Compliance Manager Name: Terri Van Houten RN Compliance Manager

Address: 604 Maunaloa Highway, Kaunakakai, HI 96748

Adult Day Care Center (ADCC) Na Pu'uwai Deficiency Report

Date of Inspection: 2/7/2022 Date Corrective Action Plan is Due:					
		N/A			
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Rule # and Non-Compliant findings		
ОК	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:	Kari Kaahagui					
SIGNATURE:	Al Long Wood	Date: 2/7/2022				
Compliance Manger Signature	In I so there t.	Date: 2/7/2022				