

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963784	(X3) DATE SURVEY COMPLETED R 07/06/2018
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 desk review was conducted on 7/06/18 to the complaint survey, (CCR# 2018003793), of 5/09/18. At the time of the desk review, it was determined that the previously cited deficiency at Wild Flower Inn, Assisted Living Facility, had been corrected. (License # 8223)		