

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/03/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964511	(X3) DATE SURVEY COMPLETED R 04/22/2019
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

A revisit to a monitoring survey was conducted on 4/22/19 at Fresh Water at Hudson an Assisted Living Facility, Hudson,Florida.
There were no deficiencies at the time of the visit.