

Kona Adult Day Care
 81-989 Halekii Street
 Kealahou, HI 96750

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

Compliance Manager Name

January 5, 2017

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

| Date of Review: 1/5/2017 | | Date Corrective Action Plan is Due: | End Date: 1/5/17 |
|--------------------------|--------------------------|---|--------------------------------------|
| Check Item | H.A.R. 17-1424 Chapter # | Chapter Heading | Rule # and Non-Compliance findings |
| OK | 3 | Application for Certificate of Approval | |
| OK | 11 | Administration | |
| OK | 12 | Personnel and Staffing | <i>Two new employees in process.</i> |
| 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 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:

ROWENA L. TIOWI

SIGNATURE:

[Handwritten Signature]

Date:

1-5-17

Compliance Manger Signature

Date: