Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 034526	**(X3) Date Survey Completed** 02/12/2020
Name of Provider or Supplier Paragon Physical Therapy And Rehab, Llc	**Street Address, City, State** 2585 Miracle Mile, Suite 107, Bullhead City, AZ	

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)
I0000	No deficiencies were found during the Medicare Recertification survey for the I tags conducted on February 12, 2020 for a Comprehensive Outpatient Rehabilitation Facility.