

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968060	(X3) DATE SURVEY COMPLETED R 04/28/2017
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 desk review revisit survey was conducted on 04/27/16 through 04/28/17 for Eastside Active Living, License #12023. The facility had no deficiencies identified at the time of the survey.