ADCC Name: Ikoi No Ba Adult Day Care

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

Compliance Manager Name: Deborah Baumgart, LPN

Address: 1313 Pensacola Street
Honolulu, HI 96814

Adult Day Care Center (ADCC) Annual Deficiency Report

12/8/2020		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.

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

PRINT NAME: MELVIN INATSUKA

SIGNATURE: _____ Date: 12/8/2020

Compliance Manger Signature _____ Date: 12/8/20