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