STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964511	**08/30/2018**
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

A monitoring visit related to the facility's emergency power plan was conducted in conjunction with a revisit to the biennial survey at Fresh Water at Hudson on . . . . The facility had deficient practice.
License 9047

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to provide documentation of approval of their approved emergency power plan for review. The facility also failed to demonstrate compliance of the components of emergency power requirements for assisted living facilities, including written notification of plan approval and implementation to residents and families and use of . . . . monoxide detectors.

Findings Included:

During a review of the facility's records pertaining to the emergency plan, on . . . . . at 10:00am it was revealed that the facility did not have an approved emergency power plan or any documentation verifying submission of the plan to local authority.
During an interview on the same date at 10:05 AM, the administrator indicated he would work on submitting the plan and stated he had the necessary components to implement the plan. The administrator also confirmed that he had not provided written notification of plan implementation to the residents or responsible parties.
During a tour of the facility on that same date at 10:30 AM, it was observed that the facility did not have a . . . . monoxide detector.

Class III