

Team Advocacy Inspection for February 27, 2018
Gregory's Community Care #7 – Craven House
Inspection conducted by Toni Etheridge, P&A Team Advocate, and Marcie Hall,
Volunteer

Facility Information

Gregory's Community Care #7 – Craven House is located in Greenville County at 10 Ferguson Road, Piedmont South Carolina 29673-8603. Team arrived at the facility at 11:01 AM and exited the facility at 1:28 PM. The administrator, Patricia Williams, was not present during the inspection. There were 2 staff members present when Team arrived. The facility is licensed for 10 beds. The census was 8 with 7 residents present on the day of Team's inspection. The DHEC license was not available for review. The administrator's license had an expiration date of 6-30-18.

Overview of Visit

During Team's visit we interviewed one resident; talked to residents and staff; reviewed staff records, reviewed three residents' records, medication, and medication administration records, and toured the facility. Team observed the lunch preparation. The lunch was corn dogs, ketchup, slaw, tater tots, fruit cups, and Crystal light. A substitute menu had not been posted. Team conducted an exit interview with staff. The facility's emergency plan to evacuate was not available to review.

Report Summary

A current DHEC license was not posted in the facility and the facility's written emergency plan to evacuate was not available for review. The annual documentation for the fire alarm inspection was not available for review and the facility's annual TB risk assessment was not available for review. The card tags on the fire extinguishers had not been initialed by staff, and there was no way to determine if the extinguishers had been checked on a monthly basis. (May 2017 was the most recent time staff initialed the tags on the fire extinguishers.)

In the kitchen, the hot water did not meet DHEC'S required temperature of 120°. A smoke detector chirped continuously during the inspection. The facility's emergency exit lights needed new bulbs.

One resident wanted an eye examination, to see a podiatrist, and to schedule an appointment with a medical physician. One resident complained about the lack of privacy when talking on the phone. (The phone is in the living room.) One resident would like more opportunities to be involved in the community. One resident complained that residents' recreation time was spent talking, sitting, and going on some group trips.

At 6 AM on February 26, 2018, one resident's medication administration record for a glucose prescription was not initialed by staff. (The monitoring notes had been signed and dated.) One resident complained the food often does not meet the resident's diabetic diet. One resident needed eye-glasses. One resident's personal needs allowances did not start.

The walls in the kitchen and in the hallway had large holes. (Staff stated that the holes were made by a resident.) In the kitchen, the clothes dryer did not work. The linoleum floors in the kitchen and dining room showed signs of wear and needed repairs. The flooring that joined the dining room and the living room needed a transition strip. The ceiling light fixture in the dining room needed new bulbs. The window blinds in the living room and in the dining room were missing several slats.

In one hall bathroom, the commode was not secured and the sink's faucet was loose. In another hall bathroom, the shower head was not secured, the tub's faucet was loose, the ceiling light fixture was missing a light bulb, and the hand-dryer was missing from the wall. (There were no hand paper towels available.)

An exterior handrail was not secured, two window screens had tears, and the base of the columns were damaged and had chipped paint. The outdoor porch furniture was worn and dirty.

Areas of Commendation

- Staff were polite and professional.
- Staff responded promptly to inspection requests.
- The facility's annual HVAC inspection was current.
- The annual inspection of the facility's fire extinguishers was current.
- Fire drills were documented.
- The evacuation routes were posted.
- Staff member's in-service training was documented.
- Staff members' SLED background checks were documented.
- The food was properly stored.
- The monthly menu was posted.
- 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.
- There were enough trained staff members to meet the needs of the residents.
- All medications were kept in a secure location.
- Adaptive equipment was available for use.
- Serious incidents and accidents were documented.
- The facility's room temperatures were comfortable.

- The residents were able to access all living areas of the facility.
- One resident knew where to locate the emergency contact numbers.
- One resident liked living in the facility and felt safe.
- One resident liked the food and the extra servings.
- One resident did not want to move.

Areas Needing Improvement

Health/Safety

- In the kitchen, the hot water did not meet DHEC'S required temperature of 120°.
- The facility's written emergency plan to evacuate was not available for review.
- The annual documentation for the fire alarm inspection was not available for review.
- The facility's annual TB risk assessment was not available for review.
- A smoke detector chirped continuously during the inspection.
- The facility's emergency exit lights needed new bulbs.

Supervision & Administrator

- A current DHEC license was not posted in the facility and it was not available for review.
- The card tags on the fire extinguishers had not been initialed by staff, and there was no way to determine if the extinguishers had been checked on a monthly basis. (May 2017, was the last time staff checked the tag on the fire extinguishers.)

Residents' Rights

- One resident wanted an eye examination, to see a podiatrist, and to schedule an appointment with a medical physician.
- One resident complained about the lack of privacy when talking on the phone. (The phone is in the living room.)

Recreation

- One resident would like more opportunities to be involved in the community.

Residents' Activities of Daily Living (ADLs)

- One resident complained that the residents' recreation time was spent talking, sitting and going on some group trips.

Medication Storage and Administration

- At 6 AM on February 26, 2018, one resident's medication administration record for a glucose prescription was not initialed by staff. (The monitoring notes had been signed and dated.)

Meals & Food Storage

- One resident complained the food often does not meet the resident's diabetic diet.

Resident Records

- One resident needed eye-glasses.

Resident Personal Needs Allowances

- One resident's benefits had not started. (The resident's admission date was 11-16-17.)

Appropriateness of Placement

- No concerns were noted.

Personnel Records

- No concerns were noted.

Housekeeping, Maintenance, Furnishings

- The walls in the kitchen and in the hallway had large holes. (Staff stated that the holes were made by a resident.)
- In the kitchen, the clothes dryer did not work.
- The linoleum floors in the kitchen and dining room showed signs of wear and needed repairs.
- The flooring that joined the dining room and the living room needed a transition strip.
- The ceiling light fixture in the dining room needed new bulbs.
- The window blinds in the living room and in the dining room were missing several slats.
- In one hall bathroom, the commode was not secured and the sink's faucet was loose.
- In another hall bathroom, the shower head was not secured, the tub's faucet was loose, the ceiling light fixture was missing a light bulb, and the hand-dryer was missing from the wall. (There were no hand paper towels available.)
- An exterior handrail was not secured, two window screens had tears, and the base of the columns were damaged and had chipped paint.

- The outdoor porch furniture was worn and dirty.

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.