

Compliance Manager Name
 Phone:
 Fax:

Community Ties of America, Inc
 45-955 Kamehameha Highway, Suite 300
 Kaneohe, Hawaii 96741

HIO'S NAME PLACE ADCC

Adult Day Care Center (ADCC)
 Corrective Action Plan

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
✓	3	Application for Certificate of Approval	
✓	11	Administration	
X	12	Personnel and Staffing	<i>12(b)(4) - Physicals needed for [redacted] and [redacted] - both scheduled - will send to CTA within 30 days of survey</i>
✓	13	Admissions	
✓	14	Participant Fees	
✓	15	Transportation	
✓	16	Services for Center Participants	
✓	17	Physical Location	
✓	18	Fire Protection	
✓	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 _____

Date: _____

I can fax or mail the items to the address/number listed on this form or email the information to the CTA compliance manager using the email address given to me

Alia Mani Place

Keryn Clay Executive Director

65-1267 B Lindsey Road, Kaneohe, Hawaii 96743

www.AliaManiDayCenter.com



12(b)(4) - Send CTA current physical exams for staff member [redacted] and client [redacted]

I have placed all expiration dates of staff members' physical exams on my computer calendar with a reminder set for 1 month prior to their expiration.

