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

Address: 7.7 N. Kainalu Drive

Kailua, HI 96734

Adult Day Care Center (ADCC)			
Deficiency Report			
Date of Inspection: 03/28/24		Date Plan of Correction is Due: 4/28/24	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	APS/CAN/FP for staff member exp 3/13/24 No current PE for staff members & exp 11/28/23 & 8/10/23 No current TB for staff members exp 11/28/23 & 8/8/23. No current CPR/FA for staff member exp 6/10/23
	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	s 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: Michael Gleason			
SIGNATURE: 1 Date: 3/28/24			
Compliance Manager Signature: Date: \$\frac{128}{28124}			