

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105434	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2020
NAME OF PROVIDER OF SUPPLIER PLAZA HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 4842 SW ARCHER ROAD GAINESVILLE, FL 32608	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0582 Level of harm - Potential for minimal harm Residents Affected - Some	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on interview and record review the facility failed to provide liability notices, specifically Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) letters, for 2 (Residents #2 and 3) of 3 residents reviewed. Findings: A review of the liability notices for Resident #2 and Resident #3 revealed no SNFABN letter was provided when the residents skilled services ended and they remained in the facility. An interview was conducted with the Social Worker on [DATE] at 12:00 PM. He stated he has not issued a SNFABN notice in years. He did not know he needed to do a letter for those residents that stay in the facility. He confirmed that Resident #2 and Resident #3 did not exhaust their Medicare A benefits and they remained in the facility.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.