Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 054549	**(X3) Date Survey Completed** 09/26/2018
Name of Provider or Supplier Valley Corf Inc	**Street Address, City, State** 18425 Burbank Blvd Suite 520, Tarzana, 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 California Department of Public Health during a recertification survey on 9/26/18. Representing the Department of Public Health: 36396 Senior HFEN 36535 HFEN There were five Standards found not in compliance for a Comprehensive Outpatient Rehabilitation Facility (CORF).