| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964501** | R<br>**12/18/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**OUR HOUSE ALF, INC.** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**315 WAINAI DRIVE**<br>**MERRITT ISLAND, FL 32952** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

12/18/17 desk review completed to Relicensure survey. Our House ALF, Inc, license #9061, had no deficiencies at the time of the review.