

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968566	(X3) DATE SURVEY COMPLETED R 02/08/2018
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A second revisit to a complaint investigation 2017008988 was conducted on 02/08/2018. Candy's House, Inc. license #12459 did not have any deficiencies at the time of the visit.