

Initial RCFE Administrator Certification



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Online Class Rules

Navigation Tips and Features of this class:

- This class is narrated.
- The class and each slide is timed. You must wait until the narration for each slide is complete.
- Press the next slide button at the bottom of each slide to go to the next slide.
- You may view and listen to a prior slide by using the back button at the bottom of each slide.

Online Class Rules

Navigation Tips and Features of this class:

- Throughout the course, there will be short quizzes. These will prepare you to take and pass the final test.
- The final test is 20 questions that you must pass in order to complete this section of the online Certification course. If you do not pass the test, you will be directed to retake the test.

DSS Training Requirements

Per DSS requirements, this 2 hour segment of the 20 hour online RCFE Initial Certification Program will focus on:

- ✓ LGBT Residents and Staff
- ✓ Preparing a Care Plan



Definitions

“DSS” =	Department of Social Services
“AB” =	Assembly Bill
“SB” =	Senate Bill
“LPA” =	Licensing Program Analyst
“RCFE” =	Residential Care Facility for the Elderly
“EEOC” =	US Equal Employment Opportunity Commission
“NIA” =	National Institute on Aging
“ADL” =	Activities of Daily Living

Sources

Many sources were consulted to create this course content. They include:

- National Resource Center on LGBT Aging
- Services & Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (“SAGE”)
- New York Times
- Department of Social Services
- Assembly Bill 1570

LGBT Residents and Staff Sensitivity



LGBT Residents

Because our culture tends to de-sexualize ALL seniors anyway, why does discussing this matter?

The more we know about ANY person, the better we can meet their needs and care for them!



LGBT Residents

LGBT stands for “Lesbian, Gay, Bisexual, Transgender”.

According to SAGE, LGBT seniors are a diverse and widespread population, residing in every area of the country.

Reports estimate that there are around 3 million LGBT adults over the age of 50. That number is expected to grow to around 7 million by the year 2030*.

*Source: sageusa.org/resource-posts/facts-on-lgbt-aging/

LGBT Residents

Transgender seniors may face additional challenges than their non-transgender peers.

According to the National Resource Center on LGBT Aging, the term “transgender” is used to describe the experience and feeling of a persistent disconnect between one’s “sex at birth” (sometimes called “sex assigned at birth”) and one’s gender identity and expression.

