RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2015011372

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

Enclosed is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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(s). Should you have any questions please call Chuck Bory at 386-462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942918	01/05/2016
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 , 2016, a complaint investigation (CCR 2015011372) was conducted at Eastside Care Assisted Living Facility. Deficient practice was identified during this investigation.

0093 Food Service - Dietary Standards

Based on record reviews and interviews the facility failed to provide a therapeutic diet for 3 of 3 residents (Residents #1, #3, #4)

Findings:

On / , record reviews were conducted on residents #1, #3 and #4. It was observed that resident #1's Resident Health Assessment (AHCA Form 1823), dated , shows he is supposed to receive a 1500 calorie controlled diet. Resident #3's Resident Health Assessment (AHCA Form 1823), dated / , shows she is supposed to receive a 1800 calorie controlled diet. Resident #4's Resident Health Assessment (AHCA Form 1823), dated / , shows he is supposed to receive 1800 calorie controlled diet.

On / at 12:28 PM an interview was conducted with the facility manager. She was asked how does the facility insure that residents #1, #3, and #4 receive their calorie controlled diet. She stated they serve residents #1, #3, and #4 a regular diet just like all the other residents. They do not count calories or give them a different diet.

On / at 4:01 PM an interview was conducted with the facility dietician, who approves the facility menus. She stated that the menu is based on a 2200 calorie daily diet. She stated the facility could meet the calorie requirements by limiting the portion sizes.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observations and interviews the facility failed to maintain the facility structure and furniture in good working order for 4 of 12 residents (Residents #1, #2, #4, and #5).

Findings:

On / at 10:40 AM an interview was conducted with Residents #1 and #2 in . They

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stated that their leading to the outside has a one inch gap on the bottom which lets in bugs.

On / at 10:59 AM it was observed that the bottom of the door to was missing the door sweep which left at least a half inch gap on the bottom, that would allow bugs into the . It was also observed that the dresser in the missing drawer handles.

On / at 11:30 AM Resident #5's , was observed to have holes in the wall, holes in the , and grime in the and in the corners (photos available).

On / at 11:40 AM it was observed that the dresser in resident was in disrepair.

On / at 11:50 AM it was observed that the toilet in , occupied by Resident #4, was missing the tank cover and paint was peeling off the wall behind the toilet.

On / at 2:48 PM an interview was conducted with the Administrator. He stated Resident #5's in such bad condition because he punches holes in the wall and . He stated he did not know about the toilet tank cover being missing or the other bad furniture.

Class III