| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965166** | **04/09/2014** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Our Mercy Residence** | **9441 Sw 27 Drive Miami, FL 33165** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

St - A - 0000 - - Initial Comments
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

0000-Initial Comments

A unannounced Limited Nursing Services Monitoring survey was conducted at Our Mercy Residence on , 2014. Deficiencies were identified at the time of the survey.

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on record review and interview, the facility failed to employ or contract with a nurse who shall be available to provide Limited Nursing Services as needed by residents.

Findings include:

Record review revealed, the facility does not have a nurse contracted or employed to provide limited nursing services as needed for residents.

During interview the facility owner reported on at 11:20 am, "The nurse refused to renew her contract and I have not been able to contract with a new nurse so I decided to remove the Limited Nursing Services component from the license. I called Tallahassee and spoke to the lady in charge and she told me what to do. I am renewing my license without the Limited Nursing Services and I completed the application but I have not sent it yet. I will send it tomorrow."

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , , 2014

Administrator
Our Mercy Residence
9441 SW 27th Drive
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a state licensure Limited Nursing Service Monitoring survey that was conducted on , 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2014 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

amd
Enclosure
XG90

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