

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964511	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 09/11/2023
NAME OF PROVIDER OR SUPPLIER FRESH WATER AT HUDSON			STREET ADDRESS, CITY, STATE, ZIP CODE 14108 OLD DIXIE HIGHWAY HUDSON, FL 34667		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comments A complaint (complaint number 2023013281) survey was conducted at Fresh Water At Hudson on . The facility had deficiencies at the time of survey.	A 000			
A 180 SS=G	59A-36.019(1) FAC Emergency Management (1) EMERGENCY PLAN COMPONENTS. Pursuant to Section 429.41, F.S., each facility must prepare a written comprehensive emergency management plan in accordance with the "Emergency Management Criteria for Assisted Living Facilities," dated , which is incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-04010 . This document is available from the local emergency management agency. The emergency management plan must, at a minimum, address the following: (a) Provision for all hazards; (b) Provision for the care of residents remaining in the facility during an emergency, including pre-disaster or emergency preparation; protecting the facility; supplies; emergency power; food and water; staffing; and emergency equipment; (c) Provision for the care of residents who must be evacuated from the facility during an emergency including identification of such residents and transfer of resident records; evacuation transportation; sheltering arrangements; supplies; staffing; emergency equipment; and medications; (d) Provision for the care of additional residents who may be evacuated to the facility during an emergency including the identification of such residents, staffing, and supplies; (e) Identification of residents with 's or related , and residents with	A 180			

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FRESH WATER AT HUDSON

**14108 OLD DIXIE HIGHWAY
HUDSON, FL 34667**

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A 180	Continued From page 1 mobility limitations who may need specialized assistance either at the facility or in case of evacuation; (f) Identification of and coordination with the local emergency management agency; (g) Arrangement for post-disaster activities including responding to family inquiries, obtaining medical intervention for residents, transportation, and reporting to the local emergency management agency the number of residents who have been relocated, and the place of relocation; and, (h) The identification of staff responsible for implementing each part of the plan. This Statute or Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to prepare a written comprehensive emergency management plan that addressed evacuation transportation. Furthermore, the facility failed to evacuate residents in timely manner while under mandatory evacuation orders which placed eleven of eleven residents at risk for health exacerbation, harm, or injury due to rising flood waters in the mandatory evacuation Zone A. Findings included: During a telephone interview that was conducted with a local Law Enforcement Officer on _____ at 03:05pm, the local Law Enforcement Officer stated that he was called to the facility due to receiving telephone calls from residents concerned about their safety due to the approaching hurricane and that the facility did not want to evacuate the residents. The local Law Enforcement Officer stated that he was at the facility on _____ and advised the Facility	A 180		

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A 180	Continued From page 2 Manager that they were in a mandatory evacuation zone, a hurricane was approaching, and that the facility were requested to evacuate due to the mandatory evacuation orders for the County in effect for residents of Zone A issued on at 03:00pm. The local Law Enforcement Officer stated that the storm surge was predicted to reach as high as 9 and that rescue attempts would be impossible. The local Law Enforcement Officer stated that the local Fire Officials also had also attempted during the mandatory evacuation orders to get the facility evacuated and were unsuccessful. The local Law Enforcement Officer stated that the facility had no means to transport any residents and that he arranged for transportation with a city bus to relocate 11 of 11 residents to another assisted living facility on at 07:00pm. During an interview that was conducted with Resident #1 on at 10:30am, Resident #1 stated that local Law Enforcement were at the facility on at approximately 06:30pm and that the Law Enforcement Officer told the Facility Manager that they had to evacuate due to the approaching hurricane and that the facility was in the mandatory evacuation Zone A. Resident #1 stated that he told the Facility Manager earlier on that the residents should be evacuated due to the hurricane and the prediction that the storm surge could reach 9 Resident #1 stated the Facility Manager said that everything would be okay and that there had never been any problems at the facility before. During an attempt to review the facility's approved emergency management plan on, the approved comprehensive emergency management plan was not provided.	A 180			

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A 180	Continued From page 3 A review of _____ and _____ surveys conducted _____, during the surveys conducted on _____ and _____, the facility was cited for not having a comprehensive emergency management plan submitted or approved by the local emergency management agency. During an observation of the facility conducted on _____ at 09:00am, revealed that there was evidence that water had entered the facility as there was re-construction in progress and the drywall had been removed four _____ from the floor, the flooring had been removed, and dehumidifiers were observed and heard running. During an interview conducted with the Facility Manager on _____ at 11:15am, the Facility Manager stated local Law Enforcement arrived at the facility on _____ /202 at approximately 01:00pm and advised her to evacuate the facility due to the approaching hurricane and that the facility was in the mandatory evacuation Zone A. The Facility Manager stated that local Law Enforcement had to arrange transportation with a city bus to evacuate the residents from the facility. The Facility Manager stated that the facility did not have an approved comprehensive emergency management plan. Class II	A 180		