Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 034523	**(X3) Date Survey Completed** 08/27/2018
Name of Provider or Supplier Advanced Medical Therapy, Llc	**Street Address, City, State** 15640 North 7th Street, Suite 6, Phoenix, 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)
E0000	42 CFR 485.51 Comprehensive Outpatient Rehabilitation Facilities (CORF) The facility must meet all applicable Federal, State, and local emergency preparedness requirements as outlined in the Medicare and Medicaid Programs: Emergency Preparedness Requirements of Medicare and Medicaid Participating Providers and Suppliers Final Rule (81 FR 63860) September 16, 2016. This is a Recertification Survey for Medicare, and was surveyed on 8/27/18. The following Condition level and Standard level deficiencies were found during the survey.