Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D1019429	01/26/2018
Name of Provider or Supplier	**Street Address, City, State**	
C R Doc	2700 West Kingshighway Suite 4, Paragould, AR	

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**
No Tags	No deficiency details available.