

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942918	(X3) DATE SURVEY COMPLETED R 10/26/2017
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 10/26/2017 a follow-up survey to complaint (CCR#2017010625) was conducted at Eastside Care Inc. (License number 5425), located at 152 SE Defender Drive, Lake City, FL. No deficiencies were identified during this survey.