Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	034523	08/10/2021
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)
I0510	ADMINISTRATOR CFR(s): 485.56(b)(3) The governing body must appoint an administrator who designates, in writing, an individual who, in the absence of the administrator, acts on behalf of the administrator. This STANDARD is not met as evidenced by: Based on a review of facility policy and procedure, and staff interview, it was determined the facility failed to appoint in writing the individual who is the Administrator for the licensed facility, which increases the potential risk of the facility, failing to have overall management of the facility under the authority delegated by the governing body. Findings include: Review of facility policy "Comprehensive Outpatient Rehabilitation Facility: Policy and Procedure Manual" revealed: "...Designates, in writing, an individual who is the Administrator ...." A review of facility documentation revealed the facility failed to appoint in writing the individual who is the Administrator of the licensed facility. Employee #6, verified in interview on 08/10/2021, the facility failed to designate in writing the appointed Administrator for the licensed facility.