

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 14, 2018 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RECEIVED

	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> House A, Bedroom #1, Closet door paint is peeling.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center">STAFF WILL PAINT CLOSET DOOR PAINT IN HOUSE A, BEDROOM #1 TO ADDRESS Finding. DEFICIENCY WILL BE corrected by completion date.</p>	<p align="center">3/30/18</p> <p align="center">RECEIVED</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> House A, Bedroom #1, Closet door paint is peeling.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">STAFF WILL CONDUCT WEEKLY CHECKS / INSPECTIONS OF ROOMS TO ASSURE PROPER CONDITION</p>	<p style="text-align: center;">3/30/18</p> <p style="text-align: center;">RECEIVED</p>

	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> House A, Bedroom #1, Missing screen on window.</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 WILL REPLACE SCREEN IN WINDOW IN HOUSE A, BEDROOM 1. TO ADDRESS FINDING. DEFICIENCY WILL BE CORRECTED BY COMPLETION DATE.</p>	<p style="text-align: center;">3/30/18</p> <p style="text-align: center;">RECEIVED 18 MAR 19 AM 11 46 STATE OF HAWAII DHHS/OSHA/IRL/EMH</p>

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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> House A, Bedroom #3, Window screen is dusty.</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 WILL REMOVE AND CLEAN WINDOW SCREEN DUST FROM HOUSE A, BEDROOM #3 IN WINDOW SCREENS TO ADDRESS FINDING.</p> <p style="text-align: center;">DEFICIENCY WILL BE CORRECTED BY COMPLETION DATE.</p>	<p style="text-align: center;">3/30/18</p> <p style="text-align: center;">RECEIVED 18 MAR 19 AM 1:46</p> <p style="text-align: center;">STATE OF HAWAII H-H-O-C-A L I C E N S I N G</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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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>FINDINGS House A, Kitchen hand sink has no soap and paper towels.</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 SOAP AND PAPER TOWELS TO HOUSE A, KITCHEN AREA TO ADDRESS Finding.</p> <p style="text-align: center;">Deficiency corrected by completion date.</p>	<p style="text-align: center;">3/16/18</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">MAR 19 AM 11:46</p> <p style="text-align: center;">STATE OF HAWAII DIR-CHDA LICENSING</p>

	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> House A, Kitchen hand sink has no soap and paper towels.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">STAFF WILL CONDUCT WEEKLY CHECKS/INSPECTIONS OF SOAP AND PAPER TOWEL DISPENSERS THAT meet COMPLIANCE AND IN WORKING CONDITION IN HOUSE A, KITCHEN SINK AREA.</p>	<p style="text-align: center;">3/30/18</p> <p style="text-align: center;">RECEIVED 18 MAR 19 AM 1:46 STATE OF HAWAII DHE-CHCA INSPECTION</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>FINDINGS House B, Bedroom #5 window sill and screen are dusty.</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 WILL REMOVE AND CLEAN WINDOW SILL AND SCREEN DUST FROM HOUSE B, BEDROOM #5 TO ADDRESS FINDING.</p> <p style="text-align: center;">DEFICIENCY WILL BE CORRECTED BY COMPLETION DATE.</p>	<p style="text-align: center;">3/30/18</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">18 MAR 19 AM 11:46</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF LICENSING</p>

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Licensee's/Administrator's Signature: _____



Print Name: _____

GREG PANTON

Date: _____

3/15/18

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18 MAR 19 AM 1:46

STATE OF HAWAII
DAR-ORCA LICENSES

STATE OF HAWAII
DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE ASSURANCE
601 KAMOKILA BOULEVARD, ROOM 361
KAPOLEI, HAWAII 96707

PRELIMINARY
REPORT OF ON-SITE VISIT

NAME OF FACILITY Sierra House A & B (TLP) DATE March 14, 2018

Time In: 12:00PM

Time Out:

Vacancies: 0

GUIDE:

Staff #1: Charlene Daligcon

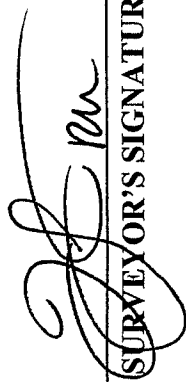
AREAS OF NON-COMPLIANCE:

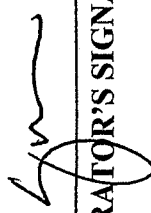
Five (5) deficiencies. Statement of Deficiencies given to licensee at time of inspection.

Notes:

Staff #1 physical exam due 3/10/18.

RECEIVED
18 MAR 19 11:46
STATE OF HAWAII
DLH-OHCA LICENSING


SURVEYOR'S SIGNATURE


OPERATOR'S SIGNATURE