STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964501	**12/04/2018**
NAME OF PROVIDER OR SUPPLIER **OUR HOUSE ALF, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **315 WAINAI DRIVE** **MERRITT ISLAND, FL 32952**	

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

0000 - Initial Comments

An unannounced monitoring visit related to emergency environmental control planning was conducted on 12/3/18. Our House ALF (license #9061) had no deficiencies at the time of the visit.