

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105702	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/10/2026
NAME OF PROVIDER OR SUPPLIER  Vivo Healthcare Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE  5157 Park Club Drive Sarasota, FL 34235	

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)
<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, resident representative and staff interviews, the facility failed to ensure resident's refunds were refunded within 30 days after discharge for 1 (Resident #1) of 1 sampled resident due a refund. The findings included: Review of the clinical record revealed Resident #1 had an admission date of 12/9/25 and discharge date of 12/16/25. On 2/10/26 at 9:56 a.m., in a telephone interview the resident's life companion said Resident #1 had been discharged since 12/16/25 and a refund was due to her. He said they spoke with the Administrator the previous week but were still waiting on the money to be refunded. On 2/10/26 at 10:51 a.m., in an interview the Business Office Manager (BOM) said Resident #1 came to the facility as Medicaid pending. She stayed for a few days and decided she didn't want to stay there. The BOM said Resident #1 did not want to provide her information for the Medicaid application and she was advised that they would need to flip her over to private pay. The BOM said Resident #1 spent seven days at the facility. She was admitted on [DATE] and was discharged on 12/16/25. He gave the facility a check for \$2660.00. The rate is \$380.00 per day. The BOM said when Resident #1 discharged she called and asked about the refund. The BOM said that when Resident #1 was admitted, she was Medicaid pending and paid a patient responsibility of \$891.00. She said the facility owed Resident # a refund for the patient liability she paid. She told the resident the check had already been processed and they would have to issue her a refund. I told her we would have to issue her a refund as the check had already processed. BOM said the checks were not issued directly by the facility. The BOM provided documentation showing Resident #1 was active 12/9/25 and stop billing on 12/16/25. She also provided an invoice for December 9, 2025, through December 15, 2025, for a private Room and Board at \$380.00/day. The invoice noted a charge of \$2660.00 for 7 units. On 2/10/26 at 1:18 p.m., the Administrator provided admission documentation from the transferring facility indicating Resident #1 needed a Medicaid pending bed and help with Medicaid application. In an interview, the Administrator said Resident #1 came in Medicaid pending then decided not to give the needed information to complete the Medicaid application. They switched her over to private pay. The Administrator verified he spoke with Resident #1 and her life partner. The Administrator said they owed a refund to Resident #1 but the checks were not cut at the facility, but at the corporate level. Review of the facility's Resident Refund Policy with a date implemented of 05/2025 and a date reviewed of 1/2026 revealed that the timeframe refund for private pay, Issued within 30-45 days after the resident account is fully reconciled. On 2/10/26 at 1:14 p.m., in an interview the Regional Business Office Manager said Resident #1 was discharged on 12/16/25 and there had been confusion on the refund amount. The Regional BOM said they had the check, but as of today 2/10/26, Resident #1 does not have her refund yet. Regional BOM said their facility policy is private pay refunds were issued within 30-45 days after the resident is fully reconciled. She said she believed that everyone came together to reconcile on the amount that was supposed to be refunded on January 6, 2026. She verified their policy did not</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 105702	If continuation sheet Page 1 of 2

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(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 - Minimal harm or potential for actual harm  Residents Affected - Few	specify that refunds must be provided 30 days from the date of discharge. She verified that Resident #1 was discharged on 12/16/25 and was still waiting on her refund.		