

ADCC Name: Hale Hauoli Hawaii Kaneohe

Community Ties of America, Inc  
45-955 Kamehameha Highway, Suite 300  
Kaneohe, HI 96744

Compliance Manager Name: David Ayling, RN

Address: 45-480 Kaneohe Bay Drive Unit D04  
Kaneohe, HI 96744

Adult Day Care Center (ADCC)  
Deficiency Report

Date of Inspection: 3/4/2026		Date Corrective Action Plan is Due:	
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	
X	12	Personnel and Staffing	AP/ICAN EXPIRED ON 2/27/2026 FOR STAFF MEMBER Dec.
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 corrective action is required

PRINT NAME:

SIGNATURE:

Compliance Manager Signature

*Matthew Wyatt*

*Matthew Wyatt*

*David Ayling RN*

Date: 3/4/2026

Date: 3/4/2026

CTA RN Compliance Manager: David Ayling, RN

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Hale Hau`oli Hawai`i

(PLEASE PRINT)

CCFFH Address: 98-1247 Kaahumanu Street, Suite 207, Aiea, HI 96701

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
17-1424-12	An appointment was made immediately for the APS/CAN report for the employee that was out of compliance and the report was received on 3/9/2026	3/9/2026	The fillable forms supplied by Community Ties that show when each requirement is due, when it is complete, and then when it's due again, is being utilized. The Director and the Patient Care Coordinator will review this form monthly to ensure that all requirements are up to date.

All items that were corrected are attached to this POC

PCG's Signature: Kathleen Wyatt

Date: 3/10/2026

CTA has reviewed all corrected items