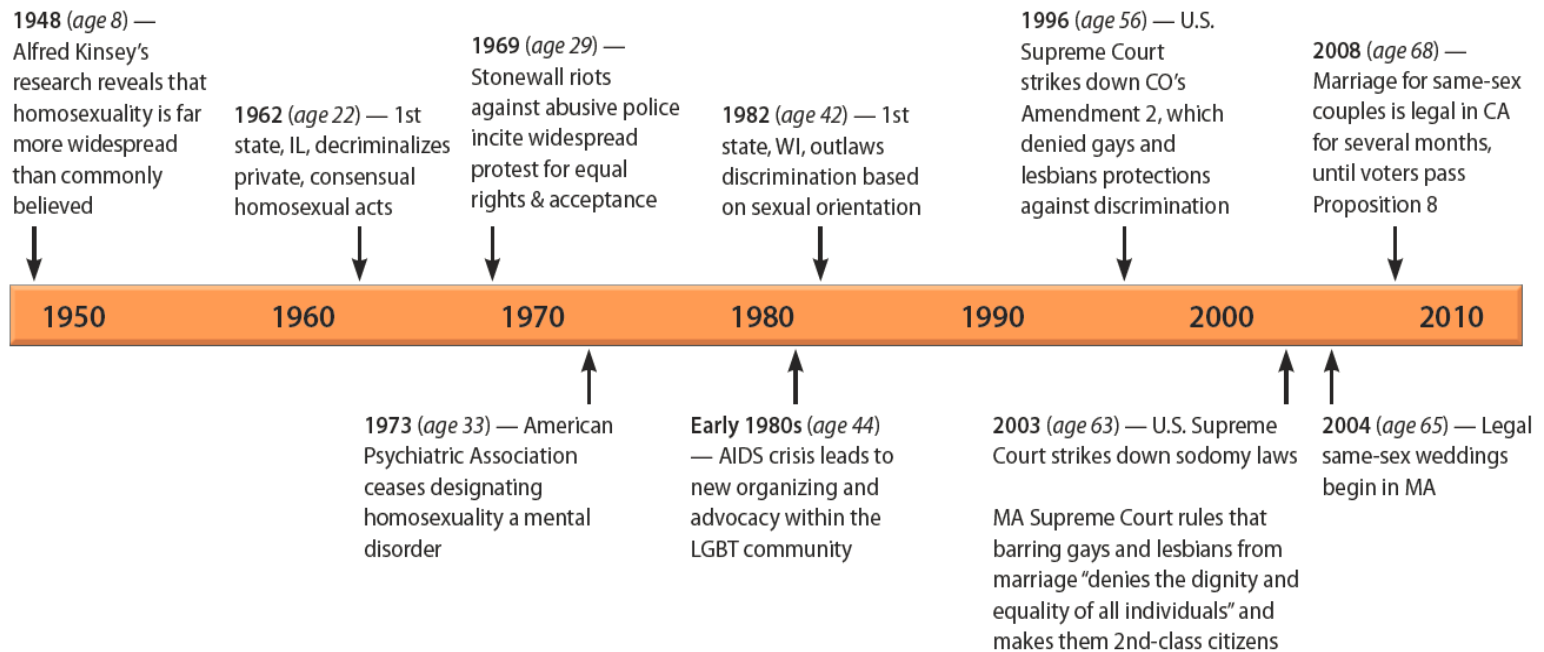
LGBT Residents

Transgender people may or may not use medical interventions such as hormones or surgery to bring their bodies' characteristics more in line with their gender identifies. They may legally change their names and paperwork (i.e., driver's license). **A person's gender identity should be respected and honored.**



LGBT Residents

Figure 4: A 70-year-old Lesbian has Seen These Events in Her Lifetime



Source: InfoPlease.com; MAP analysis

LGBT Residents

LGBT residents have unique needs. Due to the effects of a lifetime of stigma, discrimination and rejection, LGBT seniors are at greater risk for physical and mental illnesses, such as:

- Social isolation
- Depression
- Anxiety
- Chronic illness, such as high blood pressure, diabetes, heart disease, HIV/AIDS
- Poverty
- Delayed care-seeking
- Increased chance of becoming an elder abuse victim
- Poor nutrition; and
- Premature death

LGBT Residents

Let's discuss some of these issues more in depth.

1. Caregiving:

- SAGE reports that 54% of LGBT elder care recipients receive care from their partner and 24% receive care from a friend.
- 21% of older LGBT people have provided care to friends, compared to only 6% of non-LGBT older adults.

LGBT Residents

2. Discrimination

- LGBT seniors grew up in a time when simply being openly gay could get them arrested, fired or worse so many of them did not discuss their sexuality.
- Per SAGE, 82% report experiencing at least one instance of victimization, such as harassment, threats and even physical assault!

LGBT Residents

2. Discrimination (cont'd):

- About 2/3 of LGBT seniors have experienced victimization at least 3 times in their lives;
- More than half of LGBT seniors report being discriminated against in employment and/or housing;
- Some LGBT seniors have reported that they have received inferior, neglectful healthcare or have been denied health care altogether; and
- Research has shown that repeated experiences of discrimination can lead to long-term negative health outcomes.

LGBT Residents

3. Cultural Competency:

- LGBT seniors are significantly less likely than other seniors to reach out to senior centers, meal programs like Meals on Wheels and other vital services and may even be reluctant to access medical care. Why? Fear of discrimination and harassment – they have suffered for decades and assume that they will not be welcome in these environments.
- Many LGBT people have reported delaying or avoiding necessary medical treatment because they fear discrimination or mistreatment by health care staff.

LGBT Residents

4. Health Care:

- Research has repeatedly shown that LGBT people have higher rates of poor physical health and mental distress.
- According to a national health study, more than half of the respondents have been told by a doctor that they have depression; 39% have seriously thought of suicide; and 53% feel isolated from others.

LGBT Residents

5. Housing:

- Discrimination and bias can make it more difficult for LGBT seniors to find housing that is safe, affordable and conducive to aging well.
- In a matched-pair test across 10 states, 48% of same-sex couples experienced adverse treatment when seeking senior housing.
- 21 states and 5 territories have no explicit laws prohibiting housing discrimination on the basis of sexual orientation and/or gender identity.

