

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965784	(X3) DATE SURVEY COMPLETED R 01/09/2018
NAME OF PROVIDER OR SUPPLIER CENTURY ASSISTED LIVING FACILITY, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15900 SW 72 TERRACE MIAMI, FL 33193	

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

0000 - Initial Comments

A standard biennial revisit survey was conducted on 01/09/18. Century Assisted Living Facility, Inc. with a standard license (#10129) did not have deficiencies found at the time of the survey.