Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953211	A. BUILDING: _____ B. WING _____	03/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRENCH BLOSSOMS ASSISTED LIVING	1782 COCONUT DRIVE VENICE, FL 34293

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	In al Comments A relicensure, emergency power plan monitoring and health facility reporting system survey was conducted at French Blossoms on 3/24/26. Deficiencies were identified at the time of the survey.	A 000		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) W n 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable disease. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring w out a break in service from one facility to another when the facility is under the e management or ownership. 1. Evidence of a negative tuberculosis examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of tuberculosis te ng materials satisfies the annual tuberculosis examination requirement. An individual w a positive tuberculosis test must submit a health care provider's statement that the individual does not con tute a risk of communicating tuberculosis. 2. If any staff member has, or is suspected of having, a communicable disease, such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not con tute a risk of transmitting a communicable	A 078		

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A 078	Continued From page 1 disease. (b) Staff must be qualified to perform their assigned duties consistent w their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibil es, consistent w their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance w this rule chapter. (c) All staff must comply w the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility contracting to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance w this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facil es w a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff contracted by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review, and staff interview, the facility failed to provide evidence of documentation of a one time signed statement form a healthcare provider indicating employees are free from communicable disease including	A 078		

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A 078	Continued From page 2 Tuberculosis (TB) and documentation of freedom from tuberculosis annually thereafter for 2 (Staff A and B) of 3 staff records reviewed. The findings included: Record review showed Caregiver Staff A was hired on 11/16/23. Further review showed the most recent negative tuberculosis statement on record was dated 2/6/25, and read on 2/9/25. The test was administered and read by a certified medical assistant. The statement did not include evidence of freedom tuberculosis from a licensed health care provider for Staff A. Record review showed Staff B was hired on 4/1/23/23. Further review showed the most recent negative tuberculosis statement on record was dated 1/17/24, w reading dated 1/19/24. There was no further documentation annually of freedom from freedom from TB for 2025 and 2026. On 3/24/26 at 3:00 p.m., during an interview, the Administrator confirmed Staff A did not have a current freedom from tuberculosis statement, and no annual documentation of freedom from TB for Staff B on record. Class III .	A 078		
A 080 SS=D	429.52(2-3) FS; 59A-36.011(1) FAC Training - Core & Competency Test 429.52 (2) Administrators and other assisted living facility staff must meet minimum training and education requirements established by the agency by rule.	A 080		

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A 080	Continued From page 3	A 080		

This training and education is intended to assist facil es to appropriately respond to the needs of residents, to a ntain resident care and facility standards, and to meet licensure requirements.
(3) The agency, in conjunction w providers, shall develop core training requirements for administrators consisting of core training learning objectives, a competency te , and a minimum required score to indicate successful passage of the core competency test. The required core competency test must cover at least the following topics:
(a) State law and rules relating to assisted living facil es.
(b) Resident rights and identifying and reporting abuse, neglect, and exploitation.
(c) Special needs of elderly persons, persons w mental illness, and persons w developmental disabil es and how to meet those needs.
(d) Nutr on and food service, including acceptable sanitation practices for preparing, storing, and serving food.
(e) Medication management, recordkeeping, and proper techniques for assisting residents w self-administered medication.
(f) Firesafety requirements, including fire evacuation drill procedures and other emergency procedures.
(g) Care of persons w Alzheimer's disease and related disorders.

59A-36.011
(1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST.
(a) The assisted living facility core training requirements established by the department pursuant to section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a

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A 080	Continued From page 4 competency test. (b) Administrators and managers must successfully complete the assisted living facility core training requirements w n 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to July 1, 1997, and managers who attended the core training program prior to April 20, 1998, shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance w chapter 468, part II, F.S., are exempt from this requirement. (c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years. (d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not a ntained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must: 1. Retake the assisted living facility core training; and, 2. Retake and pass the competency test. (e) The fees for the competency test shall not exceed $200.00. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken.	A 080		

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A 080	Continued From page 5 This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure and a ntain evidence of documentation of 12 hours of continuing education every 2 years after completion of CORE examination for 1 (Administrator) of 3 personnel records reviewed. The findings included: Record review showed the facility's Administrator was hired on 12/2/22. The Administrator completed the 26 hours required CORE training on 2/13/23 and obtained a passing score for the CORE exam on 4/14/23. Further review found no evidence of completion of 12 hours of continuing education every 2 years as required. On 3/24/26 at 3:00 p.m., during an interview, the Administrator confirmed there was no evidence of 12 hours of continuing education on file. The Administrator she will e a l the evidence of 12 hours continuing education. No documentation was received. Class III .	A 080		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011(2-3) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting w residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee	A 081		

