

ADCC Name: Franciscan ADCC
 Compliance Manager Name:
 Phone:

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

Date of Review: 10/12/15		Last Date items below must be submitted to CTA:	
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 need current APS/CAN/Fingerprints and eCrim. See list.
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: _____

SIGNATURE: _____

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



St. Francis

HEALTHCARE SYSTEM OF HAWAII
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To whom it may concern,

In order to remedy the issue with encountered with Protective Services 346-335 I Sent CTA current APS/CAN and criminal history reports for all staff members [REDACTED]. I have placed all expiration dates of staff members' APS/CAN/FP and eCrim on my computer calendar with a reminder set for 1 month before the expiration.

