STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968566	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 revisit to a re-licensure survey with Limited Nursing Services was conducted on 02/08/2018. Candy's House, Inc. license #12459 did not have any deficiencies at the time of the visit.