STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965596	**08/27/2018**
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

A complaint investigation (CCR #2018009801) was conducted at Haines Manor Assisted Living Facility (ALF) (Lic. #9965) on . . Haines Manor ALF had a deficiency at the time of the investigation.

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility did not maintain a copy of a satisfactory fire safety report that had been conducted within the last year, pursuant to Section 429.41, F.S.

Findings include:

Although the administrator furnished a copy of the facility's latest fire inspection from during the investigation, no subsequent visit report from the fire marshal/local authority having jurisdiction could be provided. Interview with the administrator at 2:45pm on revealed that "they had come out sometime in , 2018, but he was unable to locate the report."

Class III