

ADCC Name: Live Well at Iwilei Road

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

Compliance Manager Deborah Baumgart LPN:

Address: 888 Iwilei Road Suite 105
Honolulu, Hawaii 96817

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

Date of Inspection: 05/30/2024

Date Plan of Correction 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 | |

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: Denry Nakamoto

SIGNATURE: Denry Nakamoto

Date: 5/30/24

Compliance Manager Signature: 

Date: 5/30/24