STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966606	R **05/17/2018**
NAME OF PROVIDER OR SUPPLIER **PARAH INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **701 SW TULIP BLVD** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

A relicensure revisit survey was conducted as a desk review on 5/17/18 at Parah Inc. (license#12165).
The facility corrected all outstanding citations.