LGBT Residents

6. Financial Security:

- LGBT seniors are less financially secure than American seniors as a whole. Why?
 - Employment discrimination and barriers in Social Security, Medicaid (MediCal) and pension and retirement plans can deny same-sex couples key benefits. They may not be provided health insurance if they are not married.
 - If they did not have a partner in their life, they only had one income to rely on and did not have the means to save for retirement like a couple may have.
 - Many state laws can shut LGBT partners out of an inheritance or require them to pay high taxes on an estate that a heterosexual spouse would inherit tax-free.

LGBT Residents

7. Social Isolation:

- Social connectedness is an important factor in healthy aging, impacting happiness, physical and mental health and even lifespan.
- Many LGBT seniors may experience high rates of social isolation, especially if they do not have a partner or interactive family, or they live alone.

LGBT Residents

8. Wellness:

- Wellness – physical activity, nutritional diet, abstaining from cigarettes and alcohol and receiving regular medical check-ups.
- Nearly 1 in 3 LGBT people smoke, a rate that is more than 50% higher than the general population.
- LGBT seniors are significantly more likely to drink alcohol excessively than heterosexual seniors.

LGBT Residents

Fear of discrimination – SAGE reports that a study of LGBT seniors in long-term care facilities found:

- only 22% felt they could be open about their LGBT identities with facility staff
- 89% predicted that staff would discriminate against them
- 43% reported instances of mistreatment from staff
- They also reported that they fear discrimination and retaliation from the RESIDENTS more so than from staff!

LGBT Residents

So how can we best assist our LGBT residents?

1. Provide the proper and **required** LGBT training with your staff (should be a minimum 1 hour);
2. Create a culture of **zero-tolerance** when it comes to discrimination and harassment (this must be addressed in your Personnel Manual and Admissions Agreement);

LGBT Residents

So how can we best assist our LGBT residents (cont'd)?

3. Be welcoming of **all** residents – do not discriminate;
4. Be accommodating – if two same sex residents want to share a room, you must allow them to;
5. Think about adding a rainbow symbol to your marketing material or adding pictures of same-sex couples

LGBT Residents

Creating that welcoming first impression:

1. Update your website and social media accounts to include images of LGBT seniors. Be sure to include representation from multiple racial and ethnic groups, too.
2. Prominently post your facility's non-discrimination policies on your website, marketing material and in the lobby/front area of your facility.
3. Display LGBT-relevant magazines or local resources available.

LGBT Residents

ADMISSIONS:

While it is important (but not *vital*) to learn about sexual orientations and gender identity along with all other key components of care, LGBT people have a significant history of discrimination and stigma, which makes them far less willing to disclose these parts of their identities.

LGBT Residents

ADMISSIONS:

So how do we find out without being too blunt?

Suggestion: ask the questions as you would any other factual question, but do not force anyone to answer.

These questions can include: “Who in your life is especially important?” Or “who do you consider family?”

LGBT Residents

ADMISSIONS:

Note: They may not want to disclose this because they may have gone back into the closet – and may not want to come out again!

Obviously, any personal information given to you must be kept confidential.



LGBT Residents

ADMISSIONS:

Your facility must state and honor your commitment to diversity and be welcoming to ALL clients, regardless of sexual orientation, gender identity, race, ethnicity, disability, religion and more.

LGBT Residents

ADMISSIONS:

The following should be stated in your Admissions Agreement:

Admission to the facility shall be without regard to sex, race, color, religion, national origin, marital status, registered domestic partners status, ancestry, actual or perceived sexual orientation, or actual or perceived gender identity.

LGBT Residents



LGBT Residents

Care – HIV/AIDS

Can you accept a resident who is HIV positive or has AIDS? Is it safe?

Yes, it is safe and if you do not accept this resident, you may be sued for discrimination.

HIV/AIDS

HIV – How is it transmitted?

- Similar to Hepatitis B, HIV is transmitted through bodily fluids such as blood, semen, vaginal secretions and breast milk.
- However, there is **no** evidence that HIV is transmitted through saliva, tears or sweat.
- HIV is **not** transmitted by touching, feeding or working around residents who carry the disease.

