STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965166	R **10/10/2018**
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 Change of Ownership Survey Revisit was conducted on October 10, 2018. Our Mercy Residence, Inc. (license # 9514) had no deficiencies identified at the time of the survey.