STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968618	R **10/16/2018**
NAME OF PROVIDER OR SUPPLIER **PAMPERED PARENTS ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6 SETON CT** **PALM COAST, FL 32164**	

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

0000 - Initial Comments

The deficiencies was found corrected at the time of the desk review.