

Team Advocacy Inspection for June 4, 2018
Gregory's Community Care #5 – Malone House
Inspection conducted by Kristy Caldwell, P&A Team Advocate, Heather Faulkner, Law Clerk,
and Arjun Gaikwad, Volunteer



Facility Information

Gregory's Community Care #5 – Malone House is located in Greenville County at 2413 Fork Shoals Road, Piedmont, SC 29673-8663. Team arrived at the facility at 11:24 AM and exited the facility at 3:07 PM. The administrator, Patricia Williams, was not present for the inspection. The facility is operated by Joyce C. Gregory. There was one staff member present when Team arrived, a second staff member arrived shortly after Team arrived. The facility is licensed for ten beds. The census was eight on the day of Team's inspection. The DHEC license had an expiration date of January 31, 2019. An administrator's license was current and posted. The facility had a written emergency plan to evacuate to Piedmont Center for Mental Health Services, the evacuation plan did not have an address listed.

Overview of Visit

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

Report Summary

The facility has two bathrooms across from each other in the central hallway. The left side bathroom's water temperature was 141.2 degrees. The right side bathroom's water temperature was 138.9 degrees. The fire extinguishers in the kitchen and by Room #1 were not checked or initialed for May 2018. The fire extinguisher by Room #5 did not have a tag. The smoke alarm by Room #5 was chirping throughout the inspection, indicating new batteries were needed. The smoke alarm by Room #1 was off of the wall and laying on a nearby desk. One resident reported seconds were not available with meals. One resident reported not being able to come and go as they want. The posted calendar was dated May 2018. One resident would like to have day trips to a local movie theatre. Resident B's medication administration record had the resident on Gemfibrozil

600 mg, take one tablet every twelve hours. The medication label had Gemfibrozil 600 mg, take one tablet twice a day thirty minutes before meals at 6 AM and 5 PM. One staff member did not have any documentation of medication management training. The facility did not have at least seven days of nonperishable food and two days of perishable food on-site. Items in the refrigerator, freezer and pantry were not labeled. Residents' admission TB tests were not available for review. Resident B and Resident C did not have a photograph in their files. Resident B only had a 72-hour assessment available. The beds in Room #1 did not have sheets. Several blinds in the facility were broken. Room #1 and Room #5 window screens were broken. There was a wasp nest between the window and window screen of Room #5. The facility has double pane windows, several of the exterior panes of glass were missing or broken. Small cups of what appeared to be soap were by the sinks in the kitchen and left hallway bathroom. Outside the facility, the crawl space door was unlocked. In the right hallway bathroom, the sink water faucet was not connected to the sink's base. The hallway light in front of Room #5 did not work. The floor vents in the right hallway bathroom and Room #5 were lifted up from the flooring.

Areas of Commendation

- A current HVAC and fire alarm inspection was available for review.
- DHEC inspections were available for review.
- A current TB risk assessment was available for review.
- Current First Aid/CPR training documentation was present.
- Necessary SLED checks were completed.
- Emergency evacuation routes were posted throughout the facility.
- Observation notes were current.
- Fire drills were conducted on a quarterly basis.

Areas Needing Improvement

Health/Safety

- The facility has two bathrooms across from each other in the central hallway. The left side bathroom's water temperature was 141.2 degrees. The right side bathroom's water temperature was 138.9 degrees.
- The fire extinguishers in the kitchen and by Room #1 were not checked or initialed for May 2018.
- The fire extinguisher by Room #5 did not have a tag.
- The smoke alarm by Room #5 was chirping throughout the inspection, indicating new batteries were needed.
- The smoke alarm by Room #1 was off of the wall and laying on a nearby desk.

Supervision & Administrator

- The emergency evacuation plan did not include the evacuation site's address.

Residents' Rights

- One resident reported seconds were not available with meals.
- One resident reported not being able to come and go as they want.

Recreation

- Residents would like to do more in the community.
- The posted calendar was dated May 2018.
- One resident would like to have day trips to a local movie theatre.
- One resident would like the facility to have movie night.

Residents' Activities of Daily Living (ADLs)

- One resident reported needing a dental exam.

Medication Storage and Administration

- Resident B's medication administration record had Gemfibrozil 600 mg, take one tablet every twelve hours. The medication label had Gemfibrozil 600 mg, take one tablet twice a day thirty minutes before meals at 6 AM and 5 PM.

Meals & Food Storage

- The facility did not have at least seven days of nonperishable food and two days of perishable food on-site.
- Items in the refrigerator, freezer and pantry were not labeled.

Resident Records

- Residents' admission TB tests were not available for review [Note: Staff said they would fax this information to Team. As of 6/8/18, no documentation has been received.]
- Resident B and Resident C did not have a photograph in their files.
- Resident B did not have an individual care plan. Only a 72-hour assessment was present.

Resident Personal Needs Allowances

- No concerns noted.

Appropriateness of Placement

- No concerns noted.

Personnel Records

- One staff member did not have any medication management training documentation available for review [Note: Staff said they would fax this information to Team. As of 6/8/18, no information has been received.]

Housekeeping, Maintenance, Furnishings

- The beds in Room #1 did not have sheets.
- Several blinds in the facility were broken.
- The arm chair in the living room had several tears in the upholstery and had stuffing coming out.
- Room #1 and Room #5 window screens were broken.
- There was a wasp nest between the window and window screen of Room #5.
- The facility has double pane windows, several of the exterior panes of glass were missing or broken.
- Small cups of what appeared to be soap were by the sinks in the kitchen and left hallway bathroom.
- Outside the facility, the crawl space door was unlocked. Pieces of insulation were in the crawl space.
- In the right hallway bathroom, the sink water faucet was not connected to the sink's base.
- The hallway light in front of Room #5 did not work.
- The floor vents in the right hallway bathroom and Room #5 were lifted up from the flooring.

Additional Recommendations

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