

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/11/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910386	(X3) DATE SURVEY COMPLETED 12/11/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 Initial Comments

An unannounced licensure complaint survey, CCR 2015008268 and 2015008914, was conducted on 11/4/15, 11/5/15 and 12/11/15 at City Walk Active Living.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 11, 2016

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

RE: CCR #2015008268 and #2015008914

Dear Administrator:

This letter reports the findings of a complaint survey completed on November 4-5, 2015 and December 11, 2015 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
Enclosure

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