

Address: 91-1758 Oohao Street
 Ewa Beach, HI 96706

Adult Day Care Center (ADCC)			
Deficiency Report			
Date of Inspection: 12/11/2025		Date Plan of Correction is Due: 1/23/2026	Type of Inspection: X - RECERT or ANNUAL or NEW
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Rule # and Non-Compliant findings
X	3	Application for Certificate of Approval	
	11	Administration	(e) Each center shall have comprehensive liability insurance coverage. Comment: No current general liability insurance present. One in record expired 10/31/24.
	12	Personnel and Staffing	(a) A director's responsibilities shall include: (3) Designation of a staff member to be responsible for administration, whenever the director is absent for any part of the day. Comment: There was no written designation present of who is responsible whenever the director is absent for any part of the day. (c) Each center shall keep the following records: (1) A list of current staff members, including the staff members' training, work and other related experiences, and health records, as provided in section 17-1424-12; Comment: No staff records included information relative to the staff's work experience. No resume or job applications were present. Per HAR 11-106 Background checks. Comment: 1 out of 3 employee records reviewed did not have the second set of fingerprints/APS/CAN done. None were present in record. They were due on/before 2/16/23. APS/CAN was done 12/6/23. No second set of fingerprints found in record.
	13	Admissions	(b) Each applicant shall have a physical examination by a licensed physician prior to admission to a center. The examination shall take place within ninety calendar days prior to admission to the center. The physician's report shall contain information regarding the applicant's medical diagnosis, including a tuberculosis clearance that complies with department of health guidelines and instructions concerning any special care required by the applicant while at the center. An annual physical examination or statement of health, including a tuberculosis clearance that complies with department of health guidelines, shall be required after an individual becomes a client of the center. Comment: 1 out of 6 participant records had a TB clearance on Form F signed by a RN instead of a MD, NP or PCP. It was also due on or before 3/14/25 and it was done on 3/28/25.

ADCC Name: St Francis Intergenerational ADCC

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

Compliance Manager Angel England RN :

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X	14	Participant Fees	
X	15	Transportation	
	16	Services for Center Participants	(F) Excursions or outings at least twice monthly to points of interest to the participants, such as senior centers or other group functions; Comment: Outings only documented 1x/month from Sept through present date.
X	17	Physical Location	
	18	Fire Protection	(a) The director shall formulate an evacuation plan for the protection and evacuation of the participants to areas of refuge. This plan shall include training of all staff members and participants in the event of fire. The plan shall be submitted to the fire department for approval. (2) The staff members shall be trained to properly report a fire, to extinguish a small fire, and to escape from a fire; and Comment: No evidence staff are trained to report, extinguish and escape from a fire.
X	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:

SIGNATURE:

Date:

Compliance Manager Signature:



Date: 1/6/26