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)
I0532	COMPREHENSIVE REHABILITATION PROGRAM CFR(s): 485.58 The facility must provide a coordinated rehabilitation program that includes, at a minimum, physicians' services, physical therapy services and social or psychological services. The services must be furnished by personnel that meet the qualifications set forth in 485.70 and must be consistent with the plan of treatment and the results of comprehensive patient assessments. This CONDITION is not met as evidenced by: Based on review of facility documents and interview with staff, it was determined that the Governing Body failed to ensure the facility provides a coordinated rehabilitation program that includes social or psychological services, which has the potential risk of patients not receiving needed services in a timely manner. This is cited at a Condition Level. Finding include: Review of the facility's personnel records revealed, the facility does not employee or contract a professional that provides social or psychological. An interview on 08/10/2021, with Employee #6 revealed the licensed facility has not had a professional that provides social or psychological services since June 2021. Employee #6, verified on 08/10/2021, the facility failed to ensure the condition of participation regarding the licensed facility employing or contracting with a professional that provides social or psychological services.