

Team Advocacy Inspection for December 21, 2017
Inspection conducted by Toni Etheridge, P&A Team Advocate, and Antwoine Williams,
Volunteer



Photo Date 12/21/17

Service Provider Information

Lemonaide House is in Richland County and is located at 1018 Crystal Clear Lane, Hopkins, South Carolina 29061-8237. Team arrived at the facility at 9:53 AM and exited the facility at 1:37 PM. The administrator, Lula Etheridge, was not present during the inspection. There were 3 staff members present when Team arrived. The facility is licensed for 15 beds. The census was 13 with 13 residents present on the day of Team’s inspection. The DHEC license had an expiration date of 5-31-18. The administrator’s license had an expiration date of 6-30-18. The facility had a written emergency plan to evacuate to Addison’s Community Care Home, 4013 Percival Road, Columbia, South Carolina 29229.

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. Lunch consisted of hot dogs, chili beans, vegetables, chips, Kool-aid and water. A substitute menu was not posted where residents could see it. Team conducted an exit interview with the lead volunteer member.

Report Summary

During Team’s inspection, the administrator, Lula Etheridge called in. The administrator stated the lead volunteer would provide the requested inspection documents. The kitchen water temperature tested at 138° Fahrenheit. One can of Bush’s baked beans had a stamped April 2016 best used by date. (Lead volunteer threw out the can). In one of the residents’ bathrooms, the water tested at 121° Fahrenheit. In one of the residents’ shower areas near the larger pantry, mildew and rust covered the ceiling and the doorway. In bedroom number 4, one of the emergency exit lights did not work. The facility’s temperatures were inconsistent and not maintained between 72° - 78° as established in the DHEC 2015 Standards for Licensing

Community Residential Care Facilities. In two different areas of the facility, live croton bugs had been seen. (In the activity room and in a resident's room).

Residents A, B and C did not know where the emergency contact numbers were located in the facility. Resident C had had a stroke and was concerned about staff's ability to respond timely if the incident happened again. Two residents were concerned about safety and mistreatment by staff members. (During the inspection, Team did not observe obvious signs of mistreatment or immediate concerns for the residents' safety). In bedroom number 4, resident's bed sheets were stained.

Resident A wanted to move and live independently. The resident stated the administrator and staff did not treat residents with respect, and complained other residents had been abused. Resident A did not have anyone to talk to, did not trust staff, complained about food theft by staff, and did not get to come and go as wanted. The resident also stated food is good but did not get enough, did not get a monthly allowance, and wanted to do more in the community. Resident A wanted new clothes for church. (Resident stated these concerns had been reported to an assistant manager).

Resident C did not feel safe and wanted to move and live independently, stated administrator and staff did not treat residents with respect. Resident C had complained about not getting a vegetarian diet. (Resident C's most recent physical examination was dated 6-26-17. The prescribed diet was regular not vegetarian). Resident C complained about the lack of privacy of personal space, and felt crowded.

The residents' activity calendar did not have clear written descriptions about the types of weekly activities offered. Resident A needed assistance with getting in and out of the shower.

On December 16, 2017, resident B's medication did not have staff's electronic signature for the administration of risperidone medication. The lead volunteer stated the medication had been administered to the resident on December 16th. The on-duty staff member did not scan the MAR and the electronic signature had not posted.

The deliverer of the canned food items needed to provide a reference-user guide for staff to determine the stamped shelf life of the canned items. The stamped numeration on the canned items were different from the typically seen best if used by date or an expiration date. It was not in an ascending numeric or calendar sequence. The lead volunteer was shown the stamped numeration and was not able to determine with accuracy the stamped numeration. (The volunteer or the administrator will contact the deliverer and ask them to clarify the stamped numeration on the canned items).

Resident A's most recent Individual Care Plan was not available for review, and resident's TB admission test was not available for review. Resident C's most recent Individual Care Plan was not available for review. Resident A did not get a monthly allowance. (Resident A's monthly allowance was handled by family members according to the lead volunteer).

One staff member's in-service training was not current. (Lead volunteer stated the staff member will be scheduled for the next in-service training to update service credentials. The next in-service training date was not confirmed).

In the main entrance hallway, one hand-rail was loose. In the kitchen, the faucets were not secured, the ceiling had rust stains, and the light near the smaller pantry did not work. Bedroom number 4 had an offensive odor, the carpet needed to be deep cleaned. In bedroom number 4 the ceiling light fixture and window blinds needed to be dusted. In the bathroom near the larger pantry, the toilet needed to be cleaned and the baseboards needed to be repaired to close the large holes. The men's bathroom, near the activity room had an offensive urine smell. (Staff had mopped the bathroom and the urine smell still lingered in the restroom). In the back of the facility's exterior, underneath one window the panel siding needed to be repaired, and near the smaller shed, one of the locks was unsecured. In the front yard near the larger shed, two old weathered wooden ladders needed to be removed from the property.

