

## Mastering the NYS DOH Recertification Survey: Your Blueprint for Compliance & Success

With ongoing regulatory shifts, intensified scrutiny, and high-stakes penalties, navigating your next New York State Department of Health Recertification Survey requires absolute readiness. This exclusive program demystifies the entire Long-Term Care Survey Process (LTCSP), turning a stressful, intimidating ordeal into a predictable, manageable, and successful evaluation.

Remove the mystery, conquer the anxiety, and position your facility for peak performance.

**Lisa M. Volk, RN, BPS, LNHA**, brings over 40 years of long-term care leadership experience and has been a driving force at NYSHFA since 2016 across policy, advocacy, education, and member support. She currently serves on AHCA's Clinical & Quality Committee and has led nationally recognized work, including "Mouth Care Without a Battle," published in JAMDA.

**Tarrah Quinlan, RN, BSN**, brings over 20 years of long-term care experience, most recently serving as Director of the Bureau of Quality Assurance and Surveillance at the New York State Department of Health. With deep expertise in policy, regulatory compliance, and operations, she has worked across the healthcare continuum to strengthen partnerships and drive quality improvement for providers.



**Lisa M. Volk, RN, BPS, LNHA**  
Executive Director  
Foundation for Quality Care



**Tarrah Quinlan, RN, BSN**  
Senior Director  
NYSHFA | NYSCAL

### REGISTER NOW!

NAB Identifier: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Facility Name: \_\_\_\_\_

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

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

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

**MEMBER  
FEE**

**\$134**

**NON-  
MEMBER  
FEE**

**\$159**

**REGISTER TODAY TO SECURE YOUR SPOT!**

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

- Live Webinar Access
- Program Materials
- Credit Form
- Evaluation Form



**REGISTER  
ONLINE**

**SEND YOUR REGISTRATION  
TO NANCY KNAPP**

**EMAIL:** [nknapp@nyshfa.org](mailto:nknapp@nyshfa.org) | **FAX:** 518.426.4051

**SUBMIT FORM**

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

#### PAYMENT INFO:

- ☐ CHECK (Please make checks payable to Foundation for Quality Care)
- ☐ AMEX ☐ DISCOVER
- ☐ MASTERCARD ☐ VISA

|                                  |            |      |
|----------------------------------|------------|------|
| Credit Card No.                  | Exp. Date: | CVV: |
| Cardholder Name:                 |            |      |
| Authorized Cardholder Signature: |            |      |

\* I authorize NYSHFA/NYSCAL/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.

[NYSHFA-NYSCAL.ORG](http://nyshfa-nyscal.org)

STAY CONNECTED! [in](#) [f](#) [x](#) [@](#)

**FOUNDATION**  
for **QUALITY CARE**