STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968060	**03/23/2017**
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 relicensure survey was conducted on - at Eastside Active Living, License #12023. The facility had deficiencies identified at the time of the survey.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interview and record review, it was determined the facility failed to obtain within 30 days of hire a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable fro 1 of 4 sampled staff (Staff D). The facility also failed to maintain a current written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable , for 1 of 4 sampled staff records (Staff B).

The Findings Included:

During personnel record review and interview conducted with the Administrator on at approximately 2:00PM, she was provided the opportunity to locate current documentation from a health care provider for the following staff members that indicted these individuals do not have signs or symptoms of communicable for:

1) Staff B with a date of hire noted as ; no updated communicable statement since hire.

2) Staff D with a hire date noted as ; no written communicable statement from a health care provider indicating that the individual does not have signs or symptoms of communicable within 30 days of hire.

The Administrator stated the 's not being completed was on oversight and she acknowledged the findings. There was no additional documents provided for review.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on employee record review and staff interviews, the facility failed to ensure 2 of 3 sampled direct care staff (Staff D and Staff E) received the required in-service training's within 30 days of hire.

The Findings included:

On , during an employee record reviews for Staff D (hire date) and Staff E (Hire

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968060	**03/23/2017**
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)

date), there was no documentation contained within the employee file, or provided by Administration, showing completion of the following regulatory required in-service training's completed within 30 days of hire:

Staff D:
a) Recognizing and Reporting Resident , Neglect, and /or ,
b)

Staff E:
a) Elopement Training

During an interview conducted with Administrator on at approximately 2:10PM, she acknowledged the absence of documentation for both employees confirming their completion of these required staff training's. No additional documentation was provided for review.

Class III