



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 27, 2015

Administrator
Eastside Care, Inc.
152 South East Defender Drive
Lake City, FL 32055

RE: CCR #2015001478

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 19, 2015 by a representative of this office.

Enclosed is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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. Should you have any questions, please contact this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/27/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942918	(X3) DATE SURVEY COMPLETED 05/19/2015
NAME OF PROVIDER OR SUPPLIER EASTSIDE CARE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 152 S EAST DEFENDER DRIVE LAKE CITY, FL 32055	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

On May 19, 2015, an unannounced complaint survey CCR # 2015001478 was conducted at Eastside Care, Inc. Assisted Living in Lake City, Florida. Deficient practice was not identified during the complaint survey. The facility is in compliance.