Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 01L004	**(X3) Date Survey Completed** 08/16/2024
Name of Provider or Supplier Altapoint Health Systems, Inc.	**Street Address, City, State** 5800 Southland Drive, Mobile, AL	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
E0000	A recertification survey was conducted at Baypointe Children's Residential SVCS from 8/13/24 to 8/16/24. The facility was found to be in compliance with the Center for Medicare and Medicaid Services requirements for Emergency Preparedness.