STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965743	**05/02/2017**
NAME OF PROVIDER OR SUPPLIER **CENTURY OAKS SENIOR LIVING**	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

Complaint investigation #2017001884 was conducted on and on . In addition, revisit to complaint #201700274 and revisit to complaint #2016014336 were conducted on the same dates. Century Oaks Senior Living, license #10095, had a deficiency pertaining to complaint # 2017001884 at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on observations, record reviews, and interview, the facility failed to ensure a health assessment form was accurate for 1 of 7 sampled residents (#12).

Findings:

Observations made during an interview with resident #12 on at 1:05 pm, revealed he was out of bed in his wheelchair.

Review of his record revealed the most recent health assessment form 1823 dated indicated that he was bedridden.

During an interview with the administrator on at 4:30 pm, she confirmed the 1823 was inaccurate when it indicated that resident #12 was bedridden.

Class III