STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910386	**11/06/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
City Walk Active Living	**534 Datura Street West Palm Beach, FL 33401**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
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An unannounced Complaint inspection survey (CCR #2013007712, CCR #2013009373, CCR #2013010022, CCR #2013011279) was conducted on 11/05/13 and 11/06/13 at City Walk Active Living. The facility had no licensure deficiencies identified at the time of the visit.

These inspections were conducted in conjunction with the revisit survey to an operation spot check visit on the same date. Please refer to the separate report for the findings.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 07, 2014

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

Re: CCR #2013007712, #2013009373, #2013010022 and #2013011279

Dear Administrator:

This letter reports the findings of a complaint survey completed on November 6, 2013 by a representative of 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. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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/dmb

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