

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965743	(X3) DATE SURVEY COMPLETED R 05/23/2017
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 5/23/17 Desk review completed to complaint #2017001884. Century Oaks, license #10095, had no deficiencies pertaining to this investigation at the time of the review.		