STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911288	R **02/08/2018**
NAME OF PROVIDER OR SUPPLIER **BEGGS POINTE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4711 BEGGS ROAD** **ORLANDO, FL 32810**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

2/8/18 Desk review conducted to Re-licensure survey Beggs Point ALF, license # 5825, had no deficiencies at the time of the review.