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)
I0000	The following deficiencies were found at the time of the Centers for Medicare and Medicaid (CMS) Recertification survey conducted on 08/27/18. The facility is non-compliant with 42 CFR Part 485 Subpart B, requirements for a Comprehensive Outpatient Rehabilitation Facility (CORF) due to the Condition Level citation related to Appendix Z.