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 revisit to an . . . . . monitoring for generator was conducted at Fresh Water at Hudson on . . . in conjunction with a second revisit to a10/24/18 complaint (CCR 2018013748). Deficient practice was identified at the time of the visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview and attempted record review, the facility failed to notify each resident and resident representative in writing of approval and implementation of their emergency environmental control plan (EECP).

Findings included:

An interview was conducted with the Administrator at 11:00 AM on and they were asked to show proof of notification of residents and responsible parties of approval and implementation of the facility's EECP. The Administrator stated that they had not notified residents or responsible parties in writing.

No documentation of compliance with notification was produced during the survey.

Class III