

## **Team Advocacy Inspection for January 27, 2016**

### **A'Lelia Residential Care**

**Inspection conducted by Nicole Davis, P&A Team Advocate and Bethany Schweer, Volunteer**

#### **Facility Information**

A'Lelia Residential Care is located in Beaufort County at 10 Jacob White Road, Yemassee, SC 29945-7820. Team arrived at the facility at 11:00 AM and exited the facility at 2:00 PM. The facility is operated by Miles Residential Care Facility Inc. Four staff members were present when Team arrived; the administrator arrived as the Team was preparing to exit the facility. The facility is licensed for 20 beds. The census was 15 with 13 residents being present on the day of Team's inspection. The DHEC license had an expiration date of 9/30/2016. The administrator's license was current and posted. According to the administrator, the facility had a written emergency plan but Team did not see a copy of the plan.

#### **Overview of Visit**

During Team's visit we interviewed six residents; talked to residents and staff; reviewed six residents' records, medications and medication administration records; and toured the facility. The meal listed on the menu was turkey sandwich, salad, ice cream, and milk. The meal served was grilled ham/turkey sandwiches, chicken soup, chocolate milk, water, and Jell-O. A substitution menu was not posted. Team conducted an exit interview with staff.

#### **Report Summary**

HVAC, electrical and fire alarm inspections were not available for review. DHEC inspections were not available for review. The emergency evacuation plan was not available for review. One resident reported not feeling safe. One resident reported not being treated with respect by the administrator and staff. One resident reported "sort of" being treated with respect. One resident reported being locked out of the facility overnight on three occasions. One resident reported not getting enough food. One resident did not have a blanket on their bed. One resident wore clothes that were too big. Three residents reported needing an eye exam. Three residents reported needing a dental exam. One resident reported needing dentures. One resident reported needing contact lenses. One resident reported needing a podiatrist and a health exam. Two residents reported needing more pants. One resident reported needing a jacket. Resident B had prescriptions for Benztropine MES 2mg tablet, take one tablet by mouth once daily; Escitalopram 20mg tablet, take one tablet by mouth once daily; HCTZ 12.5 mg tablet, take one tablet by mouth every day and Milk of Magnesia, take 30ml by mouth daily as needed. The medications were not available. The MAR of the daily medications was last signed for administration on 1/27/16. Resident B had a prescription for Metformin HCL 1,000 mg, take one tablet by mouth two times a day with morning and evening meals. The MAR had not been signed the morning of 1/11/16; there was no explanation given. Resident C had prescriptions for Metformin HCL 500 mg tablet, take two tablets by mouth twice daily for blood sugar and Hydrochlorothiazide 12.5, take one capsule by mouth

once daily. Neither medication was present and the MAR was last signed for administration on the morning of 1/27/16. Resident C had a prescription for Olanzapine 10mg tablet, take one tablet by mouth once daily at bedtime. The MAR had not been signed on 1/2/16 and 1/23/16; there was no explanation given. Resident F had a prescription for Durezol 0.05%, instill drop into left eye three times daily. The MAR had only been signed twice on 1/25/16 and 1/26/16. Resident F also had a prescription for Vigamox 0.5%, instill drop into left eye three times daily. The MAR had only been signed once on 1/26/16. Lettuce in the refrigerator had brown spots. A substitution menu was not posted. Resident C's most recent individual care plan was dated 1/10/15. Resident D's most recent physical examination was dated 1/7/15. Resident C and Resident D's individual care plan did not address whether the residents had advanced directives. Resident E's most recent physical examination was dated 1/7/15. Resident E's most recent individual care plan was dated 4/28/15. Personal funds records were not available for review. Staff records were not available for review. Walls throughout the facility and resident rooms were stained and dirty. Several blinds throughout the facility were broken. The sitting room smelled strongly of cigarettes as residents smoked directly outside the back door. A few bedrooms smelled of urine. The ceiling in Bedroom #6 had a large water stain. Bedroom #9 had a vent hanging loosely from the ceiling. Water from the sink in Bedroom #9 took several minutes to warm up. Lightbulbs in the bathrooms were not covered. A broken table and buckets of paint were sitting out on the back porch. A burn barrel with trash around it was present in the backyard. Trash bags full of soda cans and miscellaneous junk was piled around the shed in the backyard. A broken TV and microwave were sitting outside on the side of the facility. Old seats from a vehicle were being used as chairs outside.

### **Areas of Commendation**

- The yard was large and nicely landscaped.
- The dining room was decorated with wall hangings, pictures, a piano, plants, flowers, and placemats at the table.
- The sitting room had bookshelves stocked with books and board games.
- Many residents Team interviewed stated they would speak to the administrator if they had a problem.
- A current activity calendar was posted. Activities included bingo, scrabble, movie day, arts & crafts and exercise.
- Fire extinguishers were monitored monthly.
- Team observed residents coming and going as they pleased.
- Staff accommodated residents that did not want certain items for lunch.
- Team observed staff assisting residents who had difficulty serving themselves.
- A married couple was allowed to share a room.
- The controlled substance log was accurate and coincided with the amount of medication present.

