STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965596	R **10/08/2018**
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 revisit to the complaint investigation (CCR #2018009801) in conjunction with complaint investigation (CCR# 2018014078 & 2018014318) was conducted at Haines Manor Assisted Living Facility (ALF) (License #9965) in Haines City, FL on 10/8/2018. Haines Manor ALF had no deficiencies at the time of the investigation related to the revisit.