

ADCC Name: St Francis Intergenerational ADCC

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

Deborah Baumgart LPN Compliance Manager:

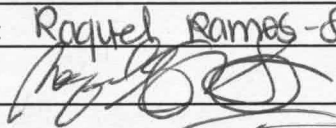
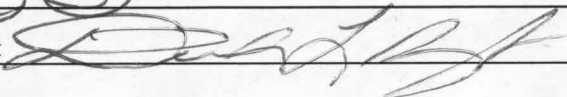
Address: 91-1758 Oohao Street
Ewa Beach, HI 96706

**Adult Day Care Center (ADCC)
Deficiency Report**

Date of Inspection: 11/30/2023		Date POC is Due:	Type of Inspection (circle one): <u>RECERT</u> 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	

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 Plan of Correction is required

PRINT NAME: Raquel Ramos-Sao
SIGNATURE:  Date: 11/30/23
Compliance Manager Signature:  Date: 11/30/23