

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965743	(X3) DATE SURVEY COMPLETED 02/23/2017
NAME OF PROVIDER OR SUPPLIER CENTURY OAKS	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 2017001297 was conducted on 2/23/17. Century Oaks license #10095 had no deficiencies at the time of the visit pertaining to this complaint.		