STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964511	04/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fresh Water At Hudson	14108 Old Dixie Highway Hudson, FL 34667	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0079-Staffing Standards - Levels-04
0084-Training - Assis Self-Admin Meds & Med Mgmt-04

Revisit Repeat Tags:

0008-Admissions - Health Assessment-58a-5.0181(2) Fac
0025-Resident Care - Supervision-58a-5.0182(1) Fac
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac
0081-Training - Staff In-Service-58a-5.0191(2) Fac
0165-Risk Mgmt & Qa; Adverse Incident Report-429.23 Fs; 58a-5.0241 Fac

Revisit New Tags:
0010-Admissions - Continued Residency-58a-5.0181(4) Fac
0058-Pharmacy & Dietary; Uncorrected Deficiencies-429.42 Fs; 58a-5.033 Fac
0091-Training - Documentation & Monitoring-58a-5.0191(12) Fac

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced revisit survey was conducted on .

The Fresh Water at Hudson, assisted living facility, had uncorrected deficiencies and new deficiencies at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure that the resident's health assessment, Form 1823 was completed in its entirety within 30 days of admission for 1 (Resident #9) of 4 residents sampled for record review.

Findings include:

Review of Resident #9's record revealed that she was admitted on . Her health assessment, Form 1823 was not dated by the health care provider. Page 4 had been faxed by the health care provider on . On page 1 of the health assessment, "see attached" was written in the following sections: known , medical history and diagnoses, physical or sensory limitations, or behavioral status, service requirements, and special precautions. There was no form or other documents attached. Page 4, section A did not have the resident's medications listed. "See med rec" was written across the section. There was no medication information attached to the health assessment. On page 4, section B, the type of medication assistance needed by the resident was not indicated.
In the interview with the administrator on at approximately 2:10pm, he acknowledged the concerns with

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964511	04/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fresh Water At Hudson	14108 Old Dixie Highway Hudson, FL 34667	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Resident #9's health assessment and stated he would have the doctor fix it.

Uncorrected Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to ensure that a medical examination was completed and documented on the health assessment, Form 1823 at least every 3 years after the first assessment for 1 (Resident #5) of 4 residents sampled for record review.

Findings include:

Review of Resident #5's most recent health assessment, Form 1823 revealed that it was dated . | which meant that the resident needed a new health assessment on .
Interview with the administrator on . at approximately 1:10pm revealed that he had believed that Resident #5's health assessment had been updated when the nurse practitioner came to the facility. He will get it done.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record reviews and interviews, the facility failed to document residents' change in condition for 2 residents (Residents #6 and #8) and failed to document observations about the residents' health, safety and general well-being for 4 (Residents #5, #6, #8, and #9) of 4 residents sampled for record review.

Findings include:

Review of Resident #5's record revealed that she was admitted on . Her record did not have any documentation or notes about the resident from the facility staff.
Interview with the administrator on at approximately 12:20pm revealed that Resident #6 was sent to the hospital the previous day because he was slouching more and his was up. They thought maybe he was having another . (He had a history of The administrator was told that the resident would probably stay in the hospital for the day of the survey and the next day to monitor him. He had not had a .
Review of Resident #6's record revealed that he was admitted on . There was only one note written by staff in his record dated about an incident when the resident slid to the floor. There were no notes about Resident #6's hospitalization on and no notes from staff at all before . After talking with the surveyor about the lack of documentation, the administrator wrote a late entry about the resident's hospitalization during the survey.
Review of the facility's admission and discharge log revealed that Resident #8 had been discharged from the facility on to the hospital.
Interview with the administrator on . at approximately 12:15pm revealed that Resident #8 went back to the hospital because the daughter stated he was not right. He had mood issue stuff. He was playfully goofy to angry, but not physical. He went to the hospital to have his medications stabilized. The administrator talked with his daughter and she decided the resident was not coming back.
Review of Resident #8's closed record revealed that there were no notes from staff about the resident or any contact made with the resident's doctor or family.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964511	04/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fresh Water At Hudson	14108 Old Dixie Highway Hudson, FL 34667	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In the interview with the administrator on at approximately 1:10pm, he stated that he did not think they had any progress notes on Resident #8 and he needed to get better with progress notes.
Review of Resident #9's record revealed that she was admitted to the facility on . . . . . There were no notes or documentation from staff about the resident.
In the interview with the administrator on . . . . . at approximately 2:10pm, he stated that they will do notes on residents monthly at least and also for any issues.

Uncorrected Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and interview, the facility staff failed to properly assist with self-administration of medications for 3 (Residents #4, #11, and #12) of 3 residents sampled during a medication pass observation.

