Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	883943	06/01/2026
Name of Provider or Supplier	**Street Address, City, State**	
Express Med Primary Care	726 North Locust Avenue, Lawrenceburg, TN	

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)
E0000	An unannounced recertification survey was completed on 6/01/2026 for Emergency Preparedness with no deficiencies cited. The facility is in substantial compliance with all requirements under Rural Health Clinics regulations.
J0000	A Rural Health Clinic Recertification survey was completed on 6/01/2026. The Rural Health Clinic (RHC) was found to be in noncompliance with Staffing. Standard Deficiency was cited under CFR 491.8(a) Staffing.
J0084	STAFFING AND STAFF RESPONSIBILITIES 491.8(a) Staffing. (4) The staff may also include ancillary personnel who are supervised by the professional staff. This STANDARD is not met as evidenced by: Based on personnel file review and interview, the facility failed to ensure a Licensed Practical Nurse (LPN) held a current State license. The findings included: 1. Review of the personnel file revealed LPN #1's Licensed Practical Nurse license expired on 5 /31/2025. 2. During an interview on 6/01/2026 at 2:09 PM, the Billing Manager /Owner confirmed LPN #1 functioned as a facility nurse and confirmed her license had expired.