

Address: 1029 Kapahulu Ave., #408  
 Honolulu, HI 96816

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

| Date of Review: 2/28/2019 |                          | Last Date items below must be submitted to CTA: |                                    |
|---------------------------|--------------------------|---|------------------------------------|
| 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                                  |                                    |
| OK                        | 12                       | Personnel and Staffing                          |                                    |
| 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: Sherril Neves

SIGNATURE: [Signature] Date: 2/28/19

Compliance Manger Signature [Signature] Date: 2/28/19