

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968391	(X3) DATE SURVEY COMPLETED R 07/06/2017
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

All of the deficiencies were found to be corrected at the time of the desk review.