

Team Advocacy Inspection for February 14, 2018
Dowdy's Community Care Home #2
Inspection conducted by Toni Etheridge, P&A Team Advocate,
and Clarissa Guerrero, Volunteer



Photo Date 2-14-18

Facility Information

Dowdy's Community Care Home # 2 is located in Richland County at 4609 Arlington Street, Columbia, South Carolina 29203-4143. Team arrived at the facility at 12:55 PM and exited the facility at 3:00 PM. The administrator, Frank Dowdy, was present during the inspection. The facility is licensed for 9 beds. The census was 9 with 9 residents present on the day of Team's inspection. The DHEC license had an expiration date of 8-31-18. The posted administrator's license had an expired date of 6-30-17.

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 lunch. The meal was chicken, rice, peaches and water. Team conducted an exit interview with the administrator. The facility had a written emergency plan to evacuate to Capital City Church, 4600 Monticello Road, Columbia, South Carolina 29203.

Report Summary

The facility's most recent annual TB risk assessment was dated 10-6-2014. The hot water in the kitchen did not meet the required temperature of 120°Fahrenheit. One of the residents' bathrooms near the dining room had water on the floor near the commode, a sagging, cracked ceiling, tile separating from the wall, and the bathroom cabinet needed repairs. In the television room there was a dead palmetto bug on the carpet.

One resident's admission TB test was not available to review. (The administrator stated he would fax a copy of this record to Team. As of the date of this report, Team has not received the document.) The

administrator's license had an expiration date of 6-30-17. (The license posted in the facility was under the name of Annie Dowdy. Frank Dowdy showed Team his administrator's license which was current.)

Two residents wanted to move. Another resident felt there was a lack of privacy when talking on the phone, (the phone is located in the kitchen), and one resident stated there are no recreational activities offered at the facility.

One resident's medication administration record dated February 14, 2018, had a staff member's signature on the line next to the prescription for Invega Sustenna (an inject syringe) but staff stated this medication had not been administered to the resident. One resident's medication administration record listed a prescription for Tamsulosin HCL 64 mg. but the prescription on the medication bottle in the cart called for Tamsulosin HCL 0.4 mg. (Staff corrected the MAR to read 0.4 mg. while Team was present.)

The facility's posted menu was not current for the week of February 12 -16, 2018. (Staff stated there was a written menu, they had simply not posted it.) One resident's most recent physical exam was dated 8-13-16. Two residents' personal needs allowance ledgers had incorrect entry dates for the month of February 2018. The entries were each dated 1-5-18, the date should have been 2-5-18; the previous month's entry was dated 1-4-18. (The administrator corrected the dates while Team was there.)

In the kitchen, the door near the laundry room had a missing panel on top and one bulb needed to be replaced in the **ceiling light** fixture. In the dining-room, there was a broken mirror. In the hall bathroom, the light was missing a cover. One of the screens on a door on the outside of the facility needed repairs.

Outside, the wooden handrail had exposed nail heads and the side of the facility had large char marks on it. At the front of the property near the mailbox were two huge holes, one was to the left of the mailbox, the other on the right. There were several over-sized tin cans lining the front fence and near the screened-in porch.

Areas of Commendation

- The administrator and staff were courteous and professional.
- The staff responded promptly to inspection requests.
- Staff's annual in-service training, CPR and First Aid were documented and current.
- SLED background checks on the staff were documented.
- The facility's fire extinguishers were inspected.
- The tag on the facility's fire extinguishers was initialed by staff on a monthly basis.
- The facility's fire drills were documented.
- The evacuation routes were posted.
- The facility was adequately furnished.
- The kitchen area was organized.
- The foods were appropriately stored and there was an adequate supply available.
- The dining area had enough seats for the residents.

- The facility's backyard space was large and organized.
- The residents were able to access all living areas of the facility.
- The residence had adequate staff to meet the needs of the residents.
- The residence was free of strong, offensive odors, and well ventilated.
- The facility's room temperatures were comfortable.
- Three residents knew where to locate the emergency contact numbers.
- Three residents liked living in the facility.
- Three residents enjoyed the meals, and the extra servings.
- Three residents felt safe in the facility and liked their bedrooms.

Areas Needing Improvement

Health/Safety

- The facility's most recent annual TB risk assessment was dated 10-6-2014.
- The hot water in the kitchen did not meet the required temperature of 120°Fahrenheit.
- One of the residents' bathrooms near the dining room had water on the floor near the commode, a sagging, cracked ceiling, tile separating from the wall, and the bathroom cabinet needed repairs.
- In the television room, there was a dead palmetto bug on the carpet.
- One resident's admission TB test was not available to review. (The administrator stated he would fax a copy of this record to Team. As of the date of this report, Team has not received the document.

Supervision & Administrator

- The administrator's license had an expiration date of 6-30-17. (The license in the facility was listed under the name of Annie Dowdy. Frank Dowdy showed Team his administrator's license and it was current.)

Residents' Rights

- Two residents wanted to move.
- One resident felt there was a lack of privacy when talking on the phone. (The phone is in the kitchen.)

Recreation

- One resident stated there are no recreational activities offered in the facility.

Residents' Activities of Daily Living (ADLs)

- No concerns were noted.

Medication Storage and Administration

- One resident's medication administration record dated February 14, 2018, had a staff member's signature on the line next to the prescription for Invega Sustenna (an inject syringe) but staff stated this medication had not been administered to the resident.
- One resident's medication administration record listed a prescription for Tamsulosin HCL 64 mg. but the medication bottle in the cart called for Tamsulosin HCL 0.4 mg. (Staff corrected the MAR to read 0.4 mg. while team was present.)

Meals & Food Storage

- The facility's posted menu was not current for the week of February 12-16, 2018. (Staff stated there was a written menu, it had not been posted.)

Resident Records

- One resident's most recent physical exam was dated 8-13-16.

Resident Personal Needs Allowances

- Two residents' personal needs allowance ledgers had incorrect entry dates for the month of February 2018. The entries were each dated 1-5-18, the date should have been 2-5-18, because the previous month's entry was dated 1-4-18. (The administrator corrected the dates while Team was there.)

Appropriateness of Placement

- No concerns were noted.

Personnel Records

- No concerns were noted.

Housekeeping, Maintenance, Furnishings

- In the kitchen, the door near the laundry room had a missing the top panel.
- In the kitchen, one bulb was needed to be replace in the in the ceiling light fixture
- In the dining-room, there was a broken mirror.
- In the hall bathroom, a light was missing a cover.
- One of the screens on a door on the outside of the facility needed repairs.
- At another exterior door, the weathered, wooden hand-rail had exposed nail heads, and there were charred marks on the side of the facility.
- At the front of the property near the mailbox were two huge holes, one was to the left of the mailbox, the other on the right.

- There were several over-sized tin cans that lined the front fence and some were near the screened-in porch.

Additional Recommendations

- Designate an outdoor space where smokers can use a smoker's ashtray and stand. This may reduce the use of the over-sized tin cans that lined the front fence, and porch.

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.