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)
E0033	Methods for Sharing Information CFR(s): 485.68(c)(4) 403.748(c)(4)-(6), 416.54(c)(4)-(6), 418.113(c)(4)-(6), 441.184(c)(4)-(6), 460.84(c)(4)-(6), 441.184(c)(4)-(6), 460.84(c)(4)-(6), 482.15(c)(4)-(6), 483.73(c)(4)-(6), 483.475(c)(4)-(6), 484.102(c)(4)-(5), 485.68(c)(4), 485.542(c)(4)-(6), 485.625(c)(4)-(6), 485.727(c)(4), 485.920(c)(4)-(6), 491.12(c)(4), 494.62(c)(4)-(6). [(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: (4) A method for sharing information and medical documentation for patients under the [facility's] care, as necessary, with other health providers to maintain the continuity of care. (5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii). [This provision is not required for HHAs under 484.102(c), CORFs under 485.68(c)] (6) [(4) or (5)]A means of providing information about the general condition and location of patients under the [facility's] care as permitted under 45 CFR 164.510(b)(4). *[For RNHCIs at 403.748(c):] (4) A method for sharing information and care documentation for patients under the RNHCI's care, as necessary, with care providers to maintain the continuity of care, based on the written election statement made by the patient or his or her legal representative. *[For RHCs/FQHCs at 491.12(c):] (4) A means of providing information about the general condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4). This STANDARD is not met as evidenced by: Based on review of the facility Emergency Plan, facility record review, and interview, it was determined the facility failed to develop and implement a method for sharing information and medical documentation for patients under the CORF'S care, as necessary, with other health care providers to maintain the continuity of care.

	Findings include: The Office Coordinator/Acting Administrator and the surveyor reviewed the facility's Emergency Plan on August 27, 2018. The plan did not include a method for sharing information and medical documentation for patients under the CORF'S care, as necessary, with other health care providers to maintain the continuity of care. The Office Coordinator/Acting Administrator confirmed on August 27, 2018, the facility Emergency Plan did not include a method for sharing information and medical documentation for patients under the CORF'S care, as necessary, with other health care providers to maintain the continuity of care.