

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965743	(X3) DATE SURVEY COMPLETED R 02/23/2017
NAME OF PROVIDER OR SUPPLIER CENTURY OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 4001 STACK BOULEVARD MELBOURNE, FL 32901	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A follow-up visit to a complaint investigation (CCR 2016009906) was conducted on 2/21/17, 2/22/17, 2/23/17. Century Oaks Senior Living, license #10095, had no deficiencies at the time of the visit.		