STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968060	R **04/02/2019**
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 revisit to the Relicensure survey was conducted on 04/02/2019 at Eastside Active Living, License #12023. The previously cited deficiencies were found corrected at the time of the survey.

(An unannounced licensure Complaint survey, CCR #2019000277, CCR #2019000705 and CCR #2019001526 was conducted in conjunction with the above Relicensure revisit survey. Please see separate report for findings).