

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968391	(X3) DATE SURVEY COMPLETED 07/30/2018
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 On an Emergency Power Plan (EPP) monitoring visit was conducted at GWK Home of Comfort (Lic #12383). At the time of the survey, deficient practice was found. 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on interview, review of records and observation, the facility failed to implement steps to ensure the safety of the residents during electrical outage. The findings include: 1. On, during a tour of the facility at 9:15 am, no functioning monoxide detectors were observed in the facility. The Administrator was asked to show that the alternative power source was on the property. She stated the generator was locked up in an outside shed located in the backyard and the key to the shed wouldn't open it. The administrator was unable to make the generator available prior to the end of the survey. 2. On, a review of the residents and facility records were conducted. There was no evidence each resident/resident representative was notified in writing of implementation of the emergency power plan. There was also no evidence the facility had developed written policies and procedures related to operating and maintaining the alternate power source, and any fuel required for the operation of the alternate power source. There was also nothing to show a process was in place to test and maintain the alternative power source. On at 10:00am, an interview was conducted with the Administrator. The Administrator confirmed the above stated concerns were not completed. CLASS III		