

## **Team Advocacy Inspection for June 20, 2017**

### **Riley's Residential Care Home**

**Inspection conducted by Nicole Davis, P&A Team Advocate, and Kristy Caldwell, Volunteer**

#### **Facility Information**

Riley's Residential Care Home is located in Chester County at 2327 Brian Christopher Road, Great Falls, SC 29055-8844. Team arrived at the facility at 9:51 AM and exited the facility at 12:42 PM. The administrator, Beverly Goode-Riley, was not present for the inspection but was available via telephone. The facility is operated by Beverly Goode-Riley. There were two staff members present when Team arrived. The facility is licensed for 10 beds. The census was 10 with 8 residents being present on the day of Team's inspection. The DHEC license had an expiration date of October 31, 2017. An administrator's license was current and posted. The facility had a written emergency plan to evacuate to First Baptist Church, 606 Dearborn Street, Great Falls, SC 29055.

#### **Overview of Visit**

During Team's visit we interviewed three residents; talked to residents and staff; reviewed three residents' records, medications and medication administration records; and toured the facility. Team did not observe lunch. A current menu was not posted. Team conducted an exit interview with the staff.

#### **Report Summary**

The emergency evacuation light did not illuminate when tested. Residents would like to do more in the community. One resident would like to volunteer. The calendar was only made out to June 20, 2017 and did not include the time or location of the activities. Staff reported they were instructed to complete the calendar as the activities occurred instead of a month in advance like they previously did. One resident reported needing eyeglasses. One resident reported needing dentures. One resident reported needing a dental exam. Resident C had a prescription for Tramadol HCL 50 mcg tablet, take one tablet by mouth every 8 hours as needed for pain. The medication was not available. The prescription was dated 1/6/17 and received upon discharge from the hospital. The facility faxed a copy of the prescription to the pharmacy on 1/9/17; the prescription was not filled. Staff reported she was instructed to mail the prescription to the pharmacy due to the medication being a controlled substance; the prescription was never mailed. Staff reported the resident did not want to take the medication. Foods in the refrigerator were not properly labeled. A current menu was not posted. An open salad dressing bottle was in the pantry although the label read "refrigerate after opening". Resident A's most recent monthly observation note was dated 10/2/16. Resident B's most recent physical examination had "no" checked on whether the person could be cared for at the facility. Staff reported it was an error and would be corrected. Resident C's most recent individual care plan was dated 12/12/16 and was not signed by a representative from the facility. Resident A and Resident B's most recent quarterly financial report was dated 11/4/16. Resident C's most recent quarterly financial report was dated 9/2/16. The

railing on the ramp was loose. Floor tiles in the living room and laundry room were loose. Soap was not available in either bathroom. The female bathroom did not have a hand drying device available. The sink in the female bathroom was clogged and not secured to the wall. The hot water handle and the inside door knob had pieces broken off exposing sharp edges. In the male bathroom, the flooring near the vent was lifting. In one bedroom, the floor vent was not secured. DHEC inspections were not available for review.

### **Areas of Commendation**

- Resident rooms were clean.
- Team observed residents coming and going as they pleased.
- Residents reported recreational activities occurring at the facility.
- Staff was helpful during the inspection.
- Residents appeared to have a good rapport with the staff.
- The facility was kept at a comfortable temperature.
- Water temperatures were in the appropriate range.
- There was an adequate supply of food present.
- A current TB risk assessment was available for review.
- Annual HVAC and fire alarm inspections were current.
- Current First Aid/CPR training documentation was present. SLED checks were completed.
- Emergency evacuation routes were posted throughout the facility. Fire drills were completed monthly.

### **Areas Needing Improvement**

#### **Health/Safety**

- The emergency evacuation light did not illuminate when tested.

#### **Supervision & Administrator**

- DHEC inspections were not available for review.

#### **Residents' Rights**

- No concerns noted.

#### **Recreation**

- Residents would like to do more in the community. One resident would like to volunteer.
- The calendar was only made out to June 20, 2017 and did not include the time or location of the activities. Staff reported they were instructed to complete the calendar as the activities occurred instead of a month in advance like they previously did.

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

- One resident reported needing eyeglasses.
- One resident reported needing dentures.
- One resident reported needing a dental exam.

### **Medication Storage and Administration**

- Resident C had a prescription for Tramadol HCL 50 mcg tablet, take one tablet by mouth every 8 hours as needed for pain. The medication was not available. The prescription was dated 1/6/17 and received upon discharge from the hospital. The facility faxed a copy of the prescription to the pharmacy on 1/9/17; the prescription was not filled. Staff reported she was instructed to mail the prescription to the pharmacy due to the medication being a controlled substance; the prescription was never mailed. Staff reported the resident did not want to take the medication.

### **Meals & Food Storage**

- Foods in the refrigerator were not properly labeled. [Note: Staff immediately discarded the items.]
- A current menu was not posted.
- An open salad dressing bottle was in the pantry although the label read “refrigerate after opening”. [Note: Staff immediately discarded the bottle.]

### **Resident Records**

- Resident A’s most recent monthly observation note was dated 10/2/16.
- Resident B’s most recent physical examination had “no” checked on whether the person could be cared for at the facility. Staff reported it was an error and would be corrected.
- Resident C’s most recent individual care plan was dated 12/12/16 and was not signed by a representative from the facility. [Note: Staff reported she was scheduled to update the care plan on the day of Team’s inspection.]

### **Resident Personal Needs Allowances**

- Resident A and Resident B’s most recent quarterly financial report was dated 11/4/16.
- Resident C’s most recent quarterly financial report was dated 9/2/16.

### **Appropriateness of Placement**

- No concerns noted.

### **Personnel Records**

- No concerns noted.

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

- The railing on the ramp was loose.

- Floor tiles in the living room and laundry room were loose. [Note: Staff reported the flooring was in the process of being replaced.]
- Soap was not available in either bathroom. [Note: Staff reported it was kept in the kitchen until needed due to residents stealing the soap.]
- The female bathroom did not have a hand drying device available. [Note: Staff reported paper towel was kept in the kitchen until needed due to residents clogging the toilet.]
- The sink in the female bathroom was clogged and not secured to the wall. The hot water handle and the inside door knob had pieces broken off exposing sharp edges.
- In the male bathroom, the flooring near the vent was lifting.
- In one bedroom, the floor vent was not secured.

#### **Additional Recommendations**

- Two residents would like to move.
- One resident 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.