STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963784	R **05/09/2018**
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

A Revisit to 3/13/18 Complaint (CCR#2018000536) was conducted at Wild Flower Inn on 5/9/18 in conjunction with a Biennial Re-licensure Survey and a Complaint Investigation (CCR 2018003793). The facility had corrected the prior deficiency and had a new deficiency at the time of the visit.

(License #8223)

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on interview and record review, the facility failed to maintain a surety bond in an amount equal to twice the average monthly aggregate income which are received by the facility.

Findings included:

An interview was conducted with the Administrator at 11:05 AM on and they stated the facility acted as representative payee for Residents #3, #4, and #5.

A review of Resident #3's, #4's, and #5's records showed documentation from a federal government agency that confirmed that the facility acted as representative payee (photographic evidence obtained).

On , the Administrator was asked for proof filing a surety bond and the Administrator was not able to provide it.

Class III