STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964511	R 12/17/2018
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 and 10/24/18 Monitoring Survey in conjunction with a Revisit to a 10/24/18 Complaint Survey (CCR#: 2018013748) was conducted at Fresh Water at Hudson Assisted Living Facility on 12/17/18. Fresh Water at Hudson had deficient practice at the time of the survey.

(License#: 9047)

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, interview and 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.

Findings included:

On at 11:20 AM, in an interview with the Administrator, the Administrator was asked to provide proof that he had submitted and had received approvel of the facility's power plan, as well as a copy of the written notification sent to residents and responsible parties of approval and implementation of the Emergency Power Plan.
The administrator said he did not have the documents 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