STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964511	R **04/14/2017**
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 2nd Revisit to 1/4/17 & 2/27/17 Complaint (CCR# 2016008766) surveys was conducted on 4/14/17.

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