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

An Initial survey for a Limited Mental Health specialty license, in conjunction with a second revisit to a Complaint (CCR#2018014318 and CCR#2018014078), a revisit to a Biennial Survey with Limited Nursing Services, and 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.

L241 - LMH - Records - 429.075( ); 58A-5.029(2) FAC

Based on record review and interview, the facility failed to obtain a , agreement for services for limited mental health (LMH) residents.

Findings Included:

Focused record review of facility's records revealed there was no , agreement for residents that met the criteria for LMH.

An interview with Staff A was conducted on beginning at 10:20am. Staff A stated confirmed they did not have a , agreement in place in order to obtain the LMH license.

Class III