STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965166	**03/10/2017**
NAME OF PROVIDER OR SUPPLIER **OUR MERCY RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **9441 SW 27 DRIVE** **MIAMI, FL 33165**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial survey was conducted on at Our Mercy Residence. There was a deficiency identified at time of the survey. (Lic# 9514)

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview the facility failed to have an updated employee work schedule at the time of the survey.

Findings included:

Record review revealed that the employee work schedule for the month of 2017 was not correct. The schedule did not have the names of the employees.

Interviewed the Administrator on at 3:00 PM in regards to the 2017 employee schedule. She stated, she had forgot to make the new schedule with the correct names and work schedules for each employee.

Class III