

*Mississippi Health Care Association*

*Winter  
Business  
Meeting*



*December 6, 2017*

*Hilton Jackson  
1001 East County Line Road  
Jackson, Mississippi*

*Sponsored by  
FIRST CHOICE MEDICAL SUPPLY*

AGENDA

- 8 :15 a.m. - 8:45 a.m. - Registration
- 8:45 a.m. - 10:15 a.m. - MSDH L&C
- 10:15 a.m. - 10:30 a.m. - Break
- 10:30 a.m. - 11:15 a.m. - MSDH L&C
- 11:15 a.m. - 11:45 a.m. - Awards Ceremony
- 11:45 a.m. - 1:00 p.m. - Lunch on Own
- 12:30 p.m. - 1:00 p.m. - Delegate Check-In ISC, EBP, & SIF Elections
- 1:00 p.m. - 1:15 p.m. - MHC ISC, EBP & SIF Elections
- 1:15 p.m.—2:30 p.m. - MSDH L&C
- 2:30 p.m. - 2:45 p.m. - Break
- 2:45 p.m. - 3:45 p.m. - MSDH L&C

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*Mississippi Nursing Home Administrators have been approved for 5.5 continuing education hours*

The Mississippi State Department of Health – Health Facilities Licensure and Certification Division led by Ms. Marilyn Winborne will provide updates and education on a wide array of current licensure and certification issues including but limited to the new survey process for certification and for emergency preparedness, an overview of SQC tags, an update on the e-POC process, clarification of the use of alarms as restraints, IDR and IIDR processes along with current information on items such as the Initiative to Improve Dementia Care, CMP Grant info, track care requirements and SMARTT System.

*MHCA Membership (per attendee) - \$100.00*

*MHCA Non-Membership (per attendee) - \$300.00*

Attendees:

Email:

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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

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

Email address \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mail Registration and Payment to:

Mississippi Health Care Association

303 Brame Road

Ridgeland, MS 39157

601-898-8320

Or Fax to 601-898-8341 Please Call to Verify Fax Was Received

Or Email registration with credit card payment to [businessoffice@mshca.com](mailto:businessoffice@mshca.com)

*Season Tickets Accepted*

Method of Payment

#Check Number \_\_\_\_\_

MasterCard or Visa

Credit Card Number

Credit Card Billing Address

(if different from facility address)

CC Expiration \_\_\_\_\_

V Code \_\_\_\_\_

Amount \_\_\_\_\_