

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965596	(X3) DATE SURVEY COMPLETED R 05/16/2019
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 A revisit to 2/26/19 initial limited mental health (LMH) survey was conducted at Haines Manor ALF (assisted living facility) on 5/16/19 in conjunction with a revisit to 2/26/19 complaint #2019002159, and a revisit to 2/26/19 complaint #2018014318 and 2018014078. Deficiencies were found to be corrected at the time of the survey.		