

ADCC Name: **HAWAII ISLANDS ADULT DAY CARE, INC.**
 Address: **561 KUPUNA PLACE**
HALE, HI 96720

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

Adult Day Care Center (ADCC)

Deficiency Report

Compliance Manager Name:
DAVID AYLING, RN

| Check Item | H.A.R. 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: **Wendy Jones**

SIGNATURE: **Wendy Jones** Date: **9.16.2022**

Compliance Manager Signature: **David Ayling, RN** Date: **9/16/2022**