STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963784	R 10/12/2018
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 . . . /8 complaint (CCR 2018000536) in conjunction with a revisit to a . . . . biennial survey was conducted at Wild Flower Inn on . Wild Flower Inn had deficiencies 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 file a surety bond with the Agency in an amount equal to twice the average monthly aggregate income that was received by the facility.

Findings included:

An interview was conducted with the Administrator at 11:13 AM on concerning obtaining a surety bond. The Administrator stated that they did not obtain a surety bond and that that the facility was acting as representative payee only for Resident #1.

A review of Resident #1's record showed documentation from a federal agency dated . . . indicating that the facility was named as representative payee for the resident (photographic evidence obtained).

Class III