

ADCC Name: Franciscan ADC

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

Compliance Manager Name: David Ayling, RN

Address: 2715 Pamoia Road
Honolulu, HI 96822

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

Date of Review: 8/24/18		Date Corrective Action Plan is Due:	End Date: 8/24/18
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	
X	12	Personnel and Staffing	Staff members C.M. and C.L.M.. obtained APS/CAN on 8/20/18. Expired on 6/29/18.
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:

Jacquelyn Manaolu

SIGNATURE:

Jacquelyn Manaolu

Date:

8/24/18

Compliance Manger Signature

David Ayling RN

Date:

8/24/18

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: Franciscan Adult Day Center
 CCFFH Address: 2715 Pamoan Rd. Honolulu HI 96822

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
PROTECTIVE SERVICES 346-335	Showed CTA Corrective Action on day of Recertification. APS/CAN are now on staff members files.	8/24/18	Put on outlook calendar reminder of all staff APS/CAN one month prior to expiration date.

Primary Caregiver's Signature: Jacquelyn Manore

Print Name: Jacquelyn Manore Date of Signature: 8/24/18