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 15, 2024 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.

APR 29 P2:12

	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** Resident #3 – No documented evidence of current tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes- Resident #3 completed and received attestation form of negative CXR as of 4/01/2024.	4/01/2024

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STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING
'24 APR 29 P2:12

Licensee's/Administrator's Signature: Grey Payton

Print Name: Grey Payton

Date: 4/25/2024

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