STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968060	**07/31/2018**
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 Complaint Survey CCR# 2018006862 and CCR #2018008281 was conducted on at Eastside Active Living Assisted Living Facility, License #12023. The facility had a deficiency at the time of the visit.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on observation and interview, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) approved by the local emergency management agency.

The findings included:

Documentation of the CEMP approval letter was requested from the facility upon entrance at 9:55 AM on . During this time no documentation was provided. At 1:46 PM on the CEMP approval letter was requested for a second time in addition to the CEMP receipt of submission, and the CEMP approval letter from the year prior from the Administrator and the Business Office Manager. When requesting the date of the last CEMP submission, neither the Administrator or the Business Office Manager could provide the information requested and the documentation requested was still not provided.

During an Interview with the Administrator and the Business Office Manager on at 2:01 PM, the findings were discussed and acknowledged, no further information was provided for review.

Class III