

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/15/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968391	(X3) DATE SURVEY COMPLETED 06/16/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

A biennial licensure survey, with Limited Nursing Services and Limited Mental Health was conducted on GWK Home of Comfort had licensure deficiencies found at the time of the visit.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview with the administrator, the facility failed to ensure the medication observation record (MOR) was not pre-signed for 1 of 4 records reviewed. (Resident #4)

The findings include:

Record review of Resident #4 MORs revealed the morning medication dated _____ was signed as given.

On _____ at 10:40 am. Employee A, Administrator, stated she did not give him his medication this morning because he was asleep and likes to sleep in. She was asked why the MOR was signed for the medication, yet he did not receive it. She said she came in early this morning and signed it.

On _____ at 11:00 am, an observation was made of Resident #4 as he came out of his _____ sat on the living _____. He stated he has not had his medication yet.

On _____ at 11:15 am Employee A was observed giving Resident #4 his morning medication.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview with the administrator, the facility failed to dispose of medication for a discharged resident.

The findings include:

On _____ at 10:20 am an observation of medication storage revealed medication in a locked medication file cabinet for an unknown resident. The medication was labeled _____ 81 milligrams (mg).

On _____ at 10:22 am Employee A said the resident no longer resides here; he was discharged in _____ 2014. Review of the admission/discharge revealed the resident did discharge to Baptist Hospital on _____. Employee A said he not return.

Class III

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0056 Continued From page 1

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, record review and staff interview, the facility failed to label over the counter medication for 2 of 4 sampled resident medications. (Resident #2, #3)

The findings include:

On _____ at 9:50 am an observation of medication storage revealed 3 over the counter medications without the resident's name or identifying information. The medication Mapap _____ (for _____ and Stool Softener were not labeled.

On _____ at 9:52 am an interview with Employee A said the _____ and the Stool Softener belonged to Resident #3. She said the Mapap belonged to Resident #2. She confirmed they were not labeled.

Record review for Residents #2 and #3 revealed they had orders for the medication.

Class III

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

Based on record review and staff interview, the facility failed to complete an annual _____ examination for 1 of 2 employees (A) reviewed.

The findings include:

Review of Employee A's record revealed that her last _____ skin test/ _____ was done on _____.

Interview was conducted with Employee A at 12:35 pm on _____. Employee A stated that she did not have any other documentation to show that she had the _____ skin test/ _____ done annually.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and staff interview, the facility failed to ensure a meal substitution log was recorded when the facility substitutes a meal.

The findings include:

On _____ at 11:50 am a request to review the meal substitution log was made. Employee A stated she has not

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0093 Continued From page 2

written the meal substitution log. She said they do not go by the menu every day. She said there are times they go out to the local buffet or go out for fried chicken. She stated sometimes the facility does spur of the moment dinner decisions. She stated today she did not have time to prepare the meal so she ordered pizza. She said she does not record the substitution.

At 12:00 pm an observation was made of Employee B with 2 boxes of pizza. She was serving the pizza to the residents.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Gwk Home Of Comfort LLC
7944 Cecil Street
Jacksonville, FL 32221

Dear Administrator:

This letter reports the findings of a state biennial licensure; Limited Mental Health and Limited Nursing Services survey that was conducted on 2015 by representatives 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies to the Field Office no later than 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 surveyors. Should you have any questions please call this office at 904/798-4201.

Sincerely,


for Jana Meyering, QIDP
Health Facility Evaluator Supervisor

MB/JM/sm
Enclosure

XG90

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