STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964785	**11/30/2017**
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 Monitoring Visit for Residents' Well-Being was conducted with the Florida Department of Health on 11/30/17. The Vineyard Inn, Assisted Living Facility, (License # 9288), had no deficient practice at the time of this visit.