

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968060	(X3) DATE SURVEY COMPLETED 09/24/2018
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 licensure complaint survey (CCR# 2018009527 and 2018012900) was conducted on 09/24/2018 at Eastside Active Living. (License #12023). The facility had no deficiencies identified at the time of the visit. A generator assessment monitoring survey was conducted in conjunction with licensure complaint , CCR#2018009527 and #2018012900 on the same date.		