Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 054536	**(X3) Date Survey Completed** 01/11/2024
Name of Provider or Supplier La Mesa Rehab	**Street Address, City, State** 8380 Center Drive, # E, La Mesa, CA	

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)
E0000	The following reflects the findings of the California Department of Public Health during a concurrent EMERGENCY PREPAREDNESS and RECERTIFICATION survey for a Change of Service (to add Occupational Therapy) and Change of Ownership. Representing the California Department of Public Health: Surveyor 35704, HFEN, Rehabilitation Consultant. The surveyor entered the facility located at 8380 Center Drive, #E, La Mesa, CA on 1 /11/24 at 0800 hours. There were 2 Standards not met for Emergency Preparedness Requirements 42 CFR §485.68, Condition of Participation for Comprehensive Outpatient Rehabilitation Facilities (CORFs).