Compliance Manager Name:

David Ayling, RN

Address: 2459 10th Avenue Honolulu, HI 96816

Adult Day Care Center (ADCC) Deficiency Report

Date of F	Review: 7/21/2017	Date Corrective Action Plan is Due:	End Date:		
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Rule # and Non-Compliance findings		
ок	3	Application for Certificate of Approval			
ок	11	Administration			
ок	12	Personnel and Staffing			
ок	13	Admissions			
ок	14	Participant Fees			
ок	15	Transportation			
ок	16	Services for Center Participants			
ок	17	Physical Location			
ОК	18	Fire Protection			
ок	19	Other Disasters and Evacuations			
The CTA written pla	an or correction to Cr	A within the timetrame stated above.	e and has provided me with a copy of this form. It is my responsibility to correct all items listed above and provide a		
If this box is checked then I understand that I met all requirements and no corrective action is required					

If this box is check	ked then I understand that I met all requirements and no corrective ac	tion is required
PRINT NAME:	Darlene Vakayamo	- Control of the Cont
SIGNATURE:	Druen 02	Date: 07/21/17
Compliance Manger Signature_	DAV DA Agling RV	Date: 1/21/17