Community Ties of America 45-955 Kamehameha Highway, Suite 300 Kaneohe, HI 96744 Compliance Manager Name: Deborah Baumgart LPN

Address: 1449 Brigham Street Honolulu, Hawaii 96817

Adult Day Care Center (ADCC) RECERTIFICATION Deficiency Report

			Delicioney report
9/29/2021		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	this form this my recognibility to correct all items listed shave and provide a

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 and the control of the c	action is required	
PRINT NAME: A11/30/1 FORCICEUOU SIGNATURE:	Date: 9/29/21	
Compliance Manger Signature	Date: 9/29/21	