

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/21/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965166	(X3) DATE SURVEY COMPLETED 02/15/2019
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 Complaint (CCR# 2018018641) survey was conducted on January 17, 2019 and concluded on February 15, 2019. Our Mercy Residence had no deficiencies identified at time of the survey.		