### **Areas Needing Improvement**

#### **Health/Safety**

- HVAC, electrical and fire alarm inspections were not available for review. [Note: The administrator stated she would send the records to Team. As of 2/3/16 Team has not received any documents.]

## **Supervision & Administrator**

- DHEC inspections were not available for review. [Note: The administrator stated she would send the records to Team. As of 2/3/16 Team has not received any documents.]
- The emergency evacuation plan was not available for review. [Note: The administrator stated she would send the records to Team. As of 2/3/16 Team has not received any documents.]

## **Residents' Rights**

- One resident reported not feeling safe.
- One resident reported not being treated with respect by the administrator and staff. One resident reported "sort of" being treated with respect.
- One resident reported being locked out of the facility overnight on three occasions.
- One resident reported not getting enough food.

## **Recreation**

- Residents would like to do more in the community.

## **Residents' Activities of Daily Living (ADLs)**

- One resident did not have a blanket on their bed.
- One resident wore clothes that were too big.
- Three residents reported needing an eye exam.
- Three residents reported needing a dental exam.
- One resident reported needing dentures.
- One resident reported needing contact lenses.
- One resident reported needing a podiatrist and a health exam.
- Two residents reported needing more pants. One resident reported needing a jacket.

## **Medication Storage and Administration**

- Resident B had prescriptions for Benztropine MES 2mg tablet, take one tablet by mouth once daily; Escitalopram 20mg tablet, take one tablet by mouth once daily; HCTZ 12.5 mg tablet, take one tablet by mouth every day and Milk of Magnesia, take 30ml by mouth daily as needed. The medications were not available. The MAR of the daily medications was last signed for administration on 1/27/16. [Note: The administrator reported the medications were being ordered.]
- Resident B had a prescription for Metformin HCL 1,000 mg, take one tablet by mouth two times a day with morning and evening meals. The MAR had not been signed the morning of 1/11/16; there was no explanation given.
- Resident C had prescriptions for Metformin HCL 500 mg tablet, take two tablets by mouth twice daily for blood sugar and Hydrochlorothiazide 12.5, take one capsule by mouth once daily. Neither

medication was present and the MAR was last signed for administration on the morning of 1/27/16. [Note: The administrator reported the medications were being ordered.]

- Resident C had a prescription for Olanzapine 10mg tablet, take one tablet by mouth once daily at bedtime. The MAR had not been signed on 1/2/16 and 1/23/16; there was no explanation given.
- Resident F had a prescription for Durezol 0.05%, instill drop into left eye three times daily. The MAR had only been signed twice on 1/25/16 and 1/26/16.
- Resident F also had a prescription for Vigamox 0.5%, instill drop into left eye three times daily. The MAR had only been signed once on 1/26/16.

### **Meals & Food Storage**

- Lettuce in the refrigerator had brown spots.
- A substitution menu was not posted.

### **Resident Records**

- Resident C's most recent individual care plan was dated 1/10/15.
- Resident D's most recent physical examination was dated 1/7/15.
- Resident C and Resident D's individual care plan did not address whether the residents had advanced directives.
- Resident E's most recent physical examination was dated 1/7/15. Resident E's most recent individual care plan was dated 4/28/15.
- Resident F's individual care plan did not address resident's dietary needs.

### **Resident Personal Needs Allowances**

- Personal funds records were not available for review. [Note: The administrator stated she would send the records to Team. As of 2/3/16 Team has not received any documents.]

### **Appropriateness of Placement**

- No concerns noted.

### **Personnel Records**

- Staff records were not available for review. [Note: The administrator stated she would send the records to Team. As of 2/3/16 Team has not received any documents.]

### **Housekeeping, Maintenance, Furnishings**

- Walls throughout the facility and resident rooms were stained and dirty.
- Several blinds throughout the facility were broken.
- The sitting room smelled strongly of cigarettes as residents smoked directly outside the back door.
- A few bedrooms smelled of urine.
- The ceiling in Bedroom #6 had a large water stain.

- Bedroom #9 had a vent hanging loosely from the ceiling.
- Water from the sink in Bedroom #9 took several minutes to warm up.
- Lightbulbs in the bathrooms were not covered.
- A broken table and buckets of paint were sitting out on the back porch.
- A burn barrel with trash around it was present in the backyard.
- Trash bags full of soda cans and miscellaneous junk was piled around the shed in backyard.
- A broken TV and microwave were sitting outside on the side of the facility.
- Old seats from a vehicle were being used as chairs outside.

### **Additional Recommendations**

- One resident would like to work.
- Three residents would like to move.

**Please Note:** Residents listed in the report are assigned random gender identification. This is for the purpose of making the report easier to read. However, the gender does not identify the individuals in the report.