

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/26/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968391	(X3) DATE SURVEY COMPLETED 07/22/2013
NAME OF PROVIDER OR SUPPLIER Gwk Home Of Comfort Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 7944 Cecil Street Jacksonville, FL 32221	
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 initial survey with Limited Nursing Services and Limited Mental Health standards was conducted on July 22, 2013. GWK Home of Comfort, LLC had no licensure deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 26, 2013

Administrator
GWK Home of Comfort, LLC
7944 Cecil Street
Jacksonville, FL 32221

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on July 22, 2013 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 surveyor. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/KW/sm
Enclosure

