AH Form Approved
5/27/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11964785	A. Building B. Wing	05/22/2015

Name of Facility	Street Address, City, State, Zip Code
VINEYARD INN (THE)	10929 RIDGE ROAD LARGO, FL 33778

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0008 Reg. # 58A-5.0181(2) FAC LSC	05/22/2015	ID Prefix A0025 Reg. # 58A-5.0182(1) FAC LSC	05/22/2015	ID Prefix A0165 Reg. # 429.23(1-4 & 6-10) FS; 58A- LSC	05/22/2015
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By [signature]	Date: 6/1/15	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on: 02/02/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

B20M12

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 1, 2015

Administrator
Vineyard Inn (The)
10929 Ridge Road
Largo, FL 33778

RE: Revisit Report & **CCR# 2015003812**

Dear Administrator:

This letter reports the findings of a state licensure survey revisit and a complaint survey completed on May 22, 2015, by representative(s) of this office.

Attached are the provider's copy of the Revisit Report, which indicates the deficiencies were corrected relative to the revisit, and the State (5000-3547) Form, indicating no deficiencies were identified during the complaint survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions, please contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
for Field Office Manager

PRC/kpr

Enclosures: Revisit Report & State (5000-3547) Form

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