

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965743	(X3) DATE SURVEY COMPLETED R 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

Revisit to complaint investigation #2017000274 was conducted on 4/24/17 and 5/2/17. In addition, revisit to complaint #2016014336, and a complaint investigation #2017001884 were conducted on the same dates. Century Oaks Senior Living, license #10095, had no deficiencies pertaining to complaint #20170024 at the time of the visit.