Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	034525	12/09/2020
Name of Provider or Supplier	**Street Address, City, State**	
Saguaro Rehabilitation And Aquatic Therapy, Llc	305 North Plaza Drive, Apache Junction, 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 deficiency was found at the time of the Centers for Medicare and Medicaid (CMS) Recertification survey conducted on 12/09/2020. The facility is compliant with 42 CFR Part 485, Subpart F, requirements for a Comprehensive Outpatient Rehabilitation Facilities.