Compliance Manager Name:

David Ayling, RN

Address: 1208 Artesian St. Honolulu, HI 96826

Adult Day Care Center (ADCC)

Deficiency Report			
Date of Review: 1/12/2018		Date Corrective Action Plan is Due:	End Date: 1/12/18
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 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: Kathleen T. Kosianowski			
SIGNATURE: Kathlee T. C. Date: 1/12/18			
Compliance Manger Signature DA Agliang Date: 1/12/18			