Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	054547	01/20/2021
Name of Provider or Supplier	**Street Address, City, State**	
Rapid Therapy Inc.	14901 Rinaldi Street Suite 335, Mission Hills, 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)
I0000	The following reflects the findings of the Department of Public Health during a Complaint Investigation. Complaint Intake Number: CA00720532 - Unsubstantiated with other regulatory violations. Representing the Department of Public Health: Evaluator ID #36943, Occupational Therapy Consultant The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.