

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11968391	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/27/2015
Name of Facility GWK HOME OF COMFORT LLC		Street Address, City, State, Zip Code 7944 CECIL STREET JACKSONVILLE, FL 32221

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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>A0054</u> Reg. # <u>58A-5.0185(5) FAC</u> LSC <u> </u>	Correction Completed 08/27/2015	ID Prefix <u>A0055</u> Reg. # <u>58A-5.0185(6) FAC</u> LSC <u> </u>	Correction Completed 08/27/2015	ID Prefix <u>A0056</u> Reg. # <u>58A-5.0185(7) FAC</u> LSC <u> </u>	Correction Completed 08/27/2015
ID Prefix <u>A0078</u> Reg. # <u>58A-5.019(2) FAC</u> LSC <u> </u>	Correction Completed 08/27/2015	ID Prefix <u>A0093</u> Reg. # <u>58A-5.020(2) FAC</u> LSC <u> </u>	Correction Completed 08/27/2015	ID Prefix <u> </u> Reg. # <u> </u> LSC <u> </u>	Correction Completed
ID Prefix <u> </u> Reg. # <u> </u> LSC <u> </u>	Correction Completed	ID Prefix <u> </u> Reg. # <u> </u> LSC <u> </u>	Correction Completed	ID Prefix <u> </u> Reg. # <u> </u> LSC <u> </u>	Correction Completed
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ID Prefix <u> </u> Reg. # <u> </u> LSC <u> </u>	Correction Completed	ID Prefix <u> </u> Reg. # <u> </u> LSC <u> </u>	Correction Completed	ID Prefix <u> </u> Reg. # <u> </u> LSC <u> </u>	Correction Completed
Reviewed By <u> </u> Reviewed By <u> </u>		Date: <u> </u>	Signature of Surveyor: <u><i>Sana Mejer</i></u>		Date: <u>9/1/15</u>
State Agency <u> </u>		Date: <u> </u>	Signature of Surveyor: <u> </u>		Date: <u> </u>
Reviewed By <u> </u> Reviewed By <u> </u>		Followup to Survey Completed on: <u>6/16/2015</u>			
CMS RO <u> </u>		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 1, 2015

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

Dear Administrator:

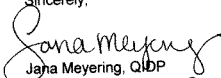
This letter reports the findings of a state licensure survey revisit conducted on August 27, 2015 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the 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 surveyor. Should you have any questions please call this office at (904) 798-4201.

Sincerely,


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

JS/JM/sm
Enclosure

DT9D

