

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965596	(X3) DATE SURVEY COMPLETED 01/23/2018
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 An unannounced LNS, (Limited Nursing Services), monitoring visit was conducted 1/23/18, at Haines Manor, an Assisted Living Facility, (License # 9965), in Haines City, Florida. No deficiencies were found at the time of the visit.		