STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963784	R 07/10/2018
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 a biennial survey was conducted on at Wild Flower Inn in conjunction with a 2nd revisit to a complaint (CCR 2018000536) and a complaint survey (CCR 2018009115). Wild Flower Inn had deficiencies at the time of the visit.

(License #8223)

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to ensure that residents' health assessments (AHCA Form 1823) were utilized in determining the appropriateness of continued residency in the facility for one (Resident #4) of four residents sampled.

Findings included:

A review of Resident #4's record conducted on showed an AHCA Form 1823 dated . The resident's AHCA Form 1823 stated that the resident required medication administration.

An interview was conducted with the Administrator at 1:57 PM on concerning Resident #4's AHCA Form 1823 indicating that they needed medication administration. The Administrator stated that the doctor made a mistake and confirmed that the facility employed unlicensed staff to assist with self-administration of medication.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe living environment that was free of hazards.

Findings included:

A tour of the facility was conducted beginning at 9:08 AM on . Upon entrance in to the facility, there was a strong smell present in this area.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963784	R 07/10/2018
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)

Outside of the facility's kitchen was a laundry area where there were bi-fold doors sitting off the hinges (photographic evidence obtained).

Located near the dining a , and there were stains in the shower stall and the mat inside the shower appeared to be dirty (photographic evidence obtained).

was observed with a strong smell. There was an electric outlet in this a safety cover plate (photographic evidence obtained). The observed and what appeared to be fecal matter was on the floor (photographic evidence obtained). These issues were discussed with Staff A at 9:28 AM on . There was also cracked molding and an unknown substance on the floor near the bed furthest away from the door (photographic evidence obtained). Staff A could not explain what it was.

The tour continued and # was observed. The closet showed bi-fold doors that were off the track (photographic evidence obtained). On the floor in the closet were tanks lying on their sides, and some under clothing, creating a potentially serious safety issue (photographic evidence obtained). Staff A was present in the the concerns were pointed out to Staff A.

Class III