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A 081	Continued From page 6 provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting w residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facil es must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice	A 081		

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A 081	Continued From page 7 orientation prior to interacting w residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance w rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in infection control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use infection control policies and procedures when offering this training. Documentation of compliance w the staff training requirements of 29 CFR 1910.1030, relating to blood borne pathogens, may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training w n 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who	A 081		

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A 081	Continued From page 8	A 081		

have not taken the core training program, shall receive a minimum of 1 hour in-service training w n 30 days of employment that covers the following subjects:
1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident abuse, neglect, and exploitation. The facility must use abuse prevention policies and procedures when offering this training.
(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance w rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training w n 30 days of employment that covers the following subjects:
1. Resident behavior and needs.
2. Providing assistance w the activ es of ly living.
(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training w n 30 days of employment in safe food handling practices.
(f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures w n thirty (30) days of employment.
1. All facility staff shall be provided w a copy of the facility's resident elopement response policies and procedures.
2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.

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A 081	Continued From page 9 This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure staff when hired complete the required training prior to interacting w residents and w n 30 days for 2 (Staff A, and B) of 3 records reviewed. Record review showed Staff A was hired on 11/16/23. Further review showed no evidence of documentation of completion of 2 hours of pre-service orientation. There was no evidence of completion of 1 hour in-service training in Infection Control, including Universal Precautions and Facility Sanitation procedures based on the facility's policies and procedures. Record review showed Staff B was hired on 4/1/23. Further review showed no evidence of documentation of completion of 2 hours of pre-service orientation. There was no evidence of completion of 1 hour in-service training in Infection Control, including Universal Precautions and Facility Sanitation procedures based on the facility's Infection Control policies and procedures, no evidence of completion of 3 hours of in-service training for ADL (activ es of ly living) behavioral and needs and training. On 3/24/26 at 3:00 p.m., during an interview, the Administrator confirmed that both Staff A and B did not have the required in-service training's. The Administrator it was an oversight on her end. Class III	A 081		

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A 093	Continued From page 10	A 093		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutr on Board of the In tute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_ Reference_Intakes.aspx. Therapeutic diets must meet these nutr onal standards to the extent possible. (b) The residents' nutr onal needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abil es of the residents, and must be prepared through the use of standardized recipes. For facil es w a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutr onist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutr onist to ensure the meals meet the nutr onal standards established in this rule. The annual review must be documented in the facility files and include the original signature of	A 093		

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A 093	Continued From page 11	A 093		

the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.
1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.
2. Menu items may be substituted w items of comparable nutr onal value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, w substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.
(e) Therapeutic diets must be prepared and served as ordered by the health care provider.
1. Facil es that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply w the therapeutic diet must be identified on the menus developed for use in the facility.
2. The facility must document a resident's refusal to comply w a therapeutic diet and provide notification to the resident's health care provider of such refusal.
(f) For facil es serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal.

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A 093	Continued From page 12 Intervals between meals must be evenly distributed throughout the day w not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents w out access to kitchen facil es, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of calculating the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on hand. (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has contracted w residents to serve, must be on hand at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely w out refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, w the plan coordinated w and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to provide evidence of records of meals served w substitutions noted for the last 6 months. The facility failed to obtain and a ntain on hand a 3 day emergency food supply as required. The findings included: Observation on 3/24/26 at 8:30 a.m. found no evidence of a 3 day emergency food supply. Census at the time of the survey was 4 residents.	A 093		

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A 093	Continued From page 13 Regulatory requirement is 72 oz of protein, 96 oz of canned fru , 144 oz of canned vegetables, 192 oz of recon tuted milk, 72 servings of breads/starches. Record review showed that there was no evidence of documentation of a record of meals served w substitutions noted for the last 6 months. On 3/24/26 at 3:00 p.m., during an interview, the Administrator acknowledged the facility did not have evidence of documentation of records of meals served w substitutions for the last 6 months noted. The Administrator confirmed there was no 3 day emergency food supply on hand on the premises. Class III	A 093		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
ZZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the fingerprints are enrolled in the national retained print arrest notification program at the Federal Bureau of Inve gation: 1. A person a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective January 1, 2026, or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register the clearinghouse and a ntain the employment or affiliation status of all persons included in the clearinghouse. 1. Before January 1, 2024, in al status and any changes in status must be reported n 10 business days after a person receives his or her in al status or after a change in the person ' s status has been a e. 2. Effective January 1, 2024, in al status and any changes in status must be reported n 5 business days after a person receives his or her in al status or after a change in the person ' s status has been a e.	ZZ814		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953211	A. BUILDING: _____ B. WING _____	03/24/2026

