Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	034523	08/27/2018
Name of Provider or Supplier	**Street Address, City, State**	
Advanced Medical Therapy, Llc	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)
E0011	CORF/Clinic Development and Fire Safety CFR(s): 485.68(a)(5) 485.68(a)(5) Condition for Participation: [(a) Emergency Plan. The Comprehensive Outpatient Rehabilitation Facility (CORF) must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:] (a)(5) Be developed and maintained with assistance from fire, safety, and other appropriate experts. 485.727(a)(6) Condition for Participation: [(a) Emergency Plan. The Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services ("Organizations") must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:] (a)(6) Be developed and maintained with assistance from fire, safety, and other appropriate experts. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined, the facility failed to ensure their emergency preparedness plan be developed and maintained with assistance from fire, safety, and other appropriate experts that must be reviewed and updated at least annually. Failure to include develop and maintain an emergency preparedness plan with assistance from fire, safety, and other appropriate experts could lead to harm to both patients and staff if appropriate input from the experts is not included. Findings include: The surveyors requested documentation from the Office Coordinator on 8/27/18, that demonstrated their emergency preparedness plan was developed and maintained with assistance from fire, safety, and other appropriate experts.

	The Office Coordinator acknowledged on August 27, 2018, that they did not have documentation to show an emergency preparedness plan was developed and maintained with assistance from fire, safety, and other appropriate experts.