STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965596	R **02/26/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAINES MANOR ALF	**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 second revisit to a10/8/18 Complaint (CCR#2018014318 and CCR#2018014078) in conjunction with a revisit to a Biennial Survey with Limited Nursing Services and 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 . Haines Manor ALF had deficiencies at the time of the investigation.

L240 - LMH - Licensing - 429.075; 58A-5.029 (1)(a)

Based on record review and interview, the facility failed to obtain a limited mental health (LMH) license prior to admitting and providing services to one or more mental health residents.

Findings Included:

A focused record review of Resident #1's record revealed they received Supplemental Security Income (SSI), ( ) and had a mental illness diagnosis.

A focused record review of Resident #2's record revealed they received SSI, and had a mental illness diagnosis.

An interview with Staff A was conducted on beginning at 10:20am. Staff A confirmed they had not prepared the required documents in order to obtain the LMH license at the time of the initial LMH survey. As of the date of survey, the facility does not hold a limited mental health (LMH) license.

Class III