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)
E0032	Primary/Alternate Means for Communication CFR(s): 485.68(c)(3) 403.748(c)(3), 416.54(c)(3), 418.113(c)(3), 441.184(c)(3), 460.84(c)(3), 482.15(c)(3), 483.73(c)(3), 483.475(c)(3), 484.102(c)(3), 485.68(c)(3), 485.542(c)(3), 485.625(c)(3), 485.727(c)(3), 485.920(c)(3), 486.360(c)(3), 491.12(c)(3), 494.62(c)(3). [(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. The communication plan must include all of the following: (3) Primary and alternate means for communicating with the following: (i) [Facility] staff. (ii) Federal, State, tribal, regional, and local emergency management agencies. *[For ICF/IIDs at 483.475(c):] (3) Primary and alternate means for communicating with the ICF/IID's staff, Federal, State, tribal, regional, and local emergency management agencies. This STANDARD is not met as evidenced by: Based on review of the facility Emergency Plan (EP), record review, and staff interview, it was determined the facility failed to have a primary and alternate means of communication during an emergency. Failure to have a primary and alternate means of communication during an emergency could lead to harm to both patients and staff. Findings include: The surveyor and the Officer Coordinator/Acting Administrator reviewed the facility's Emergency Plan on August 27, 2018. The Emergency Plan did not identify a primary and alternate means of communicating with the CORF staff or Federal, State, tribal, regional, and local emergency management agencies during an emergency. The facility indicated in the communication plan to have a primary and alternate means of

	communication, but no documentation of the actual items outlined in the Emergency Plan. The Officer Coordinator/Acting Administrator confirmed during the exit conference on August 27, 2018, the facility EP did not identify a primary and alternate means of communicating with the CORF staff or Federal, State, tribal, regional, and local emergency management agencies during an emergency.