

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11970755	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/20/2026
NAME OF PROVIDER OR SUPPLIER SIENA LAKES			STREET ADDRESS, CITY, STATE, ZIP CODE 2825 SIENA LAKES CIR NAPLES, FL 34109		
(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 An Extended Congregate Care Expansion survey was conducted at Siena Lakes on Deficiencies were identified at the time of the survey.	A 000			
AE201 SS=D	59A-36.021(2) FAC 429.07(3)(b)5, FS ECC - Policies 58A-5.030 (2) EXTENDED CONGREGATE CARE POLICIES. Policies and procedures established through extended congregate care services must promote resident independence, dignity, choice, and decision-making. The facility must develop and implement specific written policies and procedures that address: (a) Aging in place; (b) The facility's residency criteria developed in accordance with the admission and discharge requirements described in subsection (4), and extended congregate care services listed in subsection (7); (c) The personal and supportive services the facility intends to provide, how the services will be provided, and the identification of staff positions to provide the services including their relationship to the facility; (d) The nursing services the facility intends to provide, identification of staff positions to provide nursing services, and the license status, duties, general working hours, and supervision of such staff; (e) Identifying potential unscheduled resident service needs and mechanisms for meeting those needs including the identification of resources to meet those needs; (f) A process for mediating conflicts among residents regarding choice of room or apartment	AE201			

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11970755	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/20/2026
NAME OF PROVIDER OR SUPPLIER SIENA LAKES		STREET ADDRESS, CITY, STATE, ZIP CODE 2825 SIENA LAKES CIR NAPLES, FL 34109			
(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
AE201	Continued From page 1 and roommate; and, (g) How to involve residents in decisions concerning the resident. The services must provide opportunities and encouragement for the resident to make personal choices and decisions. If a resident needs assistance to make choices or decisions, a family member or other resident representative must be consulted. Choices must include at a minimum whether: 1. To participate in the process of developing, implementing, reviewing, and revising the resident's service plan, 2. To remain in the same room in the facility, except that a current resident transferring into an extended congregate care services may be required to move to the part of the facility licensed for extended congregate care, if only part of the facility is so licensed, 3. To select among social and leisure activities, 4. To participate in activities in the community. At a minimum the facility must arrange transportation to such activities if requested by the resident; and, 5. To provide input with respect to the adoption and amendment of facility policies and procedures. 429.07(3)(b), FS 5. A facility that is licensed to provide extended congregate care services is exempt from the criteria for continued residency set forth in rules adopted under s. 429.41. A licensed facility must adopt its own requirements within guidelines for continued residency set forth by rule. However, the facility may not serve residents who require 24-hour nursing supervision. A licensed facility that provides extended congregate care services must also provide each resident with a written copy of facility policies governing admission and	AE201			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11970755	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/20/2026
NAME OF PROVIDER OR SUPPLIER SIENA LAKES		STREET ADDRESS, CITY, STATE, ZIP CODE 2825 SIENA LAKES CIR NAPLES, FL 34109			
(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
AE201	Continued From page 2 retention. This Statute or Rule is not met as evidenced by: Based on record review, and interview the facility failed to develop and implement specific written policies that address the personal and supportive services the facility intends to provide, how they will be provided, and the identification of staff positions to provide the services including their relationship to the facility for 1 resident (Resident #1) of 1 resident receiving Extended Congregate Care (ECC) services. The findings included: Review of ECC Services Policy, Origination Date revealed, "Staffing: will meet the resident needs and physical plant limitations; include licensed personnel and sufficient to provide direct-care staff in emergencies. Training/Education: Education regarding this policy and procedure will be completed with appropriate personnel as needed. Ongoing training and education will be provided on an as needed basis, as determined by the employee's direct supervisor/manager. There was no list or description of personal supportive services the facility would provide, how they would be provided, or the identification of staff positions, including their relationship with the facility. Review of the facility agreement with Resident #1 signed by Resident #1's representative on revealed there was no list or description of personal supportive services the facility would provide, how they would be provided, and the identification of staff positions including their	AE201			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11970755	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/20/2026
