

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965743	(X3) DATE SURVEY COMPLETED 11/27/2017
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 #2017010139 was conducted on 11/27/2017. Century Oaks, license #10095, had no deficiencies at the time of the investigation.		