



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

March 16, 2016

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

RE: CCR #20160000268

Dear Administrator:

This letter reports the findings of a complaint survey completed on March 8, 2016 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

BJK1



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/16/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942918	(X3) DATE SURVEY COMPLETED 03/08/2016
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 March 8, 2016 a complaint (CCR2016000268) survey was conducted at Eastside Care Assisted Living Facility. No deficient practice was identified, the facility was in compliance at this time.