

Team Advocacy Inspection for March 7, 2018
Brianna's Residential Care Facility
Inspection conducted by
Toni Etheridge, P&A Team Advocate, and Hayley Cannon, Volunteer



Photo Date 3-7-18

Facility Information

Brianna's Residential Community Care Facility is located in Allendale County at 252 Charleston Avenue N., Fairfax, South Carolina 29827-4502. Team arrived at the facility at 10:37 AM and exited the facility at 12:39 PM. The administrator, Genora Jenkins, was not present during the inspection. There was 1 staff member present when Team arrived. The assistant administrator arrived at 10:40 AM. The facility is licensed for 10 beds. The census was 8 with 8 residents present on the day of Team's inspection. The DHEC license had an expiration date of 11-30-18. The administrator's license had an expiration date of 6-30-18.

Overview of Visit

During Team's visit we interviewed three residents; talked to residents and staff; reviewed staff records, reviewed three residents' records, medication, and medication administration records, and toured the facility. Team observed the lunch preparation. The lunch was vegetable soup, peanut butter and jelly on bread, fruit cups, juice and water. Team conducted an exit interview with staff. The facility had a written emergency plan to evacuate to Rumph's Residential Care at 574 Progressive Way, Denmark, South Carolina, 29042.

Report Summary

In the kitchen, the hot water did not meet DHEC's required temperature of 120°; the water tested at 115°. The card tags on the fire extinguishers were not checked on a monthly

basis, and did not have staff initials. Three residents complained about spending their day smoking, watching television or taking naps.

One resident's medication administration record for the prescription DOK 100, was not initialed by staff on Wednesday, March 7, 2018, at 8 AM. (Staff stated that the resident did receive the medication on this day, staff had forgotten to initial the MAR.)

One resident's medication administration record for the prescription Fenofibrate 134 mg., was not initialed by staff on Wednesday, March 7, 2018, at 8 AM. (Staff stated that the resident did receive the medication on this day, staff had forgotten to initial the MAR.)

One resident's medication administration record for the prescription Irbesartan 300 mg., was not initialed by staff on Wednesday, March 7, 2018, at 8 AM. (Staff stated that the resident did receive the medication on this day, staff had forgotten to initial the MAR.)

One resident's medication administration record for the prescription Metformin HCL 500 mg., was not initialed by staff on Wednesday, March 7, 2018, at 8 AM. (Staff stated that the resident did receive the medication on this day, staff had forgotten to initial the MAR.)

One resident's medication administration record for the prescription Metoprolol Tartrate 50 MG., was not initialed by staff on Wednesday, March 7, 2018, at 8 AM. (Staff stated that the resident did receive the medication on this day, staff had forgotten to initial the MAR.)

One resident reported having an over-the-counter medicine, Tylenol. The resident did not show Team where the medication was kept. The resident was in a shared room and the door was not locked.

A menu was posted but it did not have the correct month; staff corrected the menu by writing March on it while Team was present. In the freezer, there were six plastic food bags of green beans that were not labeled or dated. In the refrigerator, there was a container of orange juice that had a Best Used by Date of February 17, 2018. (Staff removed the container from the refrigerator.)

One resident's personal needs allowance had not started. (Staff stated resident did not qualify for Optional State Supplemental [OSS]; the resident's admission date was 3-19-15.)

The kitchen window blinds had broken slats. In the dining room, the ceiling light fixture needed a new light bulb. In the television room one of the ceiling light fixtures did not work. (Staff stated there was no light switch which turned on the light.)

In bedroom number #3, the bathroom door needed a door stopper. (There was a hole in the wall that aligned with the door knob.) In bedroom number #2, the light switch on the wall needed to be flush against the wall, one vent did not work, another vent did not have a cover, and the light bulb in the bathroom needed a new bulb. In one bathroom near the dining room, the ring around the shower head needed to be reinforced, and made flush against the wall. At the back of the property, the deck's railings were not secured.

