

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 09/25/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968060	(X3) DATE SURVEY COMPLETED 09/09/2015
NAME OF PROVIDER OR SUPPLIER EASTSIDE ACTIVE LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 TAFT STREET HOLLYWOOD, FL 33020	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 Initial Comments

An unannounced Capacity Increase survey (from a capacity of 50 to 90 residents) was conducted on 09/10/2015 at Eastside Active Living. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

September 25, 2015

Administrator
Eastside Active Living
1600 Taft Street
Hollywood, FL 33020

Re: Capacity Increase Survey

Dear Administrator:

This letter reports findings of a State Licensure Survey that was conducted on September 9, 2015 by a representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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