STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964785	**04/27/2018**
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 Biennial licensure survey was conducted on 4/27/18.

The Vineyard Inn, Assisted Living Facility (License #9288), had no deficiencies at the time of this visit.