STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910386	R 08/11/2016
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 revisit was conducted on complaint investigation (CCR 2016004973) at City Walk Active Living (license 7617) in West Palm Beach, Florida on / to / / . The facility had an uncorrected deficiency identified at the time of the revisit.

Z816 Background Screening-Compliance Attestation

Z816 Background Screening
Based on record review and interviews the facility failed to ensure 1 of 11 staff (staff J) had an updated level 2 background screening after a 90- day break in service.

Findings include:
In a record review on of the Agency background screening web site, the web site documented staff J had a background screen completed on .
In a record review on of staff J ' s employee file, the file documented staff J ' s date of hire as / . The file documented staff J had been employed at a health care facility outside the State of Florida from the period of 2008 to .
In an interview on / at 2:45 PM with the administrator, the administrator admitted the mistake and stated it, " it was something I missed when she was in the hiring process. "

Unclassified

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11910386 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY WALK ACTIVE LIVING	534 DATURA STREET WEST PALM BEACH, FL 33401

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0025	Correction	ID Prefix A0030	Correction	ID Prefix A0055	Correction
Reg. # 429.26(7) FS; 58A-5.0182(1) FAC	Completed	Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS	Completed	Reg. # 58A-5.0185(6) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0078	Correction	ID Prefix A0160	Correction	ID Prefix	Correction
Reg. # 58A-5.019(2) FAC	Completed	Reg. # 58A-5.024(1) FAC	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
		8/24/16		8/24/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
6/22/2016	

EVENT ID: LC6H12

STATE FORM: REVISIT REPORT ( )

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016004973
Complaint Survey Revisit

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on , 2016 and , 2016 by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the deficiencies corrected during the visit. Also attached is State (5000-3547) Form which indicates the uncorrected deficiency identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **The deficiency shall be corrected no later than , 2016.**

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 call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

YOSF

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com