



When Helping Your Colleague is Not Considered Teamwork

PRESENTED BY:

Chris Johnson & Tricia Serio-Scerbo

RYTES COMPANY

October 25, 2023 | 10:00 am - 11:30 am



1.5 CEUs

APPROVED BY NAB FOR LNHAs & ALAs

NYSHFA
NYS HEALTH FACILITIES ASSOCIATION

NYSCAL
NYS CENTER FOR ASSISTED LIVING

NYSHFA-NYSCAL.ORG

PROGRAM OVERVIEW:

This webinar will review the ethical challenges that routinely arise in the long-term care sector as well as the unique scenarios that sporadically pop up. Participants will also understand where the proverbial line is drawn and what procedures to take in the event the line is inadvertently crossed or, conversely, deliberately crossed. Definitions will be provided and revised situations will be offered attendees for review.

Join Chris and Tricia from Rytes Company as they dissect this complicated topic that commonly affects the LTC workforce today.

TARGET AUDIENCE:

Administrators, Executive Directors, Directors of Nursing and other Interdisciplinary Team Members

SPEAKERS:

CHRIS JOHNSON is the Chief Operating Officer at Rytes Company. He holds a Master of Science in Health Care Administration from Lynn University and a Master's of Public Administration in Geriatric Healthcare from Florida State University. He is a Licensed Nursing Home Administrator in New York and Connecticut. He has served as an Adjunct Professor with Lynn University and then the College of New Rochelle.

Chris has over 20 years of healthcare experience and has a record of accomplishment in delivering service excellence and ongoing improvements for the success of single-site facilities and multi-facility regions. He is a strong decision-maker with a keen ability to help define overall direction, build high-performing, ethical and legally compliant organizations and navigate complex situations.



RYTES COMPANY
Effective Regulatory Navigation

SALVATRICE (TRICIA) SERIO-SCERBO is a Compliance Executive with 20 years experience as a Chief Compliance Officer. Tricia holds a law degree, MPA and recently received her Doctorate in Public Health. Tricia has served as a Chief Compliance Officer and Privacy Officer at large healthcare organizations nationally and regionally. Tricia has worked as strategic partner to leadership of multi-disciplined healthcare organizations in Regulatory Affairs and governmental matters. Tricia has also served as a Director of the National and Regional Health Industry Risk Assurance for PWC and has held adjunct professor position for Undergraduate and Graduate programs. Earlier in her career she worked on negligence and malpractice litigation matters.

OCTOBER 25 • WEBINAR

GENERAL INFORMATION & DETAILS

\$149
Members



\$199
Non-Members

Available for LNHA's and ALA's

Wednesday, October 25, 2023 | 10:00 am -11:30 am

PLEASE NOTE! *Cost per connection. Multiple participants may listen in on one connection at the cost of one registration. Multiple connections from the same facility will be invoiced an additional registration fee.*

CONFIRMATIONS

*Confirmations will be sent once a registration is processed.
Connection information will be sent one day prior to each session.*

- A link to the webinar program and call-information
- A credit form
- Handouts
- An evaluation form

NYSHFA | NYSCAL's CANCELLATION POLICY

No refund will be issued after the webinar.

QUESTIONS?

Erin Armstrong

PH: 518.462.4800 ext. 22 | E: earmstrong@nyshfa-nyscal.org

NYSHFA-NYSCAL.ORG

WHEN HELPING YOUR COLLEAGUE IS NOT CONSIDERED TEAMWORK

REGISTRANT INFORMATION

Name: _____ NAB Identifier: _____

Title: _____

Facility Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____ Fax: _____

PAYMENT INFORMATION

MEMBERS: \$149 | NON-MEMBERS: \$199

PLEASE SEND YOUR REGISTRATION TO ERIN ARMSTRONG VIA

EMAIL: earmstrong@nyshfa-nyscal.org | **FAX:** 518.426.4051

MAIL TO: Foundation for Quality Care • 33 Elk Street • Suite 300 • Albany • NY • 12207

Check Visa American Express Mastercard Discover

Credit Card Number: _____ Exp. Date _____

Name on the Card: _____

Cardholder Signature*: _____

Total Amount Due: \$ _____

* I authorize NYSHFA/NYSICAL/FQC to use the above Discover, MasterCard, VISA, or AMEX to charge applicable registration fees. I also understand that registration fees of those who cancel the day of the program or fail to attend are forfeited. PLEASE NOTE: Payment Will Show on Your Credit Card Statement as NYS Health Facilities Association.

