

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964817	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/20/2025
NAME OF PROVIDER OR SUPPLIER ARDEN COURTS (LELY PALMS)		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 RATTLESNAKE HAMMOCK ROAD NAPLES, FL 34113			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{A 000}	Initial Comments A follow-up survey by desk review was conducted on 1/17/25 through 1/20/25 for Arden Courts of Lely Palms, an assisted living facility in Naples, Florida. The follow-up was in response to the relicensure, limited nursing services, emergency power plan monitoring, visitation form, health facility reporting system, and complaint survey completed on 10/3/24. Based on the facility's plan of correction, and supporting documentation, the deficiencies were corrected as of 11/3/24 and no new deficiencies were identified. .	{A 000}			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE