STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963784	R 04/05/2019
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 fourth revisit to a Complaint (CCR#2018000536) in conjunction with a fourth revisit to a Biennial Survey was conducted on at Wildflower Inn (License#8223) located in Dunedin, FL. The facility had deficiencies at the time of the survey.

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:

A review of Resident #1's record revealed documentation that Resident #1 receives , ( ) and the facility reviews a monthly check of $78.40. Resident #1's portion of the funds come out of the faciltiy's check.

An interview was conducted with the Administrator on at 9:18am. The Administrator stated that they receive a check for Resident #1, they cash the check and then provide Resident #1 with the $54.00 monthly. The Administrator stated the facility keeps the remaining funds. At 9:45am the Administrator confirmed they did not obtain a surety bond.

Class III