STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965166	**07/30/2018**
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 Limited Mental Health (LMH) component expansion survey was conducted on 07/30/2018. Our Mercy Residence (lic #9514) had deficiencies identified at the time of the survey cited under the change of ownership survey.