

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964501	(X3) DATE SURVEY COMPLETED 08/25/2014
NAME OF PROVIDER OR SUPPLIER Our House Alf, Inc.	STREET ADDRESS, CITY, STATE, ZIP CODE 315 Wainal Drive Merritt Island, FL 32952	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A complaint investigation #2014006007 was conducted on 08/25/2014. Our House Assisted Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

October 20, 2014

Administrator
Our House ALF, Inc.
315 Wainai Drive
Merritt Island, FL 32952

RE: CCR #2014006007

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 25, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions, please contact Lorraine Henry at (407) 420-2502.

Sincerely,

A handwritten signature in black ink, appearing to read "Theresa DeCanio", is written over the typed name and title.

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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