STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942918	C 06/25/2018
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 a follow-up visit to a complaint (CCR 20018001267) survey was conducted at Eastside Care Inc. Assisted Livng Facility in Lake City, FL (Lic #5425). Deficient practice was identified during the survey process.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to maintain a clean, safe, and decent living environment for 2 of 45 residents of the facility.

Findings:

On at 10:05 AM, facility tour conducted revealed the doorway that adjoins # and # has a black and red rusted substance located on both lower portions of the doorframe near the floor. The sink in the bathroom for # # was not attached to the wall. Upon this writer's touch of the bathroom sink it was unsteady. This writer also observed clothing bunched in a pile on the floor near the cabinet of # . Observation revealed there was still no place for the residents of # to hang their clothing.

Interview with facility Administrator was conducted at 10:55 AM. During the interview this writer requested his assistance in reviewing the corrections for # . This writer requested to be shown the area for residents of # to hang their clothing. After inspection of the room's storage areas the Administrator confirmed resident assigned to # did not have a designated area to hang their clothing. This writer requested to be informed on the substance of the doorway leading to the bathroom. The Administrator confirmed there was a black and red substance on both sides of the lower portion of the doorframe. This writer requested the maintenance schedule for bathroom fixture inspections. Upon his review of the bathroom fixtures the facility Administrator confirmed the bathroom sink for # an #12 was not attached to the wall.

Class III