

ADCC Name: Aloha Wellness Center

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

Compliance Manager Name : David Ayling, RN

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

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

| Date of Review: 10/20/17 |                          | Date Corrective Action Plan is Due:     | End Date: <i>0</i>                 |
|--------------------------|--------------------------|---|------------------------------------|
| 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                  |                                    |
| 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:

*JEANNE MENDOZA*

SIGNATURE:

*[Signature]*

Date:

*10/20/17*

Compliance Manger Signature

*David A Ayling RN*

Date:

*10/20/17*