

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963784	(X3) DATE SURVEY COMPLETED R 08/28/2018
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 5/9/18 Biennial Survey was conducted at Wild Flower Inn on 8/28/18. Wild Flower Inn had a deficiency at the time of the visit.

(License #8223)

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 free of safety hazards.

Findings included:

A tour of the facility was conducted beginning at 9:22 AM on There was a strong odor of located by the entrance near a common area. The carpeting just outside of was wet with a circumference of approximately three feet (photographic evidence obtained).

The laundry area just outside the kitchen was observed and there were bi-fold doors laying against the wall off the track (photographic evidence obtained).

. was observed with a closet and the bi-fold doors were off the track and leaning against interior wire shelving (photographic evidence obtained).

. was then observed from the doorway and the corner of the wall on the left side after entering the a missing piece of drywall (photo evidenced obtained). There was a very strong odor of feces and coming out of the Staff A and the surveyor entered and observed the There was feces splattered on the toilet seat, which appeared to be broken (photographic evidence obtained).

Staff A was interviewed at 9:40 AM on and stated that the toilet in needed to be cleaned. Staff A was asked about the water/wet carpeting in front of and they stated that there was a leak and they were unable to locate where it was coming from.

The Administrator was interviewed at 10:30 AM on concerning the safety issues described

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963784	(X3) DATE SURVEY COMPLETED R 08/28/2018
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)		
including the wet carpeting in front of They stated that they had a handyman look at the leak in on and they couldn't determine what the problem was. The Administrator stated that they will have to tear up the wooden floor in Class III		