

ADCC Name: Nakagawa ADCC

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

Compliance Manager: Deborah Baumgart LPN

Address: 1672 Hoolehua Street  
Pearl City, HI 96782

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

| Date of Inspection: 11/01/2024 |                          | Date Plan of Correction is Due:         | Type of Inspection (circle one):<br>RECERT or <b>ANNUAL</b> 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: Jan Nakagawa

SIGNATURE: *Jan Nakagawa*

Date: 11/1/24

Compliance Manager Signature: *Deborah Baumgart*

Date: 11/1/24