STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942918	R-C **09/27/2018**
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 September 27, 2018, an unannounced 2nd follow-up to complaint investigation survey (CCR #2018001267) was conducted at Eastside Care Inc. Assisted Living Facility (License #5425). No deficient practice was identified at the time of the survey.