Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	883920	08/15/2022
Name of Provider or Supplier	**Street Address, City, State**	
Pediatric Place Of Union City, Llc	1345 Edwards Street, Union City, 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 Emergency Preparedness survey was conducted on 8/15/2022 along with a initial certification survey. The RHC was found to have condition level non-compliance with the Emergency Preparedness regulations.