

ADCC Name: King Lunalillo ADCC

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

Compliance Manager Name: Deborah Baumgart LPN

Address: 501 Kekauluohi Street
Honolulu, HI 96825

Adult Day Care Center (ADCC) RECERTIFICATION Deficiency Report

6/30/2023		Date Corrective Action Plan is Due:
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading
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
		Rule # and Non-Compliance findings

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: Inelani K. AhQuin

SIGNATURE: 

Date: 6/30/2023

Date: 6/30/23

Compliance Manger Signature