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

Compliance Manager: Deborah Baumgart LPN:

Address: 501 Kekauluohi Street

Honolulu, HI 96825

| Adult Day Care Center (ADCC) Deficiency Report | | | | | | | |
|--|-----------------------------|--|--|--|--|--|--|
| | | | | | | | |
| Check Item | H.A.R. 17-1424 Chapter # | Chapter Heading | Rule # and Non-Compliant findings | | | | |
| ok | 3 | Application for Certificate of Approval | | | | | |
| ok | 11 | Administration | <u> </u> | | | | |
| Х | 12 | Personnel and Staffing | Protective Services 346-335 -Staff member APS/CAN lapsed 10/13/22 was done on 4/25/23. Ecrim due 4/27/20 done 4/25/23. Staff member with no evidence of 2-step T.B. present. Staff member TB clearance lapsed on 2/1/23 done on 4/25/24. | | | | |
| 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 | | | | | |
| 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: \begin{align*} \text{Variable} & Ah Quin | | | | | | | |
| SIGNATURE: Date: 6/17/2024 | | | | | | | |
| Compliance Manager Signature: Date: (/12/24 | | | | | | | |

Adult Day Care Center (ADCC) Written Plan of Correction (POC) HAR 17-1424

Name on ADCC Certificate:

King Lunalilo Adult Day Care Center

(PLEASE PRINT)

ADCC Physical Address:

501 Kekauluohi Street, Hon. HI 96825

(PLEASE PRINT)

| Rule Number | Corrective Action Taken – How was each issue fixed for each violation? | Date each violation was fixed | Prevention Strategy – How will you prevent each violation from happening again in the future? |
|--------------------|--|-------------------------------------|--|
| 346-335 17-1424 | completed expired APS/CAN | 4/25/23 | Create a fieldprint, APS/CAN log for all employees to include 1st two consecutive years and every other year thereafter. Log will be handled and reviewed by HR Department monthly. |
| 346-335 | . completed expired Ecrim. | 4/25/23 | Create a Ecrim log for all employees. Log will be handled and reviewed by HR Department monthly |
| 346-335 | obtained TB clearance after returning from extended leave. | 4/25/24 | Moving forward employee will be required to complete prior to taking an extended leave. Create a physical / TB clearance log for all employees. Log will be handled and reviewed by HR Department monthly. |
| 346-335 | clearance QuantiFERON Blood test. Unable to acquire results before emergency leave the day after. | 7/02/24 | Results is required prior to return from emergency leave. HR Department will handle and review all new employee documents before employee's start date and continue thereafter. |

| X All items that we | ere corrected are attached to this POD | |
|---------------------|--|-------------------------|
| ADCC Signature: _ | TUBAMK. ANS MIN | |
| ADCC PRINT Name: | Tulklaki K. Ahowin | Date: <u>4/10/20</u> 24 |
| | | /// |

X CTA has reviewed all corrected items