

## **Team Advocacy Inspection for November 9, 2015**

### **Emerald Residential Care Facility I**

**Inspection conducted by Nicole Davis, P&A Team Advocate, and Amanda Read, Volunteer**

#### **Facility Information**

Emerald Residential Care Facility I is located in Lee County at 2244 Browntown Road, Bishopville, SC 29010-9664. Team arrived at the facility at 10:52 AM and exited the facility at 1:11 PM. The administrator was not present for the inspection. The facility is operated by Santee-Wateree Mental Health Center. There was one staff member present when Team arrived, another arrived soon after. The facility is licensed for five beds. The census was five with four residents being present on the day of Team's inspection. The DHEC license had an expiration date of April 30, 2016. An administrator's license was current and posted. The facility had a written emergency plan to evacuate to Hill Community Residential Care Facility, 1529 Dixon Road, Elgin, SC 29045.

#### **Overview of Visit**

During Team's visit we interviewed three residents; talked to residents and staff; reviewed three resident records, medications and medication administration records; and toured the facility. Lunch consisted of sausage with gravy, rice, corn and kool-aid. A current menu was posted. Team conducted an exit interview with the staff.

#### **Report Summary**

The most recent electrical inspection was dated 6/14/14. The most recent HVAC inspection was dated 11/6/14. The fire extinguisher in the kitchen was last monitored 9/1/15. The posted calendar was dated October. One resident reported needing eyeglasses. One resident reported needing a dental exam. One resident reported needing cold weather clothing. Resident C had a prescription for Furosemide 80 mg tablet, take one tablet by mouth twice a day. The MAR had not been signed for the 8am administration on the day of Team's inspection. Resident C also had a prescription for Divalproex SOD ER 500 mg, take two tablets by mouth at bedtime. The MAR was pre-signed for the 8pm administration on the day of Team's inspection. Resident records reviewed authorized the facility to manage their funds; there was only one personal funds ledger available for review. Staff reported one resident managed her own funds. Staff records reviewed did not include documentation of CPR training. The staff responsible for the activities calendar did not have documentation of any training. SLED checks were not available for review. The cushion of one dining room chair was coming apart.

#### **Areas of Commendation**

- The facility contained a television, wall hangings, comfortable chairs and a screened back porch. The yard was well maintained.

- The facility was clean and free of odors or pests.
- Team observed a good rapport between residents and staff.
- Residents reported feeling safe and being treated with respect.
- Team observed residents coming and going as they pleased.
- There was an adequate supply of food present. Food was properly stored and labeled.
- One resident reported the facility provides accommodations for the resident's religious practice.
- The water temperatures were in the appropriate ranges.
- A current TB risk assessment was available for review.
- Emergency evacuation routes were posted throughout the facility.
- Emergency drills were completed monthly, on different shifts.
- Individual care plans were current and updated as needed.
- Observation notes were completed daily.

## **Areas Needing Improvement**

### **Health/Safety**

- The most recent electrical inspection was dated 6/14/14.
- The most recent HVAC inspection was dated 11/6/14.
- The fire extinguisher in the kitchen was last monitored 9/1/15.

### **Supervision & Administrator**

- No concerns noted.

### **Residents' Rights**

- No concerns noted.

### **Recreation**

- Residents would like to do more in the community.
- The posted calendar was dated October.

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

- One resident reported needing eyeglasses.
- One resident reported needing a dental exam.
- One resident reported needing cold weather clothing.

### **Medication Storage and Administration**

- Resident C had a prescription for Furosemide 80 mg tablet, take one tablet by mouth twice a day. The MAR had not been signed for the 8am administration on the day of Team's inspection.

- Resident C also had a prescription for Divalproex SOD ER 500 mg, take two tablets by mouth at bedtime. The MAR was pre-signed for the 8pm administration on the day of Team's inspection.

### **Meals & Food Storage**

- No concerns noted.

### **Resident Records**

- No concerns noted.

### **Resident Personal Needs Allowances**

- Resident records reviewed authorized the facility to manage their funds; there was only one personal funds ledger available for review. Staff reported one resident managed her own funds.

### **Appropriateness of Placement**

- No concerns noted.

### **Personnel Records**

- Staff records reviewed did not include documentation of CPR training. [Note: Staff reported they were waiting for a training date; several had been cancelled throughout the year.]
- The staff responsible for the activities calendar did not have documentation of any training. [Note: Staff reported he was actively searching for a training to attend.]
- SLED checks were not available for review.

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

- The cushion of one dining room chair was falling apart.

### **Additional Recommendations**

- Three residents would like to move.
- Two residents would like to work.

**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.