STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964785	**07/28/2017**
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

An unannounced complaint (CCR# 2017006915 & 2017007578) survey was conducted on 07/28/2017 at The Vineyard Inn), an assisted living facility in Largo, Florida. There were no deficiencies identified at the time of visit.

(License # 9288)