STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965596	R **08/15/2017**
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 8/15/17 to the complaint survey, (CCR# 2017005963), of 6/27/17. It was determined at the time of the desk review that the previously cited deficiency at Haines Manor had been corrected.

(License # 9965)