| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965784** | **03/30/2016** |
| NAME OF PROVIDER OR SUPPLIER<br>**CENTURY ASSISTED LIVING FACILITY, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**15900 SW 72 TERRACE**<br>**MIAMI, FL 33193** | |

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

**0000 Initial Comments**

A bed increase Survey was made on 03/30/2016. Century Assisted Living Facility had no deficiencies at the time of the visit. Recommendations will be made to Tallahassee for a bed increase to 8 beds.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 8, 2016

Administrator
Century Assisted Living Facility, Inc
15900 Sw 72 Terrace
Miami, FL 33193

Dear Administrator:

This letter reports findings of a bed capacity expansion state licensure survey that was conducted on March 30, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

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