HIV/AIDS

HIV –

- The virus must be transmitted by direct contact with the bloodstream of another person.
- The virus cannot enter through contact with the skin UNLESS contact is made with an open wound and the virus is able to enter into the bloodstream.

HIV/AIDS

Universal Precautions:

You and your staff, per DSS regulations and OSHA regulations, must be trained on universal precautions and using personal protective equipment (such as gloves).

If one is practicing proper universal precaution procedures, caring for a resident with HIV/AIDS should not be an issue.

LGBT Residents – Actual Incidents

There was a gay gentleman living in an assisted living facility back east. He was being harassed by the other residents so they moved him into the Dementia Unit, figuring the residents there wouldn't harass him. He was so depressed by this that he committed suicide.

How do you feel about this?

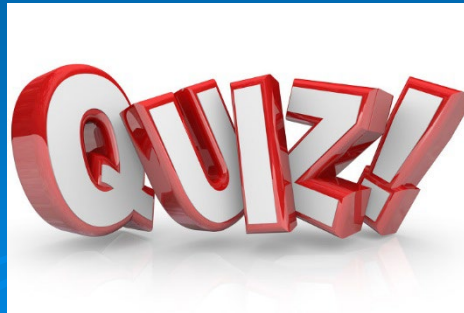
LGBT Residents

Be aware: You may not agree with the resident's decisions and choices (or religion, or political position or the way they dress, etc.....), but you must be **RESPECTFUL**. Do not discriminate; not only is it morally wrong, but you could be sued for discrimination.

Quiz

This is a short quiz to test your knowledge.

You will not be graded on this quiz – it will help prepare you to take the final test at the end of the course, which you will be required to pass in order to receive credit for this course.



LGBT stands for lesbian, gay, bisexual, transgender.

- ☐ True
- ☐ False

Quiz 1

Quiz - 4 questions

Last modified: Sunday, April 30, 2017 at 1:02:34 PM

Properties

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Edit in Quizmaker



Edit Properties

LGBT Staff



LGBT Staff

Our employees have rights, also. They have a right to come to work in a non-hostile environment, free of discrimination and retribution.

This can be difficult to provide when our residents, some of which have dementia, can be racist and discriminatory.

LGBT Staff

As an employer, or potential employer, you must be aware about EEOC (US Equal Employment Opportunity Commission) and the enforcement protections for LGBT workers.

These include forbidding any employment discrimination based on gender identity or sexual orientation (see following slides for more details....)

LGBT Staff

Some examples of LGBT-related claims that EEOC views as unlawful sex discrimination include:

- Failing to hire an applicant because she is a transgender woman.
- Firing an employee because he is planning or has made a gender transition.
- Denying an employee equal access to a common restroom corresponding to the employee's gender identity.

LGBT Staff

Some examples of LGBT-related claims that EEOC views as unlawful sex discrimination include (cont'd):

- Harassing an employee because of a gender transition, such as by intentionally and persistently failing to use the name and gender pronoun that correspond to the gender identity with which the employee identifies, and which the employee has communicated to management and employees.
- Denying an employee a promotion because he is gay or straight.

LGBT Staff

Some examples of LGBT-related claims that EEOC views as unlawful sex discrimination include (cont'd):

- Discriminating in terms, conditions, or privileges of employment, such as providing a lower salary to an employee because of sexual orientation, or denying spousal health insurance benefits to a female employee because her legal spouse is a woman, while providing spousal health insurance to a male employee whose legal spouse is a woman.

LGBT Staff

Some examples of LGBT-related claims that EEOC views as unlawful sex discrimination include (cont'd):

- Harassing an employee because of his or her sexual orientation, for example, by derogatory terms, sexually oriented comments, or disparaging remarks for associating with a person of the same or opposite sex.

LGBT Staff

You should state in your Employee Handbook that you have a zero tolerance policy when it comes to discrimination in your company.

This should be reviewed and discussed during the employee's new hire process.

California Department of Fair Employment and Housing Requirement

Reminder: All employees must receive from their employers a copy of the DFEH pamphlet "Sexual Harassment is Forbidden by Law" (DFEH-185) or an equivalent document.

