

ADCC Name: Aged to Perfection Wahiawa

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

Compliance Manager: Deborah Baumgart LPN

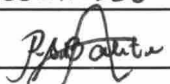
Address: 1445 California Avenue
Wahiawa, HI 96786

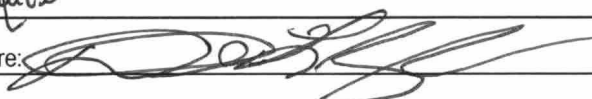
Adult Day Care Center (ADCC) Deficiency Report			
Date of Inspection: 10/28/2024		Date Plan of Correction is Due:	Type of Inspection (circle one): RECERT or <u>ANNUAL</u> or NEW
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Rule # and Non-Compliant findings
ok	3	Application for Certificate of Approval	
ok	11	Administration	
ok	12	Personnel and Staffing	
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: ROCHELLE S. BALETE

SIGNATURE:  Date: 10/28/24

Compliance Manager Signature:  Date: 10/28/24