Areas of Commendation

- Lead volunteer and staff were professional and polite.
- Lead volunteer and staff responded promptly to all inspection requests.
- A current TB risk assessment for the facility was current.
- The facility's heating and air documents were reviewed and current.
- The facility's fire prevention, fire extinguishers and emergency inspections were reviewed and current.
- The facility's evacuation routes were posted in a conspicuous location in the facility.
- The Laundry room was secured.
- The facility's dining area had enough tables and chairs for the residents.
- The facility had a home-like feel.
- Residents' art work hung on the walls.
- One resident stated, they loved living at the facility, felt safe, liked the staff, and the food is very good.
- Two residents had received second helpings of food.
- Residents were able to access all living areas of the facility.
- There were enough perishable and non-perishable food items available.
- The front exterior ramp was secured.

Areas Needing Improvement

Health/Safety

- The kitchen water temperature tested at 138° Fahrenheit.
- One can of Bush's baked beans had a stamped April 2016 best used by date. (The lead volunteer threw out the can).
- In one of the residents' bathrooms, the water tested at 121° Fahrenheit.
- In one of the residents' shower areas near the larger pantry, mildew and rust covered the ceiling and the doorway.
- In bedroom number 4, one of the emergency exit lights did not work.

- The facility's temperatures were inconsistent and not maintained between 72° - 78° as established in the DHEC 2015 Standards for Licensing Community Residential Care Facilities.
- In two different areas of the facility, live croton bugs had been seen. (In the activity room and one in a resident's room).
- Residents A, B and C did not know where the emergency contact numbers were located in the facility.
- Resident C had had a stroke and felt concerned about staffs' ability to respond timely if the incident happened again.

Supervision & Administrator

- Two residents were concerned about safety and mistreatment by staff members. (During the inspection, Team did not observe signs of mistreatment or immediate concerns for the residents' safety).

Residents' Rights

- In bedroom number 4, resident's bed sheets were stained.
- Resident A wanted to move and live independently. The resident stated the administrator and staff did not treat residents with respect, and complained other residents had been abused. Resident A did not have anyone to talk to, did not trust staff, complained about food theft by staff, and did not get to come and go as wanted. The resident also stated food is good but did not get enough, did not get a monthly allowance, and wanted to do more in the community. Resident A stated they wanted new clothes for church. (Resident reported these concerns to an assistant manager).
- Resident C did not feel safe and wanted to move and live independently, stated administrator and staff did not treat residents with respect. Resident C complained about not getting a vegetarian diet. (The most recent physical examination dated 6-26-17. The prescribed diet is regular not vegetarian). Resident C also complained about the lack of privacy of personal space, and felt crowded.

Recreation

- The residents' activity calendar did not have clear written descriptions about the types of weekly activities offered.

Residents' Activities of Daily Living (ADLs)

- Resident A needed assistance with getting in and out of the shower.

Medication Storage and Administration

- On December 16, 2017, resident B's medication did not have staff's electronic signature for the risperidone medication administration. Lead volunteer stated the medication had been administered

to the resident on December 16th. The on-duty staff member did not scan the MAR and the electronic signature had not posted.

Meals & Food Storage

- The deliverer of the canned food items needed to provide a reference-user guide for staff to determine the stamped shelf life of the canned items. The stamped numeration was different from the typically seen best used by date or an expiration date. It was not in an ascending numeric or calendar sequence. The lead volunteer was shown the stamped numeration and was not able to determine with accuracy the stamped numeration. (The volunteer or the administrator will contact the deliverer and ask them to clarify the stamped numeration on the canned items).

Resident Records

- Resident A's most recent Individual Care Plan was not available for review, and resident's TB admission test was not available for review.
- Resident C's most recent Individual Care Plan was not available for review.

Resident Personal Needs Allowances

- Resident A stated no monthly allowance had been received. (Resident A's monthly allowance was handled by family members, according to the volunteer).

Appropriateness of Placement

- No concerns were noted.

Personnel Records

- One staff member's in-service training was not current. (The lead volunteer stated the staff member will be scheduled for the next in-service training to update service credentials. The next in-service training date was not confirmed).

Housekeeping, Maintenance, Furnishings

- In the main entrance hallway, one hand-rail was loose.
- In the kitchen, the faucets were not secured.
- In the kitchen, the ceiling had rust stains, and the light near the smaller pantry did not work.
- Bedroom number 4 had an offensive odor, the carpet needed to be deep cleaned.
- In bedroom number 4 the ceiling light fixture and window blinds needed to be dusted.
- In the bathroom near the larger pantry, the toilet needed to be cleaned and the baseboards needed to be repaired to close the large holes.
- The men's bathroom, near the activity room had an offensive urine smell. (Staff had mopped the bathroom and the urine smell still lingered in the restroom).

- In the back of the facility's exterior, underneath one window the panel siding needed to be repaired, and near the smaller shed one of the locks was unsecured.
- In the front yard near the larger shed, two old weathered wooden ladders needed to be removed from the property.

Additional Recommendations

- Emergency contact numbers for poison control, ambulance service, fire and police departments needed to be posted in a conspicuous location in the facility as established in the DHEC 2015 Standards for Licensing Community Residential Care Facilities.
- Documentation on accident-incident reports and other staff observations needed entry dates. If no incidents occurred, a brief notation would resolve inquiries about the absence of notations, eliminating assumptions of staff oversight.

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.