

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968391	(X3) DATE SURVEY COMPLETED R 10/02/2018
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 The deficiency related to the Emergency Power Plan monitoring visit was found corrected at the time of the desk review.		