



FOUNDATION
for QUALITY CARE

NYSHFA | NYSCAL

A Virtual Training Series

DIRECTOR *of* NURSING LEADERSHIP PROGRAM

NEW DEADLINE! JAN 2 • 2026

Directors of Nursing services must be knowledgeable and possess the skills needed to motivate and direct staff, make the most of their limited resources and keep abreast of the rapidly changing needs of the profession.

Empower yourself with tools to succeed in your role as a DON. This virtual series is tailored to equip you with the practical knowledge and advanced skills needed to excel. From value-based leadership to effective resource management, this program ensures you're ready to lead your team and meet the demands in today's SNF setting.

OBJECTIVES:.....

- Identify and enhance the competencies needed to be an effective nurse leader
- Articulate the standards of care and practice of licensed nurses in SNFs
- Understand the federal requirements of participation along with the New York State regulations and how they relate to the survey process
- Facilitate an effective Quality Assurance and Performance Improvement process
- Understand the Patient Driven Payment Model (PDPM)
- Identify risk areas and discuss Human Resource Management & Emergency Preparedness
- Effective Communication

REGISTRATION DEADLINE » JANUARY 2 • 2026

SPACE IS LIMITED!

MEMBER » \$1450.00 NON-MEMBER » \$1650.00
PER PARTICIPANT PER PARTICIPANT

APPLICANTS MUST BE AN RN EMPLOYED IN A SNF. PARTICIPANTS ARE REQUIRED TO ATTEND ALL 6 SESSIONS.



PROGRAM INSTRUCTORS

LISA M. VOLK, RN, BPS, LNHA

» EXECUTIVE DIRECTOR, FOUNDATION FOR QUALITY CARE

Lisa is an RN with 40 years of experience in long-term care, spanning both proprietary and non-profit sectors. She has served as a Nurse Educator, Director of Nursing, Administrator, and Executive Director. With a strong operational background, Lisa understands the critical connection between effective nursing education and a facility's success.



TARRAH A. QUINLAN, RN, BSN

» DIRECTOR, EDUCATION PROGRAM DEVELOPMENT & MEMBER OPERATIONS

Tarrah is an RN with more than 20 years of experience in long-term care and other healthcare settings. She is a specialist in regulatory compliance, having worked as a nursing home surveyor and Director of the Bureau of Quality Assurance and Surveillance at the NYSDOH. She led the NYSDOH Nurse Aide Training Program.

... & OTHER EXPERTS IN THE FIELD!

DAY ONE:

January 6 • 2026

9:00 am - 12:00 pm

- The Role of the Professional Nurse
- Nursing Scope of Practice

DAY TWO:

January 13 • 2026

9:00 am - 12:00 pm

- Survey Preparedness / Emergency Preparedness
- Operationalizing the Survey Process

DAY THREE:

January 20 • 2026

9:00 am - 12:00 pm

- Quality Measures
- Quality Assurance & Process Improvement (QAPI)
- Payroll Based Journal

DAY FOUR:

January 27 • 2026

9:00 am - 12:00 pm

- Patient Driven Payment Model (PDPM)
- New Assessment Schedule & Components for Classification

DAY FIVE:

February 3 • 2026

9:00 am - 12:00 pm

- Human Resources / Risk Management

DAY SIX:

February 10 • 2026

9:00 am - 12:00 pm

- Communication Systems
- Coaching

Registrant's Name: _____ RN #: _____

Title: _____

Home Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Registrant's Organization: _____

Address: _____

City, State, Zip: _____

Administrator's Name: _____

Email: _____ Phone: _____

PARTICIPANTS MUST:

- Be available to attend all six sessions
- Applicants must be an RN employed in a Skilled Nursing Facility

MEMBER FEE » \$1450

PER PARTICIPANT

NON-MEMBER FEE » \$1650

PER PARTICIPANT

*Please note that registration fees of those who cancel the day of the program or fail to attend are forfeited.
In the event there are not enough participants, NYSHFA | NYSCAL reserves the right to cancel. Thank you.*

PLEASE SEND YOUR REGISTRATION TO NANCY KNAPP VIA**EMAIL: nknapp@nyshfa.org | FAX: 518.426.4051****MAIL TO: Foundation for Quality Care • 33 Elk Street • Suite 300 • Albany • NY • 12207****METHOD OF PAYMENT:** CHECK (Please make checks payable to Foundation for Quality Care) AMEX DISCOVER MASTERCARD VISA

Credit Card Number: _____

Exp. Date: _____

Cardholder Name: _____

Authorized Cardholder Signature: _____

*I authorize NYSHFA|NYSCAL|FOC to use the above Discover, MasterCard, VISA, or AMEX to charge applicable registration fees.
Payment will show on your credit card statement as NYS Health Facilities Association.*