STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964511	R 10/24/2018
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 Revisit to an 08/30/18 Monitoring Survey for the facility's emergency power plan was conducted in conjunction with a Complaint Survey (CCR#: 2018013748) at Freshwater at Hudson Assisted Living Facility on . Freshwater at Hudson Assisted Living Facility had deficient practice identified at the time of the survey.

(License#: 9047)

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, interview and attempted record review, the facility to provide proof of approval of their emergency environmental control plan (Emergency Power Plan). Additionally, the facility failed to provide proof of written notifications to residents and responsible parties of approval and implementation of their Emergency Power Plan and installation of a monoxide detector.

Findings included:

On beginning at 10:50 AM and throughout the day of the survey, a tour was conducted and there was no observation of any monoxide detectors in the facility.

Staff B was interviewed at 1:19 PM on and was asked to provide written proof of approval of the facility's Emergency Power Plan and written notification of residents and responsible parties of approval and implementation of the Emergency Power Plan. Staff B stated that they were unable to provide any documentation. Staff B was then asked if the facility installed a monoxide detector. Staff B stated that they were not aware of any monoxide detectors in the facility.

No records or documentation of written notification to residents or approval of the facility's emergency power plan were provided during the survey.

Class III