Compliance Manager Name: Deborah Baumgart LPN

Address: 1500 Kapiolani Blvd. 102E

Honolulu, Hawaii 96814

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

1/28/2023		Date Corrective Action Plan is Due:				
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Rule # and Non-Compliance findings			
ок	3	Application for Certificate of Approval				
ок	11	Administration				
ок	12	Personnel and Staffing				
ок	13	Admissions				
ок	14	Participant Fees				
ок	15	Transportation				
ок	16	Services for Center Participants				
ок	17	Physical Location				
ок	18	Fire Protection				
ок	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 chec	ked then I understar	nd that I met all requir	ements and no corrective action	n is require	ed	
PRINT NAME:	Hye	Kim				
SIGNATURE:	Ha	Plat-		Date:	4/28/23	
Compliance Manger Signature	5	2/1	2//2	Date:	4/28/23	