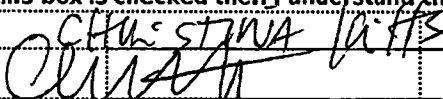


Address: 94-1388 Moaniani St., Suite 203
 Waipahu, HI 96797

**Adult Day Care Center (ADCC)
 Deficiency Report**

Date of Review: 10/17/2016		Date Corrective Action Plan is Due:	End Date: 10/17/2016
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Rule # and Non-Compliance findings
	3	Application for Certificate of Approval	
	11	Administration	
	12	Personnel and Staffing	Protective Services 346-335 - Staff need current APS/CAN/eCrim. See list. 17-1424-12(b)(4) - Staff member needs a current TB clearance.
	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 a written plan of correction to CTA within the timeframe stated above.

<input type="checkbox"/>		If this box is checked then I understand that I met all requirements and no corrective action is required	
PRINT NAME:	CHRISTINA WATTS		
SIGNATURE:			Date:
Compliance Manger Signature			Date: 10/17/16



ALOHA WELLNESS CENTER, INC.
SENIOR CARE SERVICES,
94-1388 MOANIANI ST. #203
WAIPAHU, HAWAII 96797
PHONE:
FAX:
Email:

Attention to

PS346-335 : Sent CTA current APS/CAN and fingerprints for all staff members on 10/25/2016.

17-1424-12(b)(4) : Sent CTA a current TB clearance for staff membe. on 10/25/2016.

I have placed all items (APS/CAN, TB, CPR) with expiration dates on our office computer and will review monthly.

Christina Klits/Mari-Jeanne Mendoza

10/25/2016