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ZZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register and in ate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person a current or potential affiliation a qualified entity for electronic fingerprint submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle in al, and last name; social security number; date of birth; ling address; se , and race. Individuals, persons, applicants, and controlling intere that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure 1 (Staff D) of 3 staff records reviewed, had Level 2 Background screening employment status updated n 5 days on the Agency's Background Screening Clearinghouse website pursuant to Chapter 435. This has the potential for staff disqualifying offenses to have access to vulnerable adults. The findings included: Record review for Staff D showed a hire date of 10/18/24. Staff D was terminated on 10/1/25. Review of the Agency for Healthcare background screening website showed Staff D as an active employee in the facility's Clearinghouse Roster. On 3/24/26 at 3:00 p.m., during an interview, the Administrator confirmed Staff D was not removed from the facility's Clearinghouse Roster even though she was terminated on 10/1/25.	ZZ814		

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ZZ814	Continued From page 2 Unclassified .	ZZ814		
ZZ875 SS=D	430.5025(4 & 7-9) Alzheimer disease/dementia; Training (4) Employees of covered providers must complete the following training for Alzheimer's disease and related forms of dementia: (a) Upon beginning employment, each employee must receive basic written information about interacting persons who have Alzheimer's disease or related forms of dementia. (b) W n 30 days after beginning employment, each employee who provides personal care to or has regular contact participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of dementia, how to identify the signs and symptoms of dementia, and skills for communicating and interacting persons Alzheimer ' s disease or related forms of dementia. A record of the completion of the training program must be a e available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must a ntain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee a copy of the record of completion consistent the employer's written policies. 3. An employee who has completed the training	ZZ875		

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ZZ875	Continued From page 3	ZZ875		

required in this subsection is not required to repeat the program upon changing employment to a different covered provider.
(c) W n 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activ es of ly living, and skills in working families and caregivers.
(d) W n 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activ es of ly living, skills in working families and caregivers, group and individual activ es, a ntaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons Alzheimer's disease or related forms of dementia, in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. W n 3 months after beginning employment, each employee who provides personal care to or has regular contact the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. W n 6 months after beginning employment, each employee who provides personal care must

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ZZ875	Continued From page 4	ZZ875		

complete an additional 4 hours of dementia-specific training. Such training must include, but is not limited to, understanding Alzheimer's disease and related forms of dementia, the stages of Alzheimer's disease, communication strategies, medical information, and stress management.
3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on e-job training, or electronic learning technology. For this subparagraph, the term "on e-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care guidance, support, or hands-on experience to help develop and refine the employee's skills for caring for a person Alzheimer's disease or a related form of dementia. The continuing education must cover at least one of the topics included in the dementia-specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on e-job training of the employee by a facility administrator or his or her designee or by an electronic learning technology chosen by the facility administrator. On e-job training may not account for more than 2 hours of continuing education each calendar year.
(f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of

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the employee, if applicable, must be provided to the covered provider upon request.
2. A health care services pool must verify and ntain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider.
(7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to a ntain certification as a nursing assistant.
(8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board.
(9) Each person employed, contracted, or referred to provide services before July 1, 2023, must complete the training required in this section before July 1, 2026. Proof of completion of equivalent training completed before July 1, 2023, shall sub tute for the training required in subsection (4). Each person employed, contracted, or referred to provide services on or after July 1, 2023, may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6).

This Statute or Rule is not met as evidenced by:
Based on record review, and interview, the facility failed to ensure all staff obtain n 30 days of employment a 1 hour in service training provided by the Department of Elder Affairs (DOEA) that contained information on understanding the basics about the most common forms of dementia, how to identify the signs and symptoms of dementia, and skills for communicating and interacting persons

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ZZ875	Continued From page 6 Alzheimer's disease or related forms of dementia for 1 (Administrator) of 3 staff records reviewed. The findings included: Record review showed the Administrator was hired on 12/2/22. Further review showed no evidence the Administrator completed the 1 hour in service training by the DOEA. On 3/24/26 at 4:00 p.m., during an interview, the Administrator acknowledged she did not complete n 30 days of employment, a 1 hour in service training that was provided by the Department of Elder Affairs that contained information on understanding the basics about the most common forms of dementia, how to identify the signs and symptoms of dementia, and skills for communicating and interacting persons Alzheimer's disease or related forms of dementia. She she was not aware of the regulatory requirement. Class III .	ZZ875		