

ADCC Name: Aloha Nursing ADCC
 Compliance Manager Name:

Community Ties of America, Inc
 45-955 Kanehama Highway, Suite 300
 Kaneohe, HI 96744

05/15/2015 11:10AM

Date of Review: 5/4/15		Last Date Items below must be submitted to CTA: 2/15/15	
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Item(s) Required To Meet Compliance
OK	3	Application for Certificate of Approval	
OK	11	Administration	
X	12	Personnel and Staffing	Protective Services 346-335 - Staff needs APS/CAN. See list. CAP - 1) Find CTA APS/CAN for all staff. 2) will track staff EXPIRATIONS ON EXCEL spread sheet and also track on our book calendar
OK	13	Admissions	
OK	14	Participant Fees	
OK	15	Transportation	
OK	16	Services for Center Participants	
OK	17	Physical Location	
OK	18	Fire Protection	
OK	19	Other Disasters and Evacuations	

The CTA Compliance Manager has reviewed the above items with me and has provided me with a copy of this form. It is my responsibility to correct all items listed above and provide proof of same to CTA within the timeframe stated above.
 I understand that all items should be submitted to CTA all at one time before the due date.

If this box is checked then I understand that I met all requirements and no corrective action is required

PRINT NAME:

TAMARA CANOPY AMBOLD

SIGNATURE:

Tamara Canopy Ambold

Date: 5/4/15

I can fax, email or mail the items to the CTA compliance manager using contact information given to me.

ALOHA NURSING

0002-0007