

ADCC Name: Beckwith ADCC  
Compliance Manager Name:

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

Date of Review: 9/4/15			
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	
OK	12	Personnel and Staffing	
X	13	Admissions	13.b - No current P.E. and TB clearance for Participant #2.
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:

BEVERLEY YOUNG

SIGNATURE:

*Beverly Young*

Date: 9/4/15

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

Sept 30, 2015

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# Corrective Action Plan Beckwith ANCC

To:



From: BEVERLEY Young

13 b - no current P.E. & TB. clearance for  
Participant #2.

## Correction:

Plan is to place/create database on  
computer calendar with early reminders  
to family. I plan to review all upcoming  
requirements for all participants on the  
1<sup>st</sup> of every month.

Thank you

Beverly Young  
Sept. 30, 2015

4 pages including  
this one