STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964511	R 02/27/2019
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 2nd revisit to complaint (CCR 2018013748) was conducted at Fresh Water at Hudson on in conjunction with a 3rd revisit to monitoring for generator. Fresh Water at Hudson had a deficiency at the time of the visit.

(License #9047)

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(&) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to file adverse incidents to the Agency for Healthcare Administration (AHCA) for two events involving police notification and intervention to remove one resident (Resident #1) from the facility who threatened another facility resident and staff.

Findings included:

Record reviews conducted on and revealed in-house documentation at the facility dated concerning verbal threats made by Resident #1 to Resident #2. The report stated that Resident #1 had purchased a pistol and bee-bees and threatened to shoot Resident #2 in the . The local police came to the facility and removed Resident #1.

Another in-house documented incident dated stated that Resident #1 again threatened Resident #2 and also threatened bodily harm towards staff. The local police were notified and Resident #1 was removed from the facility.

An interview was conducted with the Administrator at 10:53 AM on concerning the events of and involving Resident #1's threatening behavior. The Administrator was asked if they filed adverse incident reports with AHCA for the two events and they stated that they had not.

Class III