STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964511	01/04/2017
NAME OF PROVIDER OR SUPPLIER **FRESH WATER AT HUDSON**	STREET ADDRESS, CITY, STATE, ZIP CODE **14108 OLD DIXIE HIGHWAY** **HUDSON, FL 34667**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

An unannounced Complaint survey (CCR#2016008766) was conducted at the facility on 1/4/17.

The Fresh Water at Hudson, Assisted Living Facility (License #9047), had deficiencies at the time of this visit.

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

Based on observation, record review and interview, the facility failed to ensure that residents are assisted with self-administered medications in accordance with physician orders for 5 (4, 2, 6, 1, 7) of 6 residents reviewed.

Findings included:

1) Per I/ review of Resident #4's Medication Observation Record (MOR) for the month of , 2016, Resident #4 was prescribed 300mg with orders to take 1 tablet by mouth every 8 hours. Times handwritten on the MOR for provision of this medication were 8am & 8pm -- initialed as provided at 8am & 8pm from 12/1 through -provided two times a day, not every 8 hours as prescribed. An " order change " effective / is written on the MOR for the resident to take 600mg 3 times a day (8am, 12pm, & 8pm) -- initialed as provided at 8am, 12pm, & 8pm from / through ; there were no initials indicating provision of this medication at any time from through .
Resident #4 was prescribed with orders to 1 tablet by mouth every 4-6 hours as needed for breakthrough pain, not to exceed 5 per day. This medication was initialed as having been provided 5 times a day from / / through . The reverse of the page was blank--there was no indication of when the as needed (PRN) medication was provided, reason, or results, and no way to determine if the medication was given every 4-6 hours as prescribed.
2) Per I/ review of Resident #2's Medication Observation Record (MOR) for the month of , 2017, Resident #2 was prescribed 12 different medications to be taken at 8am -- initialed as provided at 8am on I/ I/ , with some initials scribbled across I/ 8am space; there were no initials indicating provision of these 12 medications at 8am on 1/3 & I/ . Resident #2 was prescribed 2 medications to be taken at 12pm, 1 medication to be taken at 2pm, 3 medications to be taken at 5pm, and 6 medications to be taken at 8pm -- initialed as provided I/ / ; there were no initials indicating provision of these medications on 1/2 & I/ .
3) Per I/ review of Resident #6's Medication Observation Record (MOR) for the month of ,

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964511	01/04/2017
NAME OF PROVIDER OR SUPPLIER **FRESH WATER AT HUDSON**	STREET ADDRESS, CITY, STATE, ZIP CODE **14108 OLD DIXIE HIGHWAY** **HUDSON, FL 34667**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

2017, Resident #6 was prescribed 2 medications to be taken at 8am -- initialed as provided at 8am on [illegible]; there were no initials indicating provision of these 2 medications at 8am on 1/2, 1/3 & [illegible].
Resident #6 was prescribed 3 medications to be taken at 8pm -- initialed as provided at 8pm on [illegible]; there were no initials indicating provision of these 3 medications at 8pm on 1/2 & [illegible].
4) Per [illegible] review of Resident #1's Medication Observation Record (MOR) for the month of , 2017, Resident #1 was prescribed 2 medications to be taken at 8am -- initialed as provided at 8am on [illegible]; there were no initials indicating provision of these 2 medications at 8am on 1/2, 1/3 & [illegible].
Resident #1 was prescribed 1 medications to be taken at 12pm -- initialed as provided at 12pm on [illegible]; there were no initials indicating provision of this medication at 12pm on 1/2 & [illegible]. Resident #1 was prescribed 3 medications to be taken at 8pm -- initialed as provided at 8pm on [illegible]; there were no initials indicating provision of these 3 medications at 8pm on 1/2 & [illegible].
5) Per [illegible] review of Resident #7's Medication Observation Record (MOR) for the month of [illegible], 2016, Resident #7 was prescribed with physician orders to take one tablet by mouth every 6 hours as needed for pain. This medication was initialed as having been provided 3 times a day from [illegible] through [illegible]. The reverse of the page was blank--there was no indication of when the as needed (PRN) medication was provided, reason, or results, and no way to determine if the medication was given every 6 hours as prescribed.
Per interview with the facility Manager on [illegible] at 1:30pm regarding the inaccuracies found in the MORs, the Manager stated: " I know. I got so busy, I did not mark it. I know."

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review and interview, the facility failed to ensure proper maintenance of a daily Medication Observation Record (MOR) for each resident 5 (4, 2, 3, 1, 7) of 6 reviewed in facility with in-house census of 15 residents) who receives assistance with self-administration of medications that includes recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors, immediately updating each time the medication is offered or provided.