Here is the link to this form:

http://www.dfeh.ca.gov/wp-content/uploads/sites/32/2020/03/SexualHarassmentFactSheet_ENG.pdf

LGBT Staff

What happens when a resident says something derogatory or mean to my employee?

If your resident does not have dementia, you must immediately address this with them. Review your House Rules with them that state you do not allow harassment of the staff (did you mention that in your Rules???)

LGBT Staff

What happens if your resident DOES have dementia?

This is a difficult situation to address. They probably do not understand inappropriate behavior due to the dementia. They may have old prejudices that are surfacing. It is best to have the conversation with the employee and let them know not to take it personally, that it is the disease talking, not the resident. You may also want to reassign the staff member so they do not work with this resident in the future, if possible.

LGBT and Respect

We are going to treat everyone in our facility with the respect and dignity they deserve.

This includes residents and staff who are a different race, religion, sex, sexual orientation, marital status, etc.

As the Administrator, it is your job to create this culture in your facility.

Quiz

This is another short quiz to test your knowledge.

Just like the first one, you will not be graded on this quiz – it will help prepare you to take the final test at the end of the course, which you will be required to pass in order to receive credit for this course.

It is a good idea to announce gay residents to your other residents so that they will know who is and who is not.

- ☐ True
- ☐ False

Quiz 2

Quiz - 3 questions

Last modified: Monday, April 5, 2021 at 1:28:19 PM

Properties

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Edit Properties

Care Plans

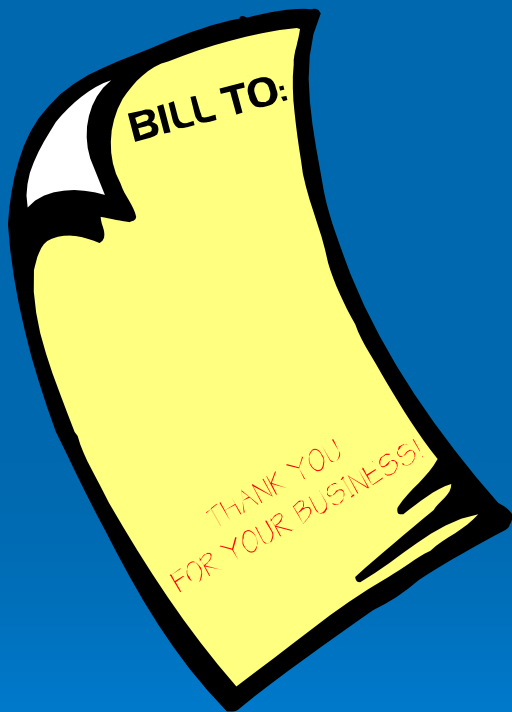


Purpose of a Care Plan

The purpose of a Care Plan is to determine *what* type of care a resident needs and *when*. The next step is determining *if* you have the staff to perform this care and if so, *who* will perform the care.

For example, do they need a.m. care (i.e., help getting ready in the morning)?

Purpose of a Care Plan



Also, you need to assess their needs so you can determine how much to charge them and IF you can take care of them and meet their needs.

DSS Regulations

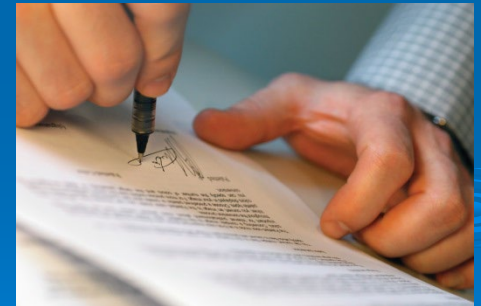
Note: While DSS regulations do not *specifically* discuss a *formal* care plan, they do *expect* that for every resident you have a current and realistic care plan prepared upon admission and updated either annually or upon change of condition.



Planning Care

Let's start with a **general Care Plan**. Tools to use:

1. Personal face-to-face meeting with the resident and/or responsible party
2. Input from current caregivers
3. Pre-placement Appraisal
4. Physician's Report
5. Resident Appraisal Needs & Services Plan



Planning Care

The personal face-to-face meeting and assessment:

Determine:

1. What type of care are they currently *receiving* now?
2. What type of care are they currently *needing* now?
3. What type of care are they *expecting* from you?
4. *Can you* provide that care to them?

