STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969107	R **10/22/2018**
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

All of the deficiencies were found corrected at the time of the follow-up visit.