| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965743** | R<br>**11/15/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**CENTURY OAKS SENIOR LIVING** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4001 STACK BOULEVARD**<br>**MELBOURNE, FL 32901** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

A Revisit to complaint investigation #2017007113 was conducted on 11/15/2017. Century Oaks Senior Living (License #10095) had no deficiencies at the time of the visit.