STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969107	**04/03/2019**
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

A complaint investigation number (2019000362) was conducted at GWK Home of Comfort on . . . . . Deficiences were identified at the time of the survey.

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to maintain complete resident records for one of four resident records reviewed, Resident #1.

The findings include:

A review of of the facility's record for Resident #1 revealed that there were no physician orders or medication observation record.

During an interview on at 1:11pm with the Administrator she confirmed that there were no records for Resident #1. She stated, "I don't have any records for the time that he was here."

Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on interview and record review the facility failed to offer a complete contract for two of four resident contracts reviewed, Resident #1 and Resident #2.

The findings include:

Review of four resident contracts revealed that two of four contracts were incomplete, The contracts for Resident #1 and Resident #2 did not include the monthly rate.

During an interview on . . . . at 1:11pm with the Administrator she confirmed that the contracts were incomplete.

Class III