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 2nd revisit to a . . . . Complaint survey (CCR#2018000536) was conducted at Wild Flower Inn on . . . in conjunction with a complaint investigation (CCR#2018009115) and a partial revisit to the . . . . biennial survey. Wild Flower Inn had a 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 attempted record review, the facility failed to file a surety bond with the agency in an amount equal to twice the average monthly aggregate income which is received by the facility.

Findings included:

An interview was conducted with the Administrator at 11:06 AM on . The Administrator stated that the facility was representative payee for Resident #3 and Resident #4.
In an attempted record review, when asked if the facility had a surety bond for review by the Agency, the Administrator stated that they had one previously but canceled it because they "did not need one."

Class III