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)
I0503	LICENSURE OF PERSONNEL CFR(s): 485.54(b) Personnel that provide service must be licensed, certified, or registered in accordance with applicable state and local laws. This STANDARD is not met as evidenced by: Based on review of facility personnel records, and staff interviews, it was determined the facility failed to ensure that the behavioral health professional (BHP) was an employee or contracted employees of the facility. Failure to ensure the (BHP) providing clinical oversight is licensed per state and local laws presents a danger to patients and staff if personnel are not qualified to perform their job duties and to ensure proper care to patients. Findings include: Surveyor requested the personnel record for the BHP, who has been providing clinical oversight to a behavioral health technician (BHT). Surveyor requested a copy of a written contract for the BHP to be providing clinical oversight at this facility. The facility staff did not have a personnel record or contract for the BHP. The Office Coordinator/Acting Administrator confirmed during an interview on 08/27 /18, that the BHP was not employed or under contract with the facility.