

Compliance Manager Name: CAROL COPELAND
Phone:
Fax:

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

1-10-18

Adult Day Care Center (ADCC)
Corrective Action Plan

KONA ADULT CARE CENTER		Last Date items below must be submitted to CTA: <u>NONE</u>	
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Item(s) Required To Meet Compliance
✓	3	Application for Certificate of Approval	
✓	11	Administration	
✓	12	Personnel and Staffing	
✓	13	Admissions	
✓	14	Participant Fees	
✓	15	Transportation	
✓	16	Services for Center Participants	
✓	17	Physical Location	
✓	18	Fire Protection	
✓	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 proof of same to CTA within the timeframe stated above.

I understand that all items should be submitted to CTA all at one time before the due date.

Carol Copeland RN, MSN

If this box is checked then I understand that I met all requirements and no corrective action is required

PRINT NAME:

Rowena Triqui

SIGNATURE:

[Signature]

Date:

1/10/18

I can fax or mail the items to the address/number listed on this form or email the information to the CTA compliance manager using the email address given to me.