

**Team Advocacy Inspection for March 6, 2018**  
**Joanne's Community Care Home**  
**Inspection conducted by Toni Etheridge, P&A Team Advocate,**  
**and Jimmy Adams, Volunteer**



Photo Date 3-6-18

### **Facility Information**

Joanne's Community Care Home II is located in Richland County at 756 Farrowood Drive, Columbia, South Carolina 29223-7801. Team arrived at the facility at 9:30 AM and exited the facility at 11:58 AM. The administrator, Joanne Caldwell, was not present during the inspection. There was 1 staff member present when Team arrived. The assistant administrator arrived at 9:39 AM. The facility is licensed for 9 beds. The census was 7 with 7 residents present on the day of Team's inspection. The DHEC license had an expiration date of 3-31-18. 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 substitute lunch preparation. The lunch was chicken corn chowder, ham and cheese melt, cauliflower florets, fig newtons, tea, and water. A substitute menu had not been posted. Team conducted an exit interview with staff. The facility had a written emergency plan to evacuate to Joanne's Community Care Home #1 located at 5048 Percival Road, Columbia, South Carolina 29045-9156.

### **Report Summary**

In the kitchen, the hot water tested at 115°, which did not meet DHEC'S required

temperature of 120°. A can of jellied cranberry sauce had a Best Used by Date of January 2018. (Staff removed the can and threw it out.) In the television room, the ceiling light fixture did not work. (Staff stated an electrician was contacted on March 5, 2018.) One of the smaller fire extinguishers needed to be recharged. (It was not in the green.)

The posted activity calendar was dated February 2018. Two residents reported they spend their day playing cards and watching television. One resident's medication administration record called for an injection pen for 22units, but the actual label on the pen had 16 units. (Staff made a notation on the pen's label to address the discrepancy. New change order labels were on order.) Three residents wanted to move into an independent setting. One resident did not like living in the facility.

One resident's medication pill had separated from its packaging. (Staff stated the facility will identify the medication, replace the one pill, and not charge the resident.) A substitute menu had not been posted prior to Team's arrival. One resident was sweeping the television room. Team did not see a written order in the resident's file.

In the hall bathroom, the wood border at the base of the vanity was not secured, and the panel behind the commode was not secured. In the half bath of room #3, there was chipped paint on the ceiling.

### **Areas of Commendation**

- The staff were polite and professional.
- The staff responded promptly to inspection requests.
- The facility's annual HVAC and fire alarm inspections were current.
- DHEC inspections were posted for review.
- The facility's annual inspection of the fire extinguishers was current.
- The card tags on the fire extinguishers were checked on a monthly basis and initialed by staff.
- Fire drills were documented.
- The evacuation routes were posted.
- The facility's annual TB risk assessment was current.
- Staff members' in-service training was documented.
- Staff members' SLED background checks were documented.
- The food was properly stored, and there was enough food available.
- 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 were enough trained staff members to meet the needs of the residents.
- There was a trained staff member responsible for recreational activities.
- All medications were kept in a secured location.
- All residents had a photograph on file.
- Individual Care Plans were signed by the residents.
- Individual Personal Funds Ledgers were signed by the residents.
- Adaptive equipment was available and in good condition.
- Documentation of incidents and accidents was available for review.
- Residents have access to a phone in a private location.
- The facility's room temperatures were comfortable.
- The facility had a secondary written emergency plan.
- The residents were able to access all living areas of the facility.
- The facility's lawn was landscaped.
- Two residents knew where to locate the emergency contact numbers.
- Two residents liked living in the facility, and three residents felt safe.
- Three residents liked the food, the extra servings and the snacks.

## **Areas Needing Improvement**

### **Health/Safety**

- In the kitchen, the hot water tested at 115°, which did not meet DHEC'S required temperature of 120°.
- A can of jellied cranberry sauce had a Best Used by Date of January 2018. (Staff removed the can and threw it out.)
- In the television room, the ceiling light fixture did not work. (Staff stated an electrician was contacted on March 5, 2018.)
- One of the smaller fire extinguishers needed to be recharged. (It was not in the green.)

### **Supervision & Administrator**

- No concerns were noted.

### **Residents' Rights**

- Three residents wanted to move into an independent setting.
- One resident did not like living in the facility.

### **Recreation**

- The posted activity calendar was dated February 2018.
- Two residents reported they spend their day playing cards and watching television.

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

- No concerns were noted.

### **Medication Storage and Administration**

- One resident's medication administration record called for an injection pen (22units), but the actual label on the pen had 16 units written. (Staff had a notation on the pen's label to address the discrepancy. New change order labels were on order.)
- One resident's medication pill had separated from its packaging. (Staff stated the facility will identify the medication, replace the one pill, and not charge the resident.)

### **Meals & Food Storage read**

- A substitute menu had not been posted prior to Team's arrival.

### **Resident Records**

- One resident was sweeping the television room. Team did not see a written order in the resident's file.

### **Resident Personal Needs Allowances**

- No concerns were noted.

### **Appropriateness of Placement**

- No concerns were noted.

### **Personnel Records**

- No concerns were noted.

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

- In the hall bathroom, the wood border at the base of the vanity was not secured.
- In the hall bathroom, the wall panel behind the commode was not secured.
- In the half bath of room #3, there was chipped paint on the ceiling.

### **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.