

ADCC Name: Elim Senior Day Care
 Address: 1500 Kapiolani Blvd., Suite 101A
 Honolulu, Hawaii 96814

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

Compliance Manager Name: Deborah Baumgart LPN

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

| 11/30/2021 | | 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: _____

SIGNATURE: _____

Compliance Manger Signature _____

Rui S. Ho
[Signature]

Date: _____

Date: _____

11/30/21

11/30/21