

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/07/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965166	(X3) DATE SURVEY COMPLETED R 06/19/2017
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 revisit survey was conducted on 06/19/17. Our Mercy Residence with a standard license #9514 had no deficiencies found at the time of the survey.		