STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968060	R **05/17/2019**
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

A revisit to the licensure complaint survey, Complaint Number 2018015772 and 2018017457, was conducted by desk review on 05/17/2019 at Eastside Active Living. The previously cited deficiency was found corrected at the time of the survey.