

ADCC Name: Casamina Adult Day Care Home

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

Compliance Manager:
Deborah Baumgart LPN

Address: 1426 Ala Napunani Street
Honolulu, HI 96818

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

| Date of Inspection: 09/30/2025 | | Date Plan of Correction is Due: | Type of Inspection (circle one): <u>RECERT</u> 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: Amelie Cabatu

SIGNATURE: *Amelie Cabatu* Date: 9/30/25

Compliance Manager Signature: *Deborah Baumgart* Date: 9/30/25