

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968566	(X3) DATE SURVEY COMPLETED 10/02/2018
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

An initial Limited Mental Health (LMH) survey was conducted on October 2, 2018. Candy's House Inc., license #12459, had no deficiencies at the time of the survey.