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)
N0000	A recertification survey was conducted on 8/13/24 to 8/16/24 at Baypointe Children's Residential SVCS. Standard level deficiencies were written and will require a plan of correction. Alabama Complaint number AL00048292 was also investigated during the survey. The complaint was substantiated with deficiencies written.