

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965743	(X3) DATE SURVEY COMPLETED 04/04/2018
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 A complaint investigation #201800697 was conducted on 4/04/2018. Century Oaks Senior Living license # 10095 had no deficiencies at the time of the visit.		