

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/09/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968566	(X3) DATE SURVEY COMPLETED 06/02/2014
NAME OF PROVIDER OR SUPPLIER Candy's House Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 405 Rosedale Drive Satellite Beach, FL 32937	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A Complaint Inspection #2014002228 was conducted on 6/2/14. Candy's House Inc., Assisted Living facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 9, 2014

Administrator
Candy's House Inc
405 Rosedale Drive
Satellite Beach, FL 32937

Re: CCR #2014002228

Dear Administrator:

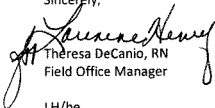
This letter reports the findings of a complaint survey completed on June 2, 2014 by representative(s) of this office.

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,


Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

