUNDS

THCA reserves the right to cancel any seminar and will make a full refund to registrants in the event of a cancellation. THCA understands that registrants cannot always attend seminars as planned. Therefore, substitutions may be made at any time. If cancellation of a registration is necessary and is received by THCA at least 48 hours before the seminar, a full refund will be made; less than 48 hours, a 50 percent refund will be made. Those who cancel less than 48 hours prior to the seminar and have not paid will be invoiced for 50 percent of the fee. All cancellations must be in writing. Cancellations may be faxed to the THCA office at (615) 834-2502. Registrants who do not attend and who do not cancel will be invoiced for the full seminar fee.

CONTINUING EDUCATION POLICY

THCA education program participants must attend the entire scheduled seminar to receive credit. No partial credit can be given for late arrivals or early departures. Any participant with knowledge of abuse or misuse of the attendance policy should contact THCA or the staff member present and request a form to report the incident. THCA will only accept attendance certificates that are completed and collected onsite at the conclusion of the seminar.

NOTE TO ATTENDEES

Business casual attire is recommended. Room temperature in large meeting spaces is often difficult to control. Please dress appropriately by carrying a light jacket or sweater. If you have special needs (disabilities or dietary restrictions) that require attention in order to attend this event, please notify THCA at least seven days prior to the seminar date.

Visit www.thca.org for travel directions.



Look for the Tennessee Health Care Association/Tennessee Center for Assisted Living on Facebook, Twitter and YouTube.



REGISTRATION FORM | PAE Refresher

JANUARY 17, KNOXVILLE

JANUARY 22, JACKSON

JANUARY 23, NASHVILLE

Name _____

Facility _____

Name _____

Facility or administrator e-mail _____

Name _____

Person completing form _____

Phone _____ Fax _____

CHOOSE YOUR METHOD OF PAYMENT

VALUE+PLUS EDUCATION check must be received before the seminar.

Check. If check does not accompany registration, please indicate the date of payment. This should be before the seminar date.

MasterCard Visa American Express

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16								

Exp. date					

Cardholder's name _____

Signature _____

Cardholder's mailing address (where credit card bill is received) _____

MAIL REGISTRATION TO: THCA, P.O. Box 440548, Nashville, TN 37244-0548, or fax to (615) 834-2502