ADCC Name: Hulu Makua ADC

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

Deborah Baumgart LPN Compliance Manager

Address: 1029 Kapahulu Avenue #408

Honolulu, HI 96816

| Adult Day Care Center (ADCC) | | | |
|--|-----------------------------|---|---|
| Deficiency Report | | | |
| Date of Inspection: 11/29/2024 | | Date Plan of Correction is Due: | Type of Inspect ion (circle one): RECERT or ANNUAL 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: SHERRI NEXES | | | |
| | | | |
| SIGNATURE: Date: //29/29 | | | |
| Compliance Manager Signature: Date: 1/29/24 | | | |