

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  01/03/2025
NAME OF PROVIDER OR SUPPLIER  Aloha Nursing & Rehab Centre		STREET ADDRESS, CITY, STATE, ZIP CODE  45-545 Kamehameha Highway Kaneohe, 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)
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>42160</p> <p>Based on interviews and record review, the facility failed to ensure a resident's right to be informed in advance of the risks and benefits of proposed care for two of three residents (R) (R4 and R11) sampled. The facility did not have documentation that the resident or resident representative was informed, in advance, of the risk and benefits of psychotropic medication therapy. As a result of this deficient practice, resident's receiving psychotropic medication are at risk for more than minimal harm.</p> <p>Findings include:</p> <p>1) On 01/03/25 at 02:13 PM, conducted a review of R4's Electronic Health Record (EHR). Review of physician orders documented an order for scheduled Lexapro (ordered on 12/03/24) and Ativan as needed (PRN) (ordered 11/29/24). R4's EHR did not contain documentation for the use of Lexapro and Ativan and documentation of education regarding the risk versus benefit for both medications.</p> <p>On 01/03/25 at 03:40 PM, conducted a concurrent interview and record review of R4's EHR with the Director of Nursing (DON). DON navigated R4's EHR and confirmed the facility did not inform of the risk versus benefit for both medications.</p> <p>2) On 01/03/25 at 01:50 PM, conducted a review of R11's EHR. Review of the physician orders documented an order for scheduled Citalopram (ordered on 12/21/24) and Ativan PRN (ordered on 12/20/24). Further review of R11's EHR did not contain documentation in advance of the care to be provided which included medications and risk versus benefit for R11's of Citalopram or Ativan.</p> <p>On 01/03/25 at 03:50 PM, conducted a concurrent interview and record review of R4's EHR with the Director of Nursing (DON). DON navigated R11's EHR and confirmed the facility did not inform the resident or resident representative in advance of the risk versus benefit or education for both medications.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------