

Team Advocacy Inspection

Date: 3-05-2024

Location: EMERALD RESIDENTIAL CARE FACILITY II

Conducted by: Alicia Kearse, DRSC Team Advocate



Facility Information

Emerald Residential Care Facility II is located at 2262 Browntown Road, Bishopville, South Carolina in Lee County. The facility is licensed for five beds and at the time of Team's visit there were five residents onsite. The facility is located next door to Emerald Residential Care Facility I. Team members entered the facility at 10:35 am. The administrator, Daisy Pollard, was present when Team arrived and was present for the entire inspection. The Administrator's license was current and was posted with expiration date of 6-30-24. The DHEC license is current with an expiration date of 02-28-2025. An exit interview was conducted with the administrator.

Overview of Visit

During Team's visit no residents were interviewed (all residents participated in a scheduled outing after lunch to Bishopville or Sumter to Shopping Center), medications were reviewed, the medication administration record was reviewed; the facility was toured, and staff were spoken with. The posted menu was Baked Spaghetti w/cheese, garden salad, garlic bread and 2% milk. The served menu was Beef Tacos (2 Hard/Soft), with lettuce, cheese, sour cream, taco sauce, applesauce, and a drink of choice. Seconds were available upon request. Team observed lunch. A substitution menu was posted.

Report Summary

The Residence water temperature was 130.1 degrees. Resident **A's** current Physical Exam was not available for review onsite. For Resident **A's** medication Risperidone 3 MG Tablet per review of MAR, staff documented in advance that resident received the Risperidone 3 MG on 3-5-24 at 2pm. Advocate onsite at 2pm and resident was offsite participating in outing. Advocate confirmed with Administrator that resident was offsite, medication was not given at 2 pm and was documented in advance. For Resident **B's** 8am medications, per MAR review staff did not sign to notate medications were received. Staff stated medications were received. Staff reviewed non-controlled medication packets to ensure count was accurate. Medications that were not signed for at 8 am included Amlodipine 5 MG tablet, Omeprazole 20 MG CPDR, Symbicort 16-14.5 MCG INH, and Fenofibrate 160 MG tablet. Staff corrected MAR onsite. All personal needs and allowances managed by Department of Mental Health Central Office. The kitchen sink faucet is broken and needs to be repaired. Per staff maintenance request has been submitted. The freezer handle is loose and needs to be tightened. The outside railing on back steps is loose and needs to be repaired.

Areas of Commendation

- Staff were available during the inspection.
- The facility had a large well-maintained lawn.
- The facility had spacious sitting areas for residents that included TVs, comfortable looking reclining chairs for residents, wall-art, and potted plants.
- A current activities calendar was posted, current activities calendar posted included: Flea Market Outing, Lunch at Mr. B's, St. Patrick's Day Celebration, and Movie Night with Popcorn.

Areas Needing Improvement

Health/Safety

- No concerns noted.

Supervision & Administrator

- No concerns noted.

Residents' Rights

- No concerns noted.

Recreation

- No concerns noted.

Residents' Activities of Daily Living (ADLs)

- No concerns noted.

Medication Storage and Administration

- For Resident **A's** medication Risperidone 3 MG Tablet per review of MAR, staff documented in advance that resident received the Risperidone 3 MG on 3-5-24 at 2pm. Advocate onsite at 2pm and resident was offsite participating in outing. Advocate confirmed with Administrator that resident was offsite, medication was not given at 2 pm and was documented in advance.
- For Resident **B's** 8 am medications, per MAR review staff did not sign to notate medications were received. Staff stated medications were received. Staff reviewed non-controlled medication packets to ensure count was accurate. Medications that were not signed for at 8 am included Amlodipine 5 MG tablet, Omeprazole 20 MG CPDR, Symbicort 16-14.5 MCG INH, and Fenofibrate 160 MG tablet. Staff corrected MAR onsite.

Meals & Food Storage

- No concerns noted.

Resident Records

- Resident **A's** current Physical Exam was not available for review onsite.
Requested: Received

Resident Personal Needs Allowances

- All personal needs allowances managed by Department of Mental Health Central Office. **Not Reviewed Onsite.**

Appropriateness of Placement

- No concerns noted.

Personnel Records

- No concerns noted.

Housekeeping, Maintenance, Furnishings

- The kitchen sink faucet is broken and needs to be repaired. Per staff maintenance request has been submitted.
- Freezer handle is loose and needs to be tightened.
- Outside railing on back steps is loose and needs to be repaired.

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.

Disability Rights South Carolina

The Protection and Advocacy System for South Carolina
www.disabilityrightssc.org | info@disabilityrightssc.org