Planning Care

Interview current caregivers to determine:

1. What type of care is currently being given to the resident?
2. Is it adequate?
3. Is the resident accepting of care or do they refuse?
4. Are there any challenges you are facing providing care to this resident?

Planning Care

Preplacement Appraisal

Use the LIC 603 “Preplacement Appraisal Information” form from DSS to meet this regulation, Section 87457.

Suggestion: rather than just giving this to resident or responsible party to complete, complete this **together** and then have them sign it.

Planning Care

Physician's Report:

This will give you insight into the medical status and needs of the resident.

The most important areas to take under consideration are:

1. What is/are their diagnosis(es)? Can you take proper care of them and meet their needs?

Planning Care

Physician's Report:

The most important areas to take under consideration are (cont'd)

2. Are they aggressive or combative?
3. Do they have wandering behavior?
4. Do they have sundowning behavior?
5. Are they at risk if allowed direct access to personal grooming and hygiene items?

Planning Care

Physician's Report:

The most important areas to take under consideration are (cont'd)

6. Are they able to do their own ADL's? Which ones?
7. Do they have a special diet that I can accommodate?
8. Are they able to handle their own meds? If so, which ones? PRN's?
9. What is their ambulatory status?

Quiz

This is the last short quiz to test your knowledge.

Just like the others, you will not be graded on this quiz – it will help prepare you to take the final test at the end of the course, which you will be required to pass in order to receive credit for this course.

The purpose of a Care Plan is to determine what type of care a resident needs and when.

- ☐ True
- ☐ False

Quiz 3

Quiz - 3 questions

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Planning Care

Appraisal/Needs and Services Plan:

DSS would like us to complete the LIC 625 form for each resident.

Although on this form it states that “*NOTE: For Residential Care Facilities for the Elderly, this form is not required at the time of admission but must be completed if it is determined that an elderly resident’s needs have not been met*”, most LPA’s are requiring this form for each resident.

Planning Care

Appraisal/Needs and Services Plan:

How often should these be completed/updated?

It is not stated on the form but at least annually or upon change of condition, whichever comes first, is recommended.

This should be signed by the Administrator or Licensee and the resident and/or responsible party.

Planning Care

The following slide illustrates the LIC 625 form and suggestions on completing the form.

Note: this form focuses on 5 aspects of care: socialization, emotional, mental, physical/health and functioning skills but does not specifically address care such as bathing and grooming.

Planning Care

COMMUNITY CARE LICENSING				
NEEDS	OBJECTIVE/PLAN	TIME FRAME	PERSON(S) RESPONSIBLE FOR IMPLEMENTATION	METHOD OF EVALUATING PROGRESS
SOCIALIZATION — Difficulty in adjusting socially and unable to maintain reasonable personal relationships				
EMOTIONAL — Difficulty in adjusting emotionally				

Planning Care

LIC 625 form:

The first column discusses their *needs*. For example, their socialization need may be that the new resident is lonely.

The second column discusses the *objective or plan*. You may state that you will involve the resident in activities and introduce them to other residents.

Planning Care

LIC 625 form:

The third column addresses the *timeframe*. This would typically be “ongoing”.

The fourth column wants to know who will be responsible for implementing the *plan*. Typically, this is “all staff” but can be more specific if you would like.

Planning Care

LIC 625 form:

The last column asks the *method of evaluation*. Generally, this is “observation”.

Make sure the both you (or the Licensee’s representative) AND the resident/responsible party sign and date this form.

Developing the Care Plan

So, you have all the tools now to create the Plan.



What should be on your Plan?

The following slides will discuss what DSS wants to see on your Plan.

DSS Requirements

This is what DSS is expecting you to address:

Title 22, Section 87459 FUNCTIONAL CAPABILITIES states:

- a. The facility shall assess the person's need for personal assistance and care by determining his/her ability to perform specified activities of daily living. Such activities shall include, but not be limited to:
 - 1. Bathing, including need for assistance:
 - a. In getting in and out of the bath.

