

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963784	(X3) DATE SURVEY COMPLETED 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 5/9/18 Biennial Survey in conjunction with a fourth revisit to 3/13/18 Complaint (CCR#2018000536 was conducted on 04/05/2019 at Wildflower Inn (License#8223) located in Dunedin, FL. The facility had no deficiencies at the time of the survey.		