STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965596	**12/17/2018**
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 (CCR# 2018016774) survey was conducted on 12/17/2018 at Haines Manor Assisted Living Facility (License #9965) in conjuction with a revisit. There were no deficiencies identified at the time of the survey related to the complaint.