

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965596	(X3) DATE SURVEY COMPLETED R 06/02/2017
NAME OF PROVIDER OR SUPPLIER HAINES MANOR ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 301 SOUTH 10TH STREET HAINES CITY, FL 33844	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Desk Review was conducted on 06/02/17. The deficient practice previously identified during the CHOW survey on 04/11/17 was corrected. Lic #9965		