

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968060	(X3) DATE SURVEY COMPLETED 11/29/2018
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 AMENDED An unannounced licensure complaint survey, CCR #2018015015, was conducted on 11/29/18 at Eastside Active Living, License #12023. The facility had no deficiencies at the time of the survey.		