STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965743	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 #2016014336 was conducted on 4/24/17 and 5/2/17. In addition, revisit to complaint #2017000274, and a complaint investigation #2017001884 were conducted on the same dates. Century Oaks Senior Living, license #10095, had no deficiencies pertaining to complaint #2016014436 at the time of the visit.