

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/31/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964785	(X3) DATE SURVEY COMPLETED 05/17/2016
NAME OF PROVIDER OR SUPPLIER VINEYARD INN (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 10929 RIDGE ROAD LARGO, FL 33778	

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

0000 Initial Comments

Assisted Living Facility

A biennial relicensure survey in conjunction with a complaint survey (CCR# 2016002600) was conducted at Vineyard Inn (The) on 5/17/16. The Vineyard Inn, Assisted Living Facility, had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 31, 2016

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

RE: Biennial & CCR# 2016002600

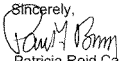
Dear Administrator:

This letter reports the findings of a biennial state licensure survey and a complaint survey completed on May 17, 2016, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, indicating no deficiencies were identified during these surveys.

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,

PRC Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State Forms 5000-3547

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