

Address: 561 Kupuna Place

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

| Date of Inspection: 11/20/19 | | Date Corrective Action Plan is Due: N/A | |
|------------------------------|--------------------------|---|-----------------------------------|
| Check Item | H.A.R. 17-1424 Chapter # | Chapter Heading | Rule # and Non-Compliant findings |
| | 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 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: _____ CTA could not find this paperwork after Carol Copeland passed away. It was recreated by Angel England, RN

SIGNATURE: _____ Date: Angel England 7/27/20

Compliance Manger Signature _____ Carol Copeland passed away before she signed this paperwork - if she did sign it was unable to be located