STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911288	**04/16/2019**
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

A survey for adding Limited Mental Health (LMH) specialty license was conducted on 4/16/19. Beggs Points ALF, Orlando LIC#5825 had no deficiencies at the time of the visit.