

Address: 92-1359 Hunekai St.  
 Makakilo, HI 96707

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

Date of Review: <del>10/27/16</del> 10/27/16		Date Corrective Action Plan is Due:	End Date: 10/27/16
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	
✓	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.

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

PRINT NAME: LILY CASTILLO  
 SIGNATURE: Lily Castillo Date: 10/27/16  
 Compliance Manger Signature \_\_\_\_\_ Date: \_\_\_\_\_