Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 021823	**(X3) Date Survey Completed** 09/11/2024
Name of Provider or Supplier Iliuliuk Family And Health Services, Inc	**Street Address, City, State** P O Box 144, Unalaska, AK	

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)
J0000	The following deficiencies were noted during an unannounced Medicare/Medicaid Federal complaint survey conducted on 9/5-11/24 at Iliuliuk Family and Health Services. The survey included 10 medical record reviews. State of Alaska Department of Health Health Facilities Licensing and Certification 4601 Business Park Blvd. Bldg. K Anchorage, AK 99503
J0060	ORGANIZATIONAL STRUCTURE CFR(s): 491.7 491.7 Organizational structure. This CONDITION is not met as evidenced by: Based on interview and record review, the facility failed to meet the Condition of Participation of Organizational Structure in accordance with CFR 491.7. The facility failed to comply with Federal basic requirements for adequate medical direction to meet the needs of all patients. Findings:

	1) The facility failed to ensure the clinic was under the direction of a physician. Specifically, the facility failed to have a physician in the position of Medical Director for the facility. (Refer to J-0061).
J0061	ORGANIZATIONAL STRUCTURE CFR(s): 491.7(a)(1) and (b)(3) 491.7(a) Basic requirements. (1) The clinic . . . is under the medical direction of a physician, and has a health care staff that meets the requirements of 491.8. (b) Disclosure. The clinic . . . discloses the names and addresses of: . . . (3) The person responsible for medical direction. 491.2 Definitions. As used in this subpart, unless the context indicates otherwise: Physician means the following: (1) As it pertains to the supervision, collaboration, and oversight requirements in sections 1861(aa)(2)(B) and (aa)(3) of the Act, a doctor of medicine or osteopathy legally authorized to practice medicine or surgery in the State in which the function is performed; and (2) Within limitations as to the specific services furnished, a doctor of dental surgery or of dental medicine, a doctor of optometry, a doctor of podiatry or surgical chiropody or a chiropractor (see section 1861(r) of the Act for specific limitations). This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure the clinic was under the direction of a physician. Specifically, the facility failed to have a physician in the position of Medical Director for the facility. This failed practice placed all patients seen at the clinic at risk for not having physician-level oversight for medical direction of medical care services, consultation, and supervision of mid-level practitioner level care provided. Findings: During an interview on 9/5/24 at 11:21 AM, Paramedic #2 stated the facility's medical staff complement consisted of three Nurse Practitioners. During an interview on 9/5/24 at 11:42 AM, Nurse Practitioner (NP) #3 stated there was currently no Medical Doctor (MD), physician-level oversight for the clinic. NP #3 further stated the last physician at the clinic was locum (a temporary time of employment) Physician #8 who left around June 2024. NP #3 further stated that she had been the interim Medical Director for the facility since 4/2024. Review of the facility's organization chart, last updated 8/6/24, revealed NP #3 was identified as the "interim Medical Director."