AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963784	12/21/2015
NAME OF PROVIDER OR SUPPLIER **WILD FLOWER INN**	STREET ADDRESS, CITY, STATE, ZIP CODE **639 MICHIGAN BLVD. #1500** **DUNEDIN, FL 34698**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

On 21,2015 an abbreviated relicensure survey was conducted at Wild Flower Inn Assisted Living Facility. Deficient practice was identified during the survey.

0026 Resident Care - Social & Leisure Activities

Based on observation, record review and interview the facility failed to provide ongoing activities six days a week for no less then 12 hours a week for 6 of (#1, #2, #3, #4, #5, #6) 6 residents.

Findings Included:

During a tour of the facility at 9:15am the activity calendar posted listed one hour of activities twice a day 6 days a week.
On / the calendar had exercise scheduled at 10:00am. and a second activity would start at 1:00 pm.
There were no activities observed all morning and no activities offered throughout the afternoon.
During an interview with staff B on / at 2:30pm he stated that the residents were not interested in activities. The resident would not take part in any activities.
The relief administrator stated it was hard to get residents in a small facility to join activities they all have different tastes.
During interviews conducted on / with the 6 residents it was stated the facility did not offer activities. the residents stated they use to have activities and would like activities to do again.
The staff stated they would conduct a meeting with the residents and try to encourage them to plan the type of activities they would enjoy.
Class III

0055 Medication - Storage and Disposal

Based on observations and interviews, the facility failed to keep centrally stored medications secured for 6 of(#1, #2, #3, #4, #5, #6)6 residents.

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Findings Included:

During a tour of the facility on / at 9:15AM It was discovered that the medication cart was left unlocked and unattended. A resident was observed walking past the cart at 9:20 am to enter the kitchen. A second resident was observed at 9:22 am passing the unlocked medication cart, circle the area and walking past the unlocked cart again.
During a intetview with staff A at 9:30 am on / he stated that he was in a rush to help a resident and did not push the lock in far enough. The staff stated he should have checked to be sure before he left the cart. The staff stated he was going to be careful so it would not happen again.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 1, 2015

Administrator
Wild Flower Inn
639 Michigan Blvd. #1500
Dunedin, FL 34698

Dear Administrator:

This letter reports the findings of a abbreviated annual state licensure survey that was conducted on December 1, 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than January 1, 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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