Areas of Commendation

- The staff were polite and professional.
- The staff responded promptly to inspection requests.
- The facility's annual HVAC, fire alarm and sprinkler inspections were current.
- The DHEC inspections were available for review.
- The annual inspection of the facility's fire extinguishers was current.
- Fire drills were documented.
- The evacuation routes were posted.
- Staff members' in-service training was documented.
- Staff members' SLED background checks were documented.
- The facility was adequately furnished and well ventilated.
- The facility was free from strong offensive odors.
- The dining area had enough seats for the residents.
- The kitchen was neat and organized.
- There was an adequate amount of food available.
- There were enough trained staff members to meet the needs of the residents.
- There was one staff member responsible for recreational activities.
- Adaptive equipment was available for use and in good condition.
- The care notes on the residents were available for review.
- There were no recent incidents or accidents.
- The residents have access to a phone in a private location.
- The facility's room temperatures were comfortable.
- The residents were able to access all living areas of the facility.
- The facility had "No smoking, oxygen in use" signs posted.
- The facility's front and back lawns were landscaped.
- Three residents knew where to locate the emergency contact numbers.
- Three residents liked living in the facility and felt safe.
- Three residents liked the food and the snacks.
- Three residents did not want to move.

Areas Needing Improvement

Health/Safety

- In the kitchen, the hot water did not meet DHEC's required temperature of 120°; the water tested at 115°.
- The card tags on the fire extinguishers were not checked on a monthly basis, and did not have staff initials.

Supervision & Administrator

- No concerns were noted.

Residents' Rights

- No concerns were noted.

Recreation

- Three residents complained about spending their day smoking, watching television or taking naps.

Residents' Activities of Daily Living (ADLs)

- No concerns were noted.

Medication Storage and Administration

- One resident's medication administration record for the prescription DOK 100, was not initialed by staff on Wednesday, March 7, 2018, at 8 AM. (Staff stated that the resident did receive the medication on this day, staff had forgotten to initial the MAR.)
- One resident's medication administration record for the prescription Fenofibrate 134 mg., was not initialed by staff on Wednesday, March 7, 2018, at 8 AM. (Staff stated that the resident did receive the medication on this day, staff had forgotten to initial the MAR.)
- One resident's medication administration record for the prescription Irbesartan 300 mg., was not initialed by staff on Wednesday, March 7, 2018, at 8 AM. (Staff stated that the resident did receive the medication on this day, staff had forgotten to initial the MAR.)
- One resident's medication administration record for the prescription Metformin HCL 500 mg., was not initialed by staff on Wednesday, March 7, 2018, at 8 AM. (Staff stated that the resident did receive the medication on this day, staff had forgotten to initial the MAR.)

- One resident's medication administration record for the prescription Metoprolol Tartrate 50 MG., was not initialed by staff on Wednesday, March 7, 2018, at 8 AM. (Staff stated that the resident did receive the medication on this day, staff had forgotten to initial the MAR.)
- One resident reported having an over-the-counter medicine, Tylenol. The resident did not show Team where the medication was kept. The resident was in a shared room, and the door was not locked.

Meals & Food Storage

- A menu was posted but it did not have the correct month; staff corrected the menu by writing March on it while Team was present.
- In the freezer, there were six plastic food bags of green beans that were not labeled or dated.
- In the refrigerator, there was a container of orange juice that had a Best Used by Date of February 17, 2018. (Staff removed the container from the refrigerator.)

Resident Records

- No concerns were noted.

Resident Personal Needs Allowances

- One resident's needs allowance had not started. (Staff stated resident did not qualify for Optional State Supplemental [OSS]; the resident's admission date was 3-19-15.)

Appropriateness of Placement

- No concerns were noted.

Personnel Records

- No concerns were noted.

Housekeeping, Maintenance, Furnishings

- The kitchen window blinds had broken slats.
- In the dining room, the ceiling light fixture needed a new light bulb.
- In the television room one of the ceiling light fixtures did not work. (Staff stated there was no light switch which turned on the light.)
- In bedroom number #3, the bathroom door needed a door stopper. (There was a hole in the wall that aligned with the door knob.)
- In bedroom number #2, the light switch on the wall needed to be flush against the wall, one vent did not work, another vent did not have a cover, and the light bulb in the bathroom needed a new bulb.

- In one bathroom near the dining room, the ring around the shower head needed to be reinforced, and made flush against the wall.
- At the back of the property the deck's railings were not secured.

Additional Recommendations

- No additional Recommendations.

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.