Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	054549	06/23/2022
Name of Provider or Supplier	**Street Address, City, State**	
Valley Corf Inc	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)
I0563	CONTENT CFR(s): 485.60(a)(3) The clinical record for each patient must contain identification data and consent or authorization forms. This STANDARD is not met as evidenced by: Based on interview and record review, one of 10 sampled patients (Patient 9) did not have the patient's identifying information on the Physical Therapy Discharge Summary. This deficient practice resulted in Patient 9's clinical records to contain incomplete information and had the potential to result in an inadequate evaluation of Patient 9's care. Findings: A review of Patient 9's clinical record indicated the Physical Therapy (PT) Evaluation was completed on 7/12/21. A review of Patient 9's PT Discharge Summary did not include Patient 9's name, primary diagnosis, and date of birth. During an interview and review of Patient 9's clinical record on 6/23/22, at 3:25 PM, the Administrator confirmed Patient 9's PT Discharge Summary did not include Patient 9's name. A review of the facility's undated policy titled, "Clinical Record," indicated that "The clinical file for each patient shall contain, at a minimum, the following documents: ... Identification data."