DSS Requirements

1. Bathing, including need for assistance: (cont'd)
 - b. In bathing one or more parts of the body.
 - c. Through use of grab bars.
2. Dressing and grooming, including the need for partial or complete assistance.
3. Toileting, including the need for:
 - a. Assistance equipment.
 - b. Assistance of another person.
4. Transferring, including the need for assistance in moving in and out of a bed or chair.
5. Continence, including:
 - a. Bowel and bladder control.

DSS Requirements

- 6. Eating, including the need for:
 - a. Adaptive devices.
 - b. Assistance from another person.
- 7. Physical condition, including:
 - a. Vision
 - b. Hearing
 - c. Speech
 - d. Walking with or without equipment or other assistance.
 - e. Dietary limitations.
 - f. Medical history and problems
 - g. Need for prescribed medications

Developing the Care Plan

DSS does not provide a *true* Care Plan form for us to use that identifies all needs, including ADL needs.

You will need to develop your own form or plan. The following slides shows an example of an ADL Care Sheet that can be created to document care given.

ADL Care Sheet

ADL CARE SHEET																																
DIRECTIONS: Initial items when completed. If not completed, circle initials and chart reason on reverse.																																
NAME OF RESIDENT:										APT. #:					DATE OF SERVICE:										MONTH/YEAR:							
		DATE																														
	MEAL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ESCORTS:	Bkfst																															
Meal	Lunch																															
Activities	Dinner																															
Beauty Shop	Activity																															
TRAYS	Bkfst																															
	Lunch																															
	Dinner																															
SAFETY CHECKS	PRN																															
	PRN																															
	PRN																															
TOILET ASSIST	PRN																															
	PRN																															
	PRN																															
INCONTINENT CARE	PRN																															
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ADL Care Sheet

When care is performed, the caregiver initials in the corresponding box.

This chart is extremely helpful when you need to:

- Prove that care was done
- Prepare daily work schedules for staff
- Charge for care given

Developing the Care Plan

Items to address:

- ADL assistance, including medication and supervision, bathing and toileting
- AM care procedures, including dressing, grooming and personal hygiene
- PM care procedures (same as above)
- Misc. care needs, such as nail care, use of special devices, equipment or supplies
- Toileting needs

Developing the Care Plan

Items to address (cont'd):

- Behavior intervention, including cueing, protective oversight and support for confusion
- Methods and approaches that are most successful to ensure best results
- *How the resident likes to have things done*



Developing the Care Plan

Once you have determined their care needs, then you will need to assign staff to provide the care.

You can use an ADL Care Sheet to do this, or you can create your own staff assignment policies and procedures.

Do you have sufficient staff to provide the care???

Hospice Care Plans

Per DSS regulations: 87633 HOSPICE CARE FOR TERMINALLY ILL RESIDENTS

A current and complete hospice care plan shall be maintained in the facility for each hospice resident.

This is discussed in depth during the Live portion of this Certification Course.

Hospice Care Plans

You (the facility) are responsible for carrying out your part of the **Care Plan**, such as ensuring that residents receive their medication(s) at the appropriate times and meeting the non-related hospice needs of the resident.

Care Plans

The Care Plan:

- How often is the Care Plan updated?
- At least annually or upon change of condition.
- Does it need to be sent it to the LPA every time it changes? No – but you must keep it on file for their review, upon request.

Care Plans - Conclusion

If a resident has a diagnosis of dementia, then additional Care Planning will be necessary, along with residents who are bedridden.

Make sure on any care plan you identify **WHAT** the resident needs and **HOW** you will be providing it.

Proceed to Test

You have completed the class presentation and now you must take the 20 question Final Test.

You must score at least 70%, which is 14 or more correct answers, to pass the test. If you do not pass the test, you will be redirected to take the test again.

Proceed to the next slide to begin your Final Test.

Good Luck!

LGBT stands for lesbian, gay, bisexual, transgender.

- ☐ True
- ☐ False

Final Test for LGBT and Preparing a Care Plan

Quiz - 20 questions

Last modified: Sunday, April 30, 2017 at 1:06:19 PM

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Edit in Quizmaker



Edit Properties

Completion

Congratulations on completing this online class for your RCFE Administrator Certification.

You are now ready to proceed to the next section.



THANK YOU !

**Thank You for taking our
Certification Course.**

We hope you will enroll in our live
classes or online classes in the future.