

ADCC Name: Ho'oNani Place, LLC

Community Ties of America, Inc.
500 Ala Maona Blvd., Suite 7-400
Honolulu, HI 96813
Phone: (808) 234-5380
Fax: (808) 234-5470

Compliance Manager Name: Carol Copeland

RN, MSN

Address: Kamuela, HI

65-1267B Lindsey Rd
96743

Adult Day Care Center (ADCC)
Deficiency Report

3/22/2018		Date Corrective Action Plan is Due:	End Date: 3/22/18
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Rule # and Non-Compliance findings
x	3	Application for Certificate of Approval	
x	11	Administration	
x	12	Personnel and Staffing	
x	13	Admissions	
x	14	Participant Fees	
x	15	Transportation	
x	16	Services for Center Participants	
x	17	Physical Location	
x	18	Fire Protection	
x	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:

Karen Gray

SIGNATURE:

[Signature]

Date: 3-22-18

Compliance Manger Signature

Carol Copeland RN MSN

Date: 3-22-18