STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965596	R **02/26/2019**
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 a 1/11/19 Biennial Survey with Limited Nursing Services in conjunction with a second revisit to a 10/8/18 Complaint (CCR#2018014318 and CCR#2018014078), an Initial Limited Mental Health Survey and a complaint survey (CCR# 2019002159) was conducted at Haines Manor Assisted Living Facility (ALF) (License #9965) in Haines City, FL on 02/26/2019. Haines Manor ALF had no deficiencies at the time of the survey related to the revisit.