STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964511	05/12/2014
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)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced change of ownership survey (CHOW) state licensure survey was conducted on 5/12/14, in conjunction with a 2nd revisit to complaint survey, CCR# 2013011135.

The Fresh Water at Hudson ALF, assisted living facility, had no deficiencies at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 16, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit and a change of ownership (CHOW) state licensure survey conducted on May 12, 2014, by representative(s) of this office.

Attached are the provider's copies of the State Forms (5000-3547), which indicate the previously cited deficiencies were found corrected on the day of the revisit, and no deficiencies were cited during the CHOW 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,

Patricia Reid Caufman
FW Field Office Manager

PRC/kpr

Enclosures: State Forms (5000-3547)

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