

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963784	(X3) DATE SURVEY COMPLETED R 05/22/2019
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 A follow-up to a complaint survey was conducted on 5/22/19 for Wildflower Inn Assisted Living Facility. The previously cited citation was found corrected via desk review.		