Name: Evergreen ADC II
Address: 825 Keeaumoku St., #113
Honolulu, HI 96814

Community Ties of America, Inc
500 Ala Moana Blvd, Suite 7-400
Honolulu, HI 96813

Compliance Mgr. Name: David Ayling, RN

Adult Day Care Center (ADCC)
Deficiency Report

Date of Review: 5/24/2019		Date Corrective Action Plan is Due:	
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: Hye R Kim

SIGNATURE: Hye R Kim Date: 5/24/19

Compliance Manger Signature David A Ayling RN Date: 5/24/19