



## CHEYANNE BEAM

License Number: CNA410640

Data As Of 12/22/2024

Profession Certified Nursing Assistant  
 License CNA410640  
 License Status EMERG SUSPENS/  
 License Expiration Date 5/31/2026  
 License Original Issue Date 10/18/2021  
 Address of Record 1045 Club Sylvan drive  
 ALAFAYA, FL 32825  
 Discipline on File No  
 Public Complaint Yes  
 Alerts Enforcement Alert  
 11/7/2024 5:12:14 PM  
 Emergency Suspension

### Secondary Locations

No secondary locations found.

### Discipline/Admin Action

#### Emergency Actions

| Name           | License | Profession                  | City    | County | State | Case #    | Action Taken | Action Date |
|----------------|---------|-----------------------------|---------|--------|-------|-----------|--------------|-------------|
| BEAM, CHEYANNE | 410640  | CERTIFIED NURSING ASSISTANT | ALAFAYA | ORANGE | FL    | 202309559 | ESO ISSUED   | 11/07/2024  |

#### Discipline Cases

No Discipline Found

#### Public Complaints

| Name           | License | Profession                  | City    | State | Case #    | Action Taken |
|----------------|---------|-----------------------------|---------|-------|-----------|--------------|
| BEAM, CHEYANNE | 410640  | CERTIFIED NURSING ASSISTANT | ALAFAYA | FL    | 202309559 | AC FILED     |

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:  
 Division of Medical Quality Assurance  
 Public Records  
 4052 Bald Cypress Way, Bin C01  
 Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will

be sent to you.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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