

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/16/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964511	(X3) DATE SURVEY COMPLETED 05/12/2014
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 TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-05/12/2014
 0010-Admissions - Continued Residency-05/12/2014
 0025-Resident Care - Supervision-05/12/2014
 0052-Medication - Assistance With Self-Admin-05/12/2014
 0058-Pharmacy & Dietary; Uncorrected Deficiencies-05/12/2014
 0081-Training - Staff In-Service-05/12/2014
 0091-Training - Documentation & Monitoring-05/12/2014
 0165-Risk Mgmt & Qa; Adverse Incident Report-05/12/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 16, 2014

Administrator
Fresh Water at Hudson
14108 Old Dixie Highway
Hudson, FL 34667

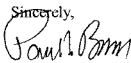
Dear Administrator:

This letter reports the findings of a state licensure survey revisit and a change of ownership (CHOW) state licensure survey conducted on May 12, 2014, by representative(s) of this office.

Attached are the provider's copies of the State Forms (5000-3547), which indicate the previously cited deficiencies were found corrected on the day of the revisit, and no deficiencies were cited during the CHOW survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

fvr Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State Forms (5000-3547)

