

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964511	(X3) DATE SURVEY COMPLETED R 08/30/2018
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 was conducted on 8/30/18 for Fresh Water at Hudson. The previously cited deficient practice was corrected during the revisit. License(# 9047)		