ADCC Name: Furukawa Living Treasure Respite

Center Palolo

Community Ties of America, Inc 500 Ala Moana Blvd, Suite 7400 Honolulu, Hawaii 96813 Compliance Manager:

Address: 1647 Palolo Avenue Honolulu, Hawaii 96816

			Adult Day Care Center (ADCC)
			Deficiency Report
Date of Inspection: 10/9/2023		Date POC is Due:	Type of Inspection (circle one): (RECERT) or ANNUAL or NEW
Check Item	H.A.R. 17-1424 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	
			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 cor	rection to CTA within th	e timeframe stated above.	
X	If this box is checke	d then I understand that I met all requi	rements and no Plan of Correction is required
PRINT NA	ME: Qenn Fi	irilian	
SIGNATU	RE:	10	Date: Was
Compliano	ce Manager Signature:	S ATO	Date: /9/9/23