

**Team Advocacy Inspection for November 2, 2018**  
**Palmetto Residential Care of North Charleston**  
**Inspection conducted by Kristy Caldwell, P&A Team Advocate,**  
**and Nina Saini, Volunteer**

### **Facility Information**

Palmetto Residential Care of North Charleston is located in Charleston County at 2834 Spruill Avenue, North Charleston, SC 29405-8051. Team arrived at the facility at 12:40 AM and exited the facility at 3:46 PM. The administrator, Clara Lesesne, was not present for the inspection. The facility is operated by Evergreen Residential Care Inc. There was one staff member present when Team arrived; the second staff member arrived shortly after Team. The facility is licensed for 12 beds. The census was 12 with 11 residents being present on the day of Team's inspection. The DHEC license had an expiration date of August 31, 2019. The facility did not have a current administrator's license posted. The facility had a written emergency plan to evacuate to Gardens at Sumter, 2065 McCray's Mill Road, Sumter, SC 29154.

### **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 substitution menu was posted which had a lunch menu of hot dogs with Kraft cheese, mixed vegetables, cookies and tea. Residents reported the substitution menu matched the meal served. Team conducted an exit interview with staff.

### **Report Summary**

The hot water temperature in the larger bathroom was 129 degrees. Fire extinguishers were last monitored 9/28/18. A current HVAC and fire alarm inspection was not available for review. The sink in the smaller bathroom was out of order. The smoke detector in the right hallway was beeping, indicating that it needed new batteries. The electrical room was open and contained oven cleaner, insect spray and other unlocked chemicals. The seating on the picnic table in the back of the facility was bowed in areas. The emergency light over the front door did not illuminate. The right stairway railing at the front of the facility was loose. The facility did not have a current administrator's license posted. The posted license expired 6/30/17. When Team arrived there was one staff member with eleven residents. Resident A had a prescription for Benztropine Mes 1 mg, take one tablet at bedtime. The MAR was not signed for the 11/1/18 8PM administration. Resident C had a prescription for Ferrous Sulfate 325 mg, take one tablet three times daily. The MAR was not signed for the 11/2/18 12PM administration. Resident C was prescribed QC Natural Veg Laxative, take one tablet once a day

as needed. The medication was not available. The posted menu was dated for 10/23/18-10/29/18. Several sauces and jellies in the pantry were not refrigerated after they were opened. Items in the freezer were not labeled or dated. The facility did not have at least seven days of nonperishable foods. Resident A's most recent individual care plan did not have the resident's diagnosis listed. Resident B's most recent individual care plan was last updated 4/2/18. Resident C's file needed a new photograph, the current photo was taken 3/18/16. Resident C's most recent physical exam had his diet listed at diabetic. In contrast, the resident's most recent individual care plan had a regular diet. Quarterly reports were not available for review. Residents' monthly ledgers were not completed for October but had resident signatures. Resident C's most recent physical indicated that the resident needed the continuous care of a licensed nurse. The larger bathroom did not have soap or paper towels. This bathroom also had an uncovered light and an open drain between the toilet stalls. The smaller bathroom did not have any paper towels and only had bar soap available. The light was also uncovered in this bathroom.

### **Areas of Commendation**

- The facility was clean and did not have any odors. The yard is well maintained and has a nice picnic area in the backyard.
- Staff was cleaning when Team arrived.
- A current activity calendar was posted. Activities included exercise, board games, movie night and bingo.
- Staff was very helpful during the inspection.
- The facility was kept at a comfortable temperature.
- DHEC inspections were available for review.
- Annual HVAC and fire alarm inspections were current.
- Current First Aid/CPR training documentation was present. SLED background checks were present.
- Emergency evacuation routes were posted throughout the facility.
- Fire drills were completed quarterly and on different shifts.
- Monthly observation notes were current.

### **Areas Needing Improvement**

#### **Health/Safety**

- The hot water temperature in the larger bathroom was 129 degrees [Note: Acceptable range is 100-120 degrees].
- Fire extinguishers were last monitored on 9/28/18.
- A current HVAC and fire alarm inspection was not available for review.
- The sink in the smaller bathroom was out of order [Note: Staff reported a work order had been placed].
- The smoke detector in the right hallway was beeping, indicating that it needed new batteries.

- The electrical room was open and contained oven cleaner, insect spray and other unlocked chemicals.
- The seating on the picnic table in the back of the facility was bowed in areas.
- The emergency light over the front door did not illuminate.
- The right stairway railing at the front of the facility was loose.

### **Supervision & Administrator**

- The facility did not have a current administrator's license posted. The posted license expired 6/30/17.
- When Team arrived there was one staff member with eleven residents.

### **Residents' Rights**

- No concerns noted.

### **Recreation**

- Two residents would like to do more in the community.
- The posted activity calendar was for October 2018.

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

- One resident reported needing dentures.

### **Medication Storage and Administration**

- Resident A had a prescription for Benztropine Mes 1 mg, take one tablet at bedtime. The MAR was not signed for the 11/1/18 8PM administration.
- Resident C had a prescription for Ferrous Sulfate 325 mg, take one tablet three times daily. The MAR was not signed for the 11/2/18 12PM administration.
- Resident C was prescribed QC Natural Veg Laxative, take one tablet once a day as needed. The medication was not available [Note: Staff reported the medicine had been discontinued but could not find the physician order stating so].

### **Meals & Food Storage**

- The posted menu was dated for 10/23/18-10/29/18.
- Several sauces and jellies in the pantry were not refrigerated after they were opened.
- Items in the freezer were not labeled or dated.
- The facility did not have at least seven days of nonperishable foods [Note: Staff told Team the facility gets a weekly supply of food from 'Patch', a nearby organization with which the administrator is associated].

### **Resident Records**

- Resident A's most recent individual care plan did not have the resident's diagnosis listed.
- Resident B's most recent individual care plan was last updated 4/2/18.

- Resident C's file needed a new photograph, the current photo was taken 3/18/16. [Note: Photographs should be replaced every 24 months].
- Resident C's most recent physical exam had his diet listed at diabetic. In contrast, the resident's most recent individual care plan had a regular diet.

#### **Resident Personal Needs Allowances**

- Quarterly reports were not available for review.
- Residents' monthly ledgers were not completed for October but had resident signatures. [Note: Staff reported that residents received their monthly spending money but the administrator has not been able to fill out the ledgers completely due to a family emergency.]

#### **Appropriateness of Placement**

- Resident C's most recent physical indicated that the resident needed the continuous care of a licensed nurse. A physician wrote a letter in October 2018 recommending the resident be placed in a rehabilitation facility. Staff informed Team that they have been attempting to place the resident in a facility with a higher level of care but they have not been successful.

#### **Personnel Records**

- No concerns noted.

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

- The larger bathroom did not have soap or paper towels. The light was uncovered in this bathroom and a drain between the toilet stalls was uncovered as well
- The smaller bathroom did not have any paper towels and only had bar soap available. The light was also uncovered in this bathroom.

#### **Additional Recommendations**

- 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.