

ADCC Name: Furukawa Living Treasures - Palolo

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

Compliance Manager Name: David Ayling, RN

Address: 1647 Palolo Ave.
Honolulu, HI 96816

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

Date of Review: 11/30/18		Date Corrective Action Plan is Due:	End Date: 12/26/18
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	APS/CAN and/or fingerprints for staff members S.L., Y.K., T.W. and Y.K. not done, expired, or missing.
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:

Yoko Keith

SIGNATURE:

[Handwritten Signature]
David Ayling, RN

Date:

11/30/2018

11/30/18

Adult Day Care Centers (ADCCs)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1424

ADCC Name: Furukawa Living Treasures - Palolo
ADCC Address: 1647 Palolo Ave., Honolulu, HI 96816

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
346-335	I have received current APS/CAN and fingerprints for all staff members and placed in my staff binder.	12/25/18	I have placed all expiration dates for APS/CAN and fingerprints/eCrim, for all staff members, on my computer calendar. I set the reminder date for a month prior to expiration.

Primary Caregiver's Signature: 

Print Name: Yoko Keith

Date of Signature: 12/25/2018