

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/09/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968391	(X3) DATE SURVEY COMPLETED 06/06/2014
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
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Limited Nursing Services (LNS) monitoring survey was conducted at GWK Home of Comfort in Jacksonville, Florida on 06/06/2014. Deficiencies were identified as a result of the survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and staff interview, the facility failed to ensure that contracted staff submitted a statement from a health care provider within 30 days of employment documenting that they did not have any signs or symptoms of a communicable disease including for 1 of 1 sampled contract employees. (Contracted Nurse)

The findings include:

A review of the contracted Limited Nursing Services (LNS) nurse's personnel file on 06/06/2014 revealed that the LNS nurse's contract was signed and dated on 06/06/2014, however there was no documentation from the contracted LNS nurse's health care provider stating that the LNS nurse was free from communicable disease. The most recent test was negative and was dated 06/06/2014. There was nothing more current available for review.

An interview with the administrator on 06/06/2014 at approximately 9:35 AM confirmed that she did not have current documentation of freedom from communicable disease, or a current test result for her contracted registered nurse. The administrator stated that she would follow up right away.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on record review and staff interview, the facility failed to ensure that any person contracting with a provider or licensee whose responsibilities required him or her to provide personal care or personal services directly to clients received a level II background screening for 1 of 1 sampled contract employees. (Contracted Nurse)

The findings include:

A review of the personnel record for the contracted Limited Nursing Services (LNS) registered nurse (RN) revealed a contract date of 06/06/2014. A current Florida nursing license was also provided for review, however, no letter of eligibility related to a level II background screening was located in the file.

During a staff interview with the administrator at approximately 9:35 AM, the administrator stated that she was unaware that a level II background screening for the LNS contracted nurse was required.

Unclassified



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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

Dear Administrator:

This letter reports the findings of a state licensure Limited Nursing Services survey that was conducted on 6, 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 2014 to verify that the necessary corrections are in place to correct the deficiencies identified on your 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

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

