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.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State. FINDINGS House A, Bedroom #1, Closet door paint is peeling.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY STAFF WILL PAINT CLOSET DOOR PAINT IN HOUSEA, BEDROOM HI TO ADDRESS FINDING. DEFICIENCY WILL BE COWECTED by completion date,	3/30/18

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State. FINDINGS House A, Bedroom #1, Closet door paint is peeling.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? STAFF WILL CONDUCT WEEKLY CIPEUS / INSPECTIONS OF ROOMS TO ASSURE PROPER CONDITION	3/30/18
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State. FINDINGS House A, Bedroom #1, Missing screen on window.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY STAFF WILL REPLACE SCREEN IN WINDOW IN HOUSE A, BEDROOM I. TO Address Finding. DEFICIENCY WILL BE COrrected by completion date.	3/30/18
	STATE OF HAVIA	TECEIVED

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.	PART 2 <u>FUTURE PLAN</u>	Date
FINDINGS House A, Bedroom #1, Missing screen on window.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	STAFF WILL CONDUCT WEEKLY	3/30/18
	checks Inspections of Room	
	AREA WINDOWS TO BE ON	·
	STAFF WILL CONDUCT WEEKLY CHECKS / INSPECTIONS OF ROOM AREA WINDOWS TO BE IN COMPLIANCE AND IN PROPER CONDITION.	
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		DI AN OF CODDECTION	Completion
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
			Date
	§11-98-14 Physical facility. (c)	PART 1	
	Maintenance. Facilities shall be maintained in accordance	·	
	with provisions of state and county zoning, building, fire,	DID YOU CORRECT THE DEFICIENCY?	
	safety and health codes in the State.		
		USE THIS SPACE TO TELL US HOW YOU	
	FINDINGS	l control of the cont	
	House A, Bedroom #3, Window screen is dusty.	CORRECTED THE DEFICIENCY	
1		L DEMOVE And	2/2/12
		STAFF WILL PEMOVE And	3/30/10
1		TALLET.	, ,
		CLEAN WINDOW Screen Dust	1
		From House A, BEDROOM #3	
		The HOUSE A BEDROOM TO	
		Trim 11000	
		in window screens To	
		in MINDOW SCIOCIS	
		Address Finding. DEFICIENCY WILL BE converted by completion date.	
		address Finding	
		Addition	
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		TEGRESON WILL BE	
		DOPICIENCE	
		la lata date	
		consected by completion water	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State. FINDINGS House A, Bedroom #3, Window screen is dusty.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? STAFF WILL CONDUCT WEEKLY Checks / Inspections of Room AREA WINDOWS TO BE M COMPLIANCE And in proper Condition.	3/30/18
	STATE OF HAWA	18 MAR 19 A11:46

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.	PART 1 DID YOU CORRECT THE DEFICIENCY?	
FINDINGS House A, Kitchen hand sink has no soap and paper towels.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	STAFF REPLACED SOAP AND PAPER TOWERS TO HOUSE A. KITCHEN AREA TO Address	
	Finding.	3/16/18
	DEFICIENCY connected by completion date.	
	STATE OF	78 MAR 19 /
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.	PART 2 <u>FUTURE PLAN</u>	·
FINDINGS House A, Kitchen hand sink has no soap and paper towels.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	STAFF WILL CONDUCT WEEKLY	3/30/18
	Checks/inspections OF STAP AND PAPER TOWEL DISPENSED	
	AND PAPER TOWEL DISPUSED	
	THAT meet compliance	
	and in working andition in House A, Kirchen sink	
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	AREA.	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State. FINDINGS House B, Bedroom #5 window sill and screen are dusty.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY STAFF WILL REMOVE AND CLEAN WINDOWS SILL AND SCREEN DUST FROM HOUSE B. BEDROOM #5 To Address Finding.	3/30/16
	#5 To Address Finding. DEFICIENCY WILL BE corrected by completion date.	*18 MAR 19 /11:46

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.	PART 2 <u>FUTURE PLAN</u>	
FINDINGS House B, Bedroom #5 window sill and screen are dusty.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	STAFF WILL CONDUCT NEEKLY Cheeks / Inspections OF	3/30/18
	Cheeks / Inspections of	
	POOM AREA WINDOWS TO BE in compliance AND IN Proper condition	
	in compliance AND IN	
	Propier Condition	
		18
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		= 17
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Licensee's/Administrator's Signature: _	a RE
Print Name:	EREG PAYTON
Date:	3/15/18

18 MAR 19 AI1:46

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 Daligeon

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.

OPERATOR'S SIGNATURE

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PAYEYOR'S SIGNATURE

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