Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 034509	**(X3) Date Survey Completed** 05/23/2019
Name of Provider or Supplier Vital Care Rehabilitation, Llc	**Street Address, City, State** 14545 West Grand Avenue, Suite 108, Surprise, 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 unannounced, on-site Medicare Recertification Survey conducted on 5/23/19.