

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/03/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910386	(X3) DATE SURVEY COMPLETED 07/31/2013
NAME OF PROVIDER OR SUPPLIER City Walk Active Living	STREET ADDRESS, CITY, STATE, ZIP CODE 534 Datura Street West Palm Beach, FL 33401	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility complaint inspection survey (CCR #2013007872)was conducted on 07/31/13. City Walk Active Living, had no licensure deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 3, 2013

Administrator
City Walk Active Living
534 Datura Street
West Palm Beach, FL 33401

Re: CCR #2013007872

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 31, 2013 by a representative from this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure

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