STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965166	**04/01/2019**
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 Investigation (CCR 2019002518) was conducted on . . . . . . Our Mercy Residence Inc. with a standard license had a deficiency found at the time of the investigation:

0009 - Admissions - Admission Package - 58A-5.0181(3) FAC; 400.0078(2)

Based on record review and interview the facility failed to have completed admission package signed by the resident or the resident representative for one out of six sampled files (#3)

Findings include:

Record review revealed Resident #3 was admitted on . . . . . The contract agreement, smoking policies and procedures, exit policy, rights as a resident to choose your health care provider, consent to release personal information, policy on reporting Medicaid fraud, refusal to follow therapeutic diet, bed hold policy, beneficiary designation form, acknowledgement of statement, storage of valuables policy, ALF policies, emergency contact, conflict of interest policy, ... & advance directives policy were not signed by resident or the resident representative.

On at 10:00 AM the administrator stated that resident was admitted to the facility a day ago and that his son was going to take his father to the doctor to have the general checkup and he was going to bring the health assessment on Wednesday and at the same time he was going to sign all the paper work.

Class III