

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965743	(X3) DATE SURVEY COMPLETED R 08/12/2019
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 revisit to the complaint investigations #2019003131 and 2019004636 was conducted at Century Oaks on 8/12/2019. Deficiencies were found to be corrected at the time of the survey.