



# Structuring a Restorative Nursing Program

How do you design a restorative nursing program that keeps your facility in compliance with Federal law and ensures successful state surveys? A successful restorative nursing program requires the integration of specialty therapy, RNAs and CNAs, all working with clear restorative therapy responsibilities.

The Oklahoma Association of Health Care Providers has scheduled an educational program to assist nursing facilities in promoting a resident's ability to adapt and adjust to living as independently as possible. Join us for this 1-day training program and learn how to set-up a Restorative Nursing Program. ***Anyone interested in providing a quality restorative nursing program is welcome to register and attend this seminar.***

**This educational offering has been reviewed by the National Continuing Education Review Service (NCERS) of the National Association of Long Term Care Administrators Boards (NAB) and approved for 6.0 clock hours and 6.0 participant hours. Administrators must attend the whole training session (6 hrs.) to obtain continuing education hours, no partial credit is available.**

## **DATES & LOCATIONS:**

**June 12, 2013** – Sapulpa – Freddie's Event Center (next door to Freddie's BBQ & Steakhouse)  
1425 New Sapulpa Road (Route 66) – Sapulpa 74067

**October 2, 2013** – OKC – Metro Tech Business Conference Center – Room H  
1900 Springlake Drive – OKC 73111

## **CLASS SCHEDULE:**

**9:00 a.m. until 4:15 p.m.**

Check-in starts at 8:30 a.m. – class starts promptly at 9:00 a.m. - Lunch provided (45 min)

## **REGISTRATION FEE:**

\$85 member    \$110 non-member    Cancellation: \$20 member / \$40 nonmember

## **REGISTRATION DEADLINE:**

3 working days before class date

## **CANCELLATION FEE:**

**Payment must be received BEFORE class date**, company check, credit card or money orders, no **PERSONAL CHECKS**. Register and pay on-line at [www.oahcp.org](http://www.oahcp.org) – Education. Cancellations received within 10-days of class date will receive credit minus \$20 (member) or \$40 (non-member) cancellation fee. Cancellations **MUST BE FAXED** to 405-524-8354 or **EMAILED** to [ccook@oahcp.org](mailto:ccook@oahcp.org). Substitutions may be made with proper paperwork prior to class. Credit or refunds will not be given to NO SHOWS. ***Registration and payment must be received in advance of class or participant will not be allowed to attend.***

## **INSTRUCTOR:**

**Kimberly D Green Yates M.Ed. CCC-SLP**, ELI Healthcare Consulting is a Speech Language Pathologist by background and has been involved in skilled nursing/long-term care/geriatrics for over 20 years and in the rehab industry for 13 years. She is also cross trained as a clinical specialist in physical and occupational therapy, nursing and dietary services. Kimberly has worked for some of the nation's oldest and largest health care companies and rehab providers on both the contract and customer side and the clinical and operational side, and has valuable insight on running the business from every aspect. She is also a nationally recognized expert lecturer/trainer on various topics, including rehabilitation services, skilled nursing and RUGs, LTC, dementia, restorative nursing, and special needs.

## **AREAS TO BE DISCUSSED:**

- Definition of Restorative Nursing
- OBRA mandates
- Goals of Restorative Nursing
- Levels of Restorative Nursing/Services
- Resident Centered Services
- Administrator's Role
- Nursing's Role
- Rehabilitation Service's Role
- Restorative Aide's Role
- Setting Goals
- Documentation
- Medicare A and Restorative Nursing
- And much more.....

## **IMPORTANT THINGS TO BRING:**

Participants should bring a sweater or light jacket (room temperatures are often difficult to control), and pen and paper for note taking.

***Anyone interested in providing a quality restorative nursing program is welcome to register and attend this seminar.***

On-line registration at [www.oahcp.org](http://www.oahcp.org) – Education – Structuring a Restorative Nursing Program.

**PLEASE PROVIDE REGISTRANT WITH MEETING LOCATION & CLASS START TIME**

## ***Comments from participants that attended in 2012:***

***I now have a better understanding of what a restorative program is; I was unaware of what all was involved in RNA & documentation – this was a great help; I now know the true benefits of having a good restorative program; I now realize how unorganized and off the mark our restorative program is; In one day I learned so many things – ways to build programs and how to implement, documentation and the overall management of a restorative program; I received a better overall view of restorative program.***



## Structuring a Restorative Nursing Program

June 12, 2013- Freddie's Event Center – Sapulpa (#7002)  
October 2, 2013 – Metro Tech Conference Center – OKC (#7003)

**On-line registration convenient and easy: [www.oahcp.org](http://www.oahcp.org) – 2013 Education**

**CLASS SCHEDULE: 9:00 a.m. until 4:15 p.m.**

Check-in starts at 8:30 a.m. – class starts promptly at 9:00 a.m. - Lunch provided (45 min)

FAX registration to: OAHCP - 405-524-8354

Mail registration to: OAHCP - 200 N.E. 28<sup>th</sup> Okla. City, OK 73105

Make checks payable to: OAHCP

**Registration deadline: 3 working days before class dates**

**SEATS ARE LIMITED - REGISTER EARLY**

Nursing Facility: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**1<sup>st</sup> Attendee Name:** \_\_\_\_\_

Print

**Circle date wanting to attend:** June 12 – Sapulpa      October 2- OKC      ADM License # \_\_\_\_\_

**2<sup>nd</sup> Attendee Name:** \_\_\_\_\_

Print

**Circle date wanting to attend:** June 12 – Sapulpa      October 2- OKC      ADM License # \_\_\_\_\_

**Program Cost:** \$85 member / \$110 non-member (see cancellation info on first page)

Deadline date: 3 working days before class date

**PAYMENT MUST BE RECEIVED BEFORE CLASS**

**PLEASE PROVIDE REGISTRANT WITH MEETING LOCATION & CLASS START TIME**

### **Credit Card Payment Only:**

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AMEX \_\_\_\_\_ Discover \_\_\_\_\_

Total Amount Charged: \$ \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_