Findings included:

1) Per [illegible] review of Resident #4's Medication Observation Record (MOR) for the month of [illegible], 2016, Resident #4 was prescribed with orders to take 1 tablet by mouth at bedtime (8pm) - Initialed as provided 12/1 through ; there were no initials indicating provision of this medication through [illegible].
Resident #4 was prescribed Sulf ER 30 mg with orders to take 1 tablet by mouth every 12

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964511	01/04/2017
NAME OF PROVIDER OR SUPPLIER **FRESH WATER AT HUDSON**	STREET ADDRESS, CITY, STATE, ZIP CODE **14108 OLD DIXIE HIGHWAY** **HUDSON, FL 34667**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

hours (8am & 8pm) -- initialed as provided at 8am from 12/1 through 12/19/16; there were no initials indicating provision of this medication at 8am from through ; initialed as provided at 8pm from 12/1 through ; there were no initials indicating provision of this medication at 8pm from through .

Resident #4 was prescribed 300mg with orders to take 1 tablet by mouth every 8 hours. Times handwritten on the MOR for provision of this medication were 8am & 8pm -- initialed as provided at 8am & 8pm from 12/1 through -provided two times a day, not every 8 hours as prescribed. An " order change " effective is written on the MOR for the resident to take 600mg 3 times a day (8am, 12pm, & 8pm) -- initialed as provided at 8am, 12pm, & 8pm from through ; there were no initials indicating provision of this medication at any time from through .

Resident #4 was prescribed with orders to 1 tablet by mouth every 4-6 hours as needed for breakthrough pain, not to exceed 5 per day. This medication was initialed as having been provided 5 times a day from through . The reverse of the page was blank--there was no indication of when the as needed (PRN) medication was provided, reason, or results, and no way to determine if the medication was given every 4-6 hours as prescribed.

2) Per review of Resident #2 ' s Medication Observation Record (MOR) for the month of , 2017, Resident #2 was prescribed 12 medications to be taken at 8am -- initialed as provided at 8am on , with some initials scribbled across 8am space; there were no initials indicating provision of these 12 medications at 8am on 1/3 & . Resident #2 was prescribed 2 medications to be taken at 12pm, 1 medication to be taken at 2pm, 3 medications to be taken at 5pm, and 6 medications to be taken at 8pm -- initialed as provided ; there were no initials indicating provision of these medications on 1/2 & .

3) Per review of Resident #6 ' s Medication Observation Record (MOR) for the month of , 2017, Resident #6 was prescribed 2 medications to be taken at 8am -- initialed as provided at 8am on ; there were no initials indicating provision of these 2 medications at 8am on 1/2, 1/3 & . Resident #6 was prescribed 3 medications to be taken at 8pm -- initialed as provided at 8pm on ; there were no initials indicating provision of these 3 medications at 8pm on 1/2 & .

4) Per review of Resident #1's Medication Observation Record (MOR) for the month of , 2017, Resident #1 was prescribed 2 medications to be taken at 8am -- initialed as provided at 8am on ; there were no initials indicating provision of these 2 medications at 8am on 1/2, 1/3 & . Resident #1 was prescribed 1 medications to be taken at 12pm -- initialed as provided at 12pm on ; there were no initials indicating provision of this medication at 12pm on 1/2 & . Resident #1 was prescribed 3 medications to be taken at 8pm -- initialed as provided at 8pm on ; there were no initials indicating provision of these 3 medications at 8pm on 1/2 & .

5) Per review of Resident #7's Medication Observation Record (MOR) for the month of , 2016, Resident #7 was prescribed with physician orders to take one tablet by

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964511	01/04/2017
NAME OF PROVIDER OR SUPPLIER **FRESH WATER AT HUDSON**	STREET ADDRESS, CITY, STATE, ZIP CODE **14108 OLD DIXIE HIGHWAY** **HUDSON, FL 34667**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

mouth every 6 hours as needed for pain. This medication was initialed as having been provided 3 times a day from / through / . The reverse of the page was blank--there was no indication of when the as needed (PRN) medication was provided, reason, or results, and no way to determine if the medication was given every 6 hours as prescribed.
Per interview with the facility Manager on / at 1:30pm regarding the inaccuracies found in the MORs, the Manager stated: "I know. I got so busy, I did not mark it. I know."

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on interview and record review, the facility failed to ensure that medications prescribed to be provided as needed include specific directions, including the circumstances under which it would be appropriate for the resident to request the medication and any limitations, for 1 of 3 residents reviewed with as needed (PRN) medication orders in a facility with 15 in-house residents.

Findings included:

Per / review of Resident #1's Medication Observation Record (MOR) for the month of , 2017, Resident #1 was prescribed with physician orders to take one tablet by mouth every 6 hours as needed. No reason or parameters for provision of this medication were provided on the MOR. This medication was initialed as having been provided 3 times on / / and 3 times on / .
The reverse of the page was blank--there was no indication of when the as needed (PRN) medication was provided, reason, or results, and no way to determine if the medication was given every 6 hours as prescribed.
Per interview with the facility Manager on / at 1:30pm, the Manager stated she will get the doctor to fix it.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview, the facility failed to maintain the required minimum staff hours per week for a current census of 15 in-house residents.

