

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 125038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2020
NAME OF PROVIDER OF SUPPLIER ALOHA NURSING & REHAB CENTRE		STREET ADDRESS, CITY, STATE, ZIP 45-545 KAMEHAMEHA HIGHWAY KANE OHE, HI 96744	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations and interviews, the facility failed to ensure shared resident care equipment was cleaned/disinfected to prevent the spread of communicable disease and infection as evidenced by staff using a Hoyer Lift for Resident (R)9, did not clean/disinfect area of the Hoyer lift where residents hold onto, then immediately using the Hoyer lift for R23. As a result of this deficiency, residents are at an increased risk of contracting a communicable disease or infection. Findings include: On 06/26/20 at 10:35 AM, observed certified nurse aide (CNA)6 used a Hoyer lift to assist R9 into bed. After assisting R9, CNA6 did not clean/disinfect the resident contact area of the Hoyer lift prior to removing it from R9's room. The Hoyer lift was immediately taken into another room and used to assist R23 from the bed to a chair. At 10:48 AM, inquired with CNA6 regarding observations made and cleaning/disinfecting of the Hoyer lift. CNA6 confirmed the Hoyer Lift was not disinfected between using the lift for R9 and R23. CNA6 stated staff will disinfect the Hoyer lift when they get a chance to, but he/she was too busy. At 11:43 AM, conducted an interview with the Infection Preventionist (IP). Inquired with IP regarding the facility practice for cleaning/disinfecting the Hoyer Lift. IP stated staff should disinfect, with disinfecting wipes that are available, the areas of the Hoyer Lift where the residents can come into contact with (grab bar etc.) before leaving the resident's room. If there is a question if the lift was cleaned, staff should disinfect the lift prior to use. Shared observations with IP, IP confirmed staff should have disinfected the Hoyer lift with Cavi wipes before leaving R9's room.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.