NAME OF PROVIDER OR SUPPLIER SIENA LAKES		STREET ADDRESS, CITY, STATE, ZIP CODE 2825 SIENA LAKES CIR NAPLES, FL 34109		
(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
AE201	Continued From page 3 relationship to the facility. On at 11:45 a.m. during an interview, the Wellness Manager said the facility care givers empty Resident #1's collection bag; the facility nurses change the collection bag; the home health agency is responsible for changing the tubing. On at 12:30 p.m., the facility provided documentation of the ECC policy. There was no list or description of personal supportive services the facility would provide, how they would be provided, or the identification of staff positions, including their relationship with the facility. Class III	AE201		
AE203 SS=D	59A-36.021(3) FAC ECC - Staffing Requirements (3) STAFFING REQUIREMENTS. The following staffing requirements apply for extended congregate care services: (a) Supervision by an administrator who has a minimum of two years of managerial, nursing, social work, therapeutic recreation, or counseling experience in a residential, long-term care, or acute care setting or agency serving elderly or persons. If an administrator appoints a manager as the supervisor of an extended congregate care facility, both the administrator and manager must satisfy the requirements of subsection 59A-36.010(1), F.A.C. 1. A baccalaureate degree may be substituted for one year of the required experience. 2. A nursing home administrator licensed under chapter 468, F.S., is qualified under this paragraph. (b) Provide staff or contract the services of a	AE203		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11970755	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/20/2026
NAME OF PROVIDER OR SUPPLIER SIENA LAKES			STREET ADDRESS, CITY, STATE, ZIP CODE 2825 SIENA LAKES CIR NAPLES, FL 34109		
(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	
AE203	Continued From page 4 nurse who must be available to provide nursing services, participate in the development of resident service plans, and perform monthly nursing assessments for extended congregate care residents. (c) Provide enough qualified staff to meet the needs of extended congregate care residents in accordance with rule 59A-36.010, F.A.C., and to provide the services established in each resident's service plan. (d) Ensure that adequate staff is awake during all hours to meet the scheduled and unscheduled needs of residents. (e) Immediately provide additional or appropriately qualified staff, when the agency determines that service plans are not being followed or that residents' needs are not being met because insufficient staffing, in accordance with the staffing standards established in rule 59A-36.010, F.A.C. (f) Ensure and document that staff receive extended congregate care training as required in rule 59A-36.011, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, and interview the facility failed to provide enough qualified staff to meet the needs of extended congregate care (ECC) residents and to provide the services established in each resident's service plan for 1 resident (Resident #1) of 1 resident who required ECC services. The findings included: Review of Resident #1's progress notes revealed: re-admission to the facility on _____ with a _____ in place. (A _____ is a medical system containing a flexible tube or _____ that is inserted into the _____).	AE203			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11970755	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/20/2026
NAME OF PROVIDER OR SUPPLIER SIENA LAKES		STREET ADDRESS, CITY, STATE, ZIP CODE 2825 SIENA LAKES CIR NAPLES, FL 34109			
(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
AE203	Continued From page 5 Review of the physician order dated _____ revealed an order to admit Resident #1 to ECC services for _____. Review of the Home Health Agency handwritten Visit forms dated _____ revealed a nursing assessment along with information regarding the tubing and balloon size and characteristics. On _____ at 11:45 a.m. during an interview, the Wellness Manager said the plan is for the care givers to empty the _____ drainage bag, the facility nurses change the _____ drainage bag, and the home health agency to change the _____. The Wellness Manager said the _____ has healed. On _____ at 11:46 a.m., during an interview the Corporate Clinical Leader said the plan is for the facility resident care staff empty the _____ drainage bags; the facility nurses change the _____ drainage bag. She said inserting and changing the _____ tubing will be performed by the home health agency. Class III	AE203			