

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964511	(X3) DATE SURVEY COMPLETED 01/26/2018
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 complaint investigation, (CCR# 2017013547), in conjunction with a biennial state relicensure survey was conducted at Fresh Water At Hudson on 1/26/18. Fresh Water At Hudson, Assisted Living Facility, had no deficiencies at the time of the investigation. (License # 9047)		