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 10, 2021 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) WORKING 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
X	§11-98-11 Minimum standards for licensure; personnel. (e) There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	FINDINGS Employee #1 & Employee #2 — No documented evidence of current annual physical examination clearance by a physician or advanced practice registered nurse (APRN).	Yes. Employee #1 a Employee #2 provided a copy of which health decrease.	3/15/2021 3/13/2021
		SAC	2;
		ELICENSING	MR 24 PI2 5

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-98-11 Minimum standards for licensure; personnel. (e) There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident. Each health evaluation shall include a tuberculin skin lest or a chest x-ray. FINDINGS Employee #1 & Employee #2 — No documented evidence of current annual physical examination clearance by a physician or APRN.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Gual of TLP Sierry House staffing requirements to be submitted to MHK Office coordinator (OC) february of hext year. US office will send reminders, via e-mail or telephonic contact, to TLP Staff at legal three (3) months before expiration. All staffing documentation will be made available	
	state of hawaii	21 MAR 24 PI2 57

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-98-11 Minimum standards for licensure; personnel. (e) There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray. FINDINGS () Employee #Z - No documented evidence of current annual tuberculosis clearance by a physician or APRN.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	Yes-Employee #1 provided a copy of current TB clearance.	3(15/2011
	STATE LICENS	27 MR 24 P2

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-98-11 Minimum standards for licensure; personnel. (e) There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray. FINDINGS Employee #2 — No documented evidence of current annual tuberculosis clearance by a physician or APRN.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Gool of The Sierra House starting requirements to be submitted to MHK office coordinator (ac) February of next year. Or office will send terrinders, via e-mail or telephonic cordact to the start at least three (3) months before expiration. All staffing documentation will also be made available electronically.	2 (n (202)
	STATE LICENSING	21 MR 24 PI2 57

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-98-11 Minimum standards for licensure; personnel. (I) The administrator shall see that at least one staff member on each shift possesses a current First Aid certificate and CPR training. Recertification of training shall be required by all staff at least every two years. FINDINGS Employee #1 & Employee #2 - No documented evidence of current First Aid & Cardiopulmonary Resuscitation (CPR) certification.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY In progress- both employees were made aware to attain CPP (First Aid certification immediately. MHK CPP (First Aid Trainer also in progress to researting 1:1 training, due to hold storm could -19 precoutions.	3 11 2021
	STATE OF HA	'21 MR 24
	W A	PIZ

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
	§11-98-11 Minimum standards for licensure; personnes. (I) The administrator shall see that at least one staff member on each shift possesses a current First Aid certificate and CPR training. Recertification of training shall be required by all staff at least every two years. FINDINGS Employee #1 & Employee #2 - No documented evidence of current First Aid & CPR certification.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Gool of ILP Sierro House staffing requirements to be submitted to MHK office Coordinator (oc) Tebruary of rext year. OG office will send remindert, via e-mail or telephonic contact, to ILP staff at least three (3) maning before expection. All staffing documentation will also be made avoidable electronically.	3 11 2021 (In progress)
		STATE LICEN	Z1 NR 24
		7	P12 :

Licensee's/Administrator's Signature: Print Name: Grey Payton

MR 24 PI2 57

 $1 \cdots * \times \cdots g$