

Team Advocacy Inspection for January 9, 2018
Gracelynn Residential Care Facility
Inspection conducted by Toni Etheridge, P&A Team Advocate; Antwoine Williams,
Volunteer; and Synolta Morris, Volunteer



Photo Date 1-9-18

Service Provider Information

Gracelynn Residential Care Facility is located in Aiken County at 203 Jewel Street North, New Ellenton, South Carolina 29809-2942. Team arrived at the facility at 11:00 AM and exited the facility at 2:03 PM. The administrator, Montavia Simmons, was present during the inspection. There was 1 staff member present when Team arrived. The facility is licensed for 5 beds. The census was 5 with 4 residents present on the day of Team's inspection; one resident was at a workshop. The DHEC license had an expiration date of 11-30-18. The administrator's license had an expiration date of 3-11-18. The facility had a written emergency plan to evacuate to Azalea Woods Nursing Home at 123 DuPont Drive, Aiken, South Carolina 29801.

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. The administrator, Montavia Simmons, and staff were present. The posted lunch menu had chicken salad, toast, and fruit cocktail. The served lunch was hot-dogs, chicken nuggets, french fries and soda. A substitute menu was not posted. Team conducted an exit interview with the administrator.

Report Summary

During Team's inspection, the kitchen water temperature tested low, 116° Fahrenheit at the dish washing station, and the sanitizing station the water tested low, 117° Fahrenheit. The smoke alarm chirped continuously, and nine bottles of bleach were stored unsecured in the kitchen. In the dining-room, the emergency exit sign did not have a light bulb. In the back of facility, near the bedrooms, the linoleum was not tacked down securely. The facility's fire extinguishers were not routinely checked by staff. The hand-rails on the back-end exterior of the facility were loose. The facility's evacuation routes were not posted in conspicuous locations throughout the facility, as established in DHEC'S 2015 Standards for Licensing Community Residential Care Facilities.

The administrator stated that, on 12/20/17, one resident was given Vimpat (100mg.) medication that was prescribed for another resident. The administrator was advised by the pharmacy to observe the resident for 24 hours. The written emergency plan did not have agreement signatures as established in DHEC'S 2015 Standards.

Residents A, B and C wanted to move. One resident wanted new shoes, in-season clothes, and a haircut. Another resident also wanted shoes, in-season clothes, and a haircut. One resident complained being locked out of the facility.

One resident stated the daily recreation was play games, bingo, watch television and sleep. Another resident stated the daily recreation was watch television, walk and smoke cigarettes, and a third resident stated the daily recreation was smoke, play games, and go for a walk.

One resident's medication administration record dated 1/9/18, for the Terazosin medication, had a staff signature for 8 PM. Team Advocacy conducted an inspection from 11:00 AM to 2:03 PM. A second resident's medication administration record dated 1/9/18, for the Latanoprost medication, had a staff signature for 8 PM. A third resident's medication administration record for Levetricetam's written order in the MAR read 750mg., the medication packet was labeled 75mg. Another resident's medication administration record for Magnesium Oxide's written order in the MAR read 400mg., the bottle was labeled 420mg. One resident stated that medication had been lost, and complained about how the medication was stored.

The main entrance door had a towel used as weather stripping. In the kitchen, a light bulb was out. In the living-room, the vent had rust stains and was dirty. In bedroom #3, a closet door knob was needed. In the bathroom near bedroom #4, the shower head was not secured. In the bathroom near bedroom #5, the shower head was not secured and the ceiling vent was dirty. The back exterior of the facility had a large wasp nest attached to one window.

Areas of Commendation

- The administrator was professional and polite.
- The administrator responded promptly to inspection requests.
- The TB risk assessment for the facility was current.
- The annual inspection of the facility's fire extinguishers was current.
- The Laundry room was secured.
- Residents are able to access all living areas.
- Staff in-service records for the on-duty staff member was current.
- The facility was adequately and appropriately furnished.
- Two residents felt safe in the facility.
- Two residents liked living in the facility.
- The posted activity board was current.

Areas Needing Improvement

Health/Safety

- The kitchen water temperature tested low, 116° Fahrenheit at the dish washing station.
- The kitchen water temperature tested low, 117° Fahrenheit at the sanitizing station.
- The smoke detector chirped.
- Nine bottles of bleach were stored unsecured in the kitchen.
- In the dining-room, the emergency exit sign did not have a bulb.
- In the back of facility, near the bedrooms, the linoleum was not tacked down securely.
- The facility's fire extinguishers were not routinely checked and initialed by staff.
- The hand-rails on back-end exterior of the facility were loose.
- The facility's evacuation routes were not posted in conspicuous locations throughout the facility, as established in DHEC'S 2015 Standards for Licensing Community Residential Care Facilities.

Supervision & Administrator

- The administrator stated that, on 12/20/17, one resident was given Vimpat (100mg.) medication that was prescribed for another resident. The administrator was advised by the pharmacy to observe the resident for 24 hours.
- The written emergency plan did not have agreement signatures as established in DHEC'S 2015 Standards.

Residents' Rights

- Residents A, B and C wanted to move.
- One resident wanted new shoes, in-season clothes, and a haircut.
- A second resident wanted shoes, in-season clothes, and a haircut.
- One resident complained being locked out of the facility.

Recreation

- One resident stated the daily recreation was play games, bingo, watch television and sleep.
- One resident stated the daily recreation was watch television, walk and smoke cigarettes.
- One resident stated the daily recreation was smoke, play games, and go for a walk.

Residents' Activities of Daily Living (ADLs)

- No concerns were noted.

Medication Storage and Administration

- One resident's medication administration record dated 1/9/18, for the Terazosin medication, had staff signature for 8 PM.
- A second resident's medication administration record dated 1/9/18, for the Latanoprost medication, had staff signature for 8 PM.
- A third resident's medication administration record for Levetricetam's written order in the MAR read 750mg., the medication packet was labeled 75mg.
- Another resident's medication administration record for Magnesium Oxide's written order in the MAR read 400mg., the bottle was labeled 420mg.
- One resident stated that medication had been lost, and complained about how the medication was stored.

Meals & Food Storage

- No concerns were noted.

Resident Records

- No concerns were noted.

Resident Personal Needs Allowances

- No concerns were noted.

Appropriateness of Placement

- No concerns were noted.

Personnel Records

- No concerns were noted.

Housekeeping, Maintenance, Furnishings

- The main entrance door had a towel used as weather stripping.
- In the kitchen, a light bulb was out.
- In the living-room, the vent had rust stains and was dirty.
- In bedroom #3, a closet door knob was needed.

- In the bathroom, near bedroom #4 the shower head was not secured.
- In the bathroom, near bedroom #5 the shower head was not secured, and the ceiling vent was dirty.
- The back exterior of the facility had a large wasp nest attached to one window.

Additional Comment

- Develop an effective and stress-free way to communicate to residents. One resident complained that the staff argues with residents.

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.