

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963784	(X3) DATE SURVEY COMPLETED 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 follow-up survey to a biennial survey in conjunction with a 3rd revisit to a complaint (CCR 2018000536) was conducted at Wild Flower Inn on . 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 provide proof of a face-to-face medical examination by a health care provider, at least every three years after the initial assessment, for one (Resident #3) of five resident records sampled.

Findings included:

A review of resident records conducted on showed that the most recent AHCA Form 1823 for Resident #3 was dated .

An interview was conducted with the Administrator at 11:45 AM on concerning Resident #3's 1823 Form dated more than three years ago. The Administrator stated that this was the only AHCA Form 1823 on record for Resident #3 and acknowledged that it was more than three years old.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation and interview, the facility failed to have staff present that provided continuous supervision and care for five (Resident #1, Resident #2, Resident #3, Resident #4, and Resident #5) of five residents.

Findings included:

Upon entering the facility at 9:17 AM on , it was discovered that there was no staff present. Resident #2 approached the surveyor after hearing knocking on the Administrator's locked office door

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and confirmed that the Administrator had left the building. A phone call was placed to local law enforcement out of concern for resident safety. The facility was toured and there were 5 residents present. The cellular phone number for the Administrator was obtained and a call was placed at 9:41 AM on . The Administrator stated that they left the facility to pick up a prescription. The Administrator acknowledged that there was no staff at the facility to supervise or assist residents. Local law enforcement arrived at 9:45 AM on . and looked throughout the facility. The Administrator arrived at the facility at 9:54 AM. A discussion with the Administrator took place with local law enforcement present. The Administrator stated that an employee's family member was sick and that they took the employee to the family member's home. The Administrator acknowledged that they left the residents alone without any staff supervision. Local law enforcement stressed the requirement that there must be staff present in the facility at all times. The Administrator stated that they knew the rules and they left for a reason. A review of resident records was conducted on . A review of Resident #4's AHCA Form 1823, dated , indicated that the resident required assistance with all activities of daily living. 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 and decent living environment free of safety hazards. Findings included: A tour of the facility was conducted on beginning at 10:13 AM. There was a smell of upon entering the facility. A member of law enforcement had entered the facility at approximately 9:50 AM on . and stated that they smelled while standing in between the entrance and the dining . 5 and 6 were observed and both contained broken bi-fold doors in to residents' closets (photographic evidence obtained). . also showed that dry wall was missing from a corner wall near the entrance to the . (photographic evidence obtained).		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/25/2018
FORM APPROVED

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The carpeting in front of . . . (extending in to a common area) was stained from flooding that occurred in The carpeting showed a white powdery film in this area. The Administrator accompanied the surveyor to at approximately 11:30 AM on to observe the broken bi-fold door. The Administrator attempted to fix the door but was unable to do so. The Administrator was interviewed at 11:39 AM on and acknowledged the environmental issues present in the facility. Class III		