

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sierra House A & B	CHAPTER 98
Address: 4510 Sierra Drive, Honolulu, Hawaii 96816	Inspection Date: March 22, 2017 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

Doni Sosa-Lim...
17 MAR 2017 15:33

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Building A: Bedroom #1: Outlet close to the floor has gap between outlet cover and box.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">STAFF REPLACED Bedroom #1 OUTLET COVER TO CORRECT deficiency.</p>	<p style="text-align: center;">3/30/17</p> <p style="text-align: center;">17 21 21 15 33</p>

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<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Building A: Bedroom #2: One (1) bulb is missing from ceiling light fixture.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">STAFF REPLACED LIGHTBULB IN BEDROOM #2 CEILING LIGHT FIXTURE, AND IS IN PROPER WORKING condition.</p>	<p style="text-align: center;">3/30/17</p>

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Licensee's/Administrator's Signature: 
Print Name: GREG PANTON
Date: 7/18/17

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