

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942918	(X3) DATE SURVEY COMPLETED 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 complaint investigation survey (CCR #2018013554) was conducted at Eastside Care Inc. Assisted Living Facility (License #5425). No deficient practice was identified at the time of the survey.