Findings include:

Observed medication pass performed by the facility manager (FM) on . . . . . at these approximate times: Residents #4 (11:40am), Resident #11 (11:43am) , and Resident #12 (11:47am). The FM did not clean or sanitize her hands before handling each resident's medications. She only checked the medication observation records (MORs) to verify that the residents had medications due at noon. She then gave the residents the medications from their multi-dose packs labeled for noon, but did not compare the medication labels to the MORs. She also did not tell the residents the names and directions of the medications given.
Interview with the administrator on . . . . . at approximately 12:05pm revealed that he acknowledged the concerns with the medication pass and stated that they had been working on it.

Uncorrected Class III

0058-Pharmacy & Dietary; Uncorrected Deficiencies 429.42 FS; 58A-5.033 FAC

Based on observations and interview, the facility failed to correct a Class III deficiency (A0052) related to improper assistance with self-administration of medications which requires the facility to employ a licensed pharmacist or licensed registered nurse to provide consultant services at least quarterly for as long as the agency deems the services necessary.

Findings include:

A0052 - Based on observations and interview, the facility staff failed to properly assist with self-administration of medications for 3 (Residents #4, #11, and #12) of 3 residents sampled during a medication pass observation. The facility staff specifically did not do the following steps: proper sanitation of hands, ensuring medication labels were verified with the medication observation records during the medication pass, and informing residents about the medications before being given.

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record reviews and interviews, the facility failed to ensure that all direct care staff had completed one

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964511	04/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fresh Water At Hudson	14108 Old Dixie Highway Hudson, FL 34667	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

hour of training for resident rights within 30 days of hire for 1 (Staff C) and 3 hours of training for activities of daily living (ADLs) within 30 days of hire for 4 (facility manager. Staff A, Staff B, and Staff C) of 4 staff members sampled for employee review.

Findings include:

Review of employee records for the facility manager (FM), Staff A, and Staff B revealed the following dates of hire: FM - , Staff A and Staff B - . There was no date of hire indicated for Staff C in his records.
Interview with the administrator on at approximately 2:45pm revealed that he estimated Staff C's date of hire as . He came when the administrator took over the facility.
Review of Staff C's employee record revealed no documentation of completion for a 1 hour course on resident rights.
In the interview with the administrator on at approximately 12:35pm, he stated that most of the staff completed the resident rights training on the same day, but acknowledged that Staff C did not have a signed form that documented that he had received the resident rights training.
Review of the FM, Staff A, Staff B, and Staff C's employee records revealed that they all had a form signed for ADLs training on . The number of training hours was not indicated on the form.
In the interview with the administrator on at approximately 12:35pm, he stated that he believed this (ADLs) was a one hour training for staff. They went over 3 short videos, about 15 to 20 minutes a piece.

Uncorrected Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on record reviews and interview, the facility failed to ensure that staff had correct certificates documenting the completion of required training for 4 (facility manager. Staff A, Staff B, and Staff C) of 4 staff members sampled for employee review.

Findings include:

Review of the employee records for the facility manager (FM), Staff A, Staff B, and Staff C revealed a form (certificate) for activities of daily living (ADLs), all dated . None of the certificates indicated the number of training hours for the course.
Review of the FM's, Staff A's and Staff B's employee records revealed a form titled Resident Bill of Rights. Staff A signed the form on . Staff B signed the form on . The FM did not have this form signed, but it was in her record. She signed the form during the survey and dated it, . The following information was not included on the forms: the number of training hours, the name and title of the person who provided the training, and the training location.
Interview with the administrator on at approximately 12:35pm revealed that he believed ADLs was a 1 hour training for staff. He stated that he did not do a certificate for resident rights training, but he indicated that it was a 1 hour course.

Class

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964511	04/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fresh Water At Hudson	**14108 Old Dixie Highway Hudson, FL 34667**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Based on record review and interview, the facility failed to file an adverse incident report for 1 (Resident #5) of 1 resident sampled for hospital visit following an incident.

Findings include:

Review of the facility's internal report for Resident #5 dated revealed that she was pushed by another resident. She had a laceration to the back of her head. She was taken to the hospital.
Interview with the administrator on at approximately 12:15pm revealed that they still had not done an adverse incident report for Resident #5. They just contacted the resident's husband.

Uncorrected Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 1, 2014

Administrator
Fresh Water at Hudson
14108 Old Dixie Highway
Hudson, FL 34667

Dear Administrator:

This letter reports the findings of a state licensure revisit survey that was conducted on . 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161