

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/21/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969107	(X3) DATE SURVEY COMPLETED 10/26/2016
NAME OF PROVIDER OR SUPPLIER GWK HOME OF COMFORT LLC II	STREET ADDRESS, CITY, STATE, ZIP CODE 7631 CREST DR N JACKSONVILLE, FL 32221	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On 10/26/2016 an initial licensure survey was conducted at GWK Home of Comfort II Assisted Living. Deficient practice was not identified during the survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 21, 2016

Administrator
GWK Home of Comfort LLC, II
7631 Crest Drive North
Jacksonville, FL 32221

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on October 26, 2016 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,

A handwritten signature in black ink, reading "Jana Meyer", is positioned above the typed name.

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

JD/JM/sm
Enclosure

341J