Findings included:

Surveyors conducted a survey at the facility on / . Staff A provided a list of the facility's residents on the day of visit and confirmed 15 in-house residents at the time of visit. Surveyors observed no posted

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964511	**01/04/2017**
NAME OF PROVIDER OR SUPPLIER **FRESH WATER AT HUDSON**	STREET ADDRESS, CITY, STATE, ZIP CODE **14108 OLD DIXIE HIGHWAY** **HUDSON, FL 34667**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

staff schedule at the facility. Staff A stated she does not do one every month because it is always the same. Staff A created a current schedule while Surveyors were conducting facility visit. Staff A stated the schedule was accurate for the current week of / / - / /.
Per review of the facility's resident listing and staff schedule, the facility currently provides 210 staff hours per week for a current census of 15 in-house residents. The facility is licensed for 17 residents. Per Statute, facilities must maintain a minimum of 212 staff hours per week in an assisted living facility with 6-15 residents.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964511	01/04/2017
NAME OF PROVIDER OR SUPPLIER **FRESH WATER AT HUDSON**	STREET ADDRESS, CITY, STATE, ZIP CODE **14108 OLD DIXIE HIGHWAY** **HUDSON, FL 34667**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on observation, record review, and interview, the facility failed to maintain eligibility results of employee Background Screening in 2 (Staff A, B) of 5 employee personnel files and failed to maintain the signed Attestation of Compliance in 5 (Staff A, B, C, D & E) of 5 employee personnel files.

Findings included:

1) Per interview with Staff A on I/ at 9:30am, Staff A stated that she has worked at the facility as a Resident Care Aide for 9 years. Surveyor observed Staff A providing resident care throughout the day of visit. Per employee record review conducted at the facility on I/ , there were no background screening results in Staff A ' s file.
2) Per interview with Staff B on I/ at 11:00am, Staff B stated that she has worked at the facility for about 4 months and works 5 hours per day 6 days per week. Surveyor observed Staff B providing resident care throughout the day of visit. Per record review, Staff B began employment as a Resident Care Aide on ; there were no background screening results in Staff B ' s file.
3) Per employee record review conducted at the facility on I/ , there were no Attestations of Compliance completed as required and maintained in employee personnel files. Staff D's file contained an incomplete Affidavit of Compliance, blank except " Caregiver " & signature dated I/ . There were no Affidavits of Compliance in personnel files of Staff A, Staff B, Staff C, & Staff E.

Unclassified

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation, record review, and interview, the facility failed to maintain the employment status of all employees (5) within the Background Screening Clearinghouse, including Initial employment status and any changes in status within 10 business days, for the Administrator and 5 of 5 employees providing direct care services for a current census of 15 in-house residents.

Findings included:

Per I/ review of the facility's Employee Roster on the AHCA Background Screening site, there are no employees listed. Per interview with Staff A on I/ at 9:40am, Staff A confirmed that the Administrator listed in the Provider Account Information is the facility Administrator. The Administrator is not listed as an employee of the facility.
1) Per interview with Staff A on I/ at 9:30am, Staff A stated that she has worked at the facility as a Resident Care Aide for 9 years. Per / review of the facility's Employee Roster on the AHCA

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964511	01/04/2017
NAME OF PROVIDER OR SUPPLIER **FRESH WATER AT HUDSON**	STREET ADDRESS, CITY, STATE, ZIP CODE **14108 OLD DIXIE HIGHWAY** **HUDSON, FL 34667**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Background Screening site, Staff A is not listed as an employee of the facility. Surveyor observed Staff A providing resident care throughout the day of visit.
2) Per interview with Staff B on I/ at 11:00am, Staff B stated that she has worked at the facility for about 4 months and works 5 hours per day 6 days per week. Surveyor observed Staff B providing resident care throughout the day of visit. Per record review, Staff B began employment as a Resident Care Aide on . Per I/ review of the facility's Employee Roster on the AHCA Background Screening site, Staff B is not listed as an employee of the facility.
3) Per employee record review conducted at the facility on I/ , Staff C began employment as a Resident Care Aide on . Per review of the facility ' s staffing schedule and interview with Staff A, Staff C works 12 hours per day 2 days per week. Per I/ review of the facility's Employee Roster on the AHCA Background Screening site, Staff C is not listed as an employee of the facility.
4) Per employee record review conducted at the facility on / , Staff D began employment as a Resident Care Aide on . Per review of the facility ' s staffing schedule and interview with Staff A, Staff D works 12 hours per day 3 days per week. Per I/ review of the facility's Employee Roster on the AHCA Background Screening site, Staff D is not listed as an employee of the facility.
5) Per employee record review conducted at the facility on I/ , Staff E began employment as a Resident Care Aide on I/ . Per review of the facility ' s staffing schedule and interview with Staff A, Staff E works 12 hours per day 3 days per week. Per I/ review of the facility's Employee Roster on the AHCA Background Screening site, Staff E is not listed as an employee of the facility.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

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

RE: CCR# 2016008766

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2017, 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2017.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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.

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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

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

Sincerely,

Teresa Ryan RNC

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90