STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910386	**02/01/2017**
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

Unannounced licensure complaint surveys, CCR #2016013443 and CCR #2016013489, were conducted on February 1, 2017 at City Walk Active Living (License #7617). The facility had no deficiencies identified at the time of the survey.