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)
E0001	Establishment of the Emergency Program (EP) 403.748, 416.54, 418.113, 441.184, 460.84, 482.15, 483.73, 483.475, 484.102, 485. 68, 485.542, 485.625, 485.727, 485.920, 486.360, 491.12 The [facility, except for Transplant Programs] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility, except for Transplant Programs] must establish and maintain a [comprehensive] emergency preparedness program that meets the requirements of this section.* The emergency preparedness program must include, but not be limited to, the following elements: * (Unless otherwise indicated, the general use of the terms "facility" or "facilities" in this Appendix refers to all provider and suppliers addressed in this appendix. This is a generic moniker used in lieu of the specific provider or supplier noted in the regulations. For varying requirements, the specific regulation for that provider/supplier will be noted as well.) * [For hospitals at 482.15:] The hospital must comply with all applicable Federal, State, and local emergency preparedness requirements. The hospital must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. The emergency preparedness program must include, but not be limited to, the following elements: * [For CAHs at 485.625:] The CAH must comply with all applicable Federal, State, and local emergency preparedness requirements. The CAH must develop and maintain a comprehensive emergency preparedness program, utilizing an all-hazards approach. The emergency preparedness program must include, but not be limited to, the following elements: This CONDITION is not met as evidenced by: Based on interview, the facility failed to establish and maintain a comprehensive emergency preparedness (EP) program that met the requirements for Rural Health Clinics (RHC), utilizing an all-hazards approach. The findings included: 1. The RHC failed to develop and maintain an EP plan to be reviewed and updated bi-annually.

	Refer to E 004. 2. The RHC failed to establish a documented community and facility based risk assessment, utilizing an all hazards approach. Refer to E 006. 3. The RHC failed to document the patient population served, patients at risk and services available during an emergency. Refer to E 007. 4. The RHC failed to document efforts to contact and collaborate with local, regional, state and Federal EP officials to ensure its participation in collaborative and cooperative planning efforts during a disaster or emergency situation. Refer to E 009. 5. The RHC failed to review and update policies and procedures annually based on the emergency plan. Refer to E 0013. 6. The RHC failed to develop policies and procedures that provide for the safe evacuation of patients from the facility. Refer to E 0020. 7. The RHC failed to ensure it developed policies for maintaining confidentiality of records during an emergency. Refer to E 0023. 8. The RHC failed to develop policies and procedures for the use of volunteers and other staffing strategies in case of an emergency or disaster. Refer to E 0024. 9. The RHC failed to develop a written communication plan that contains how the facility coordinates patient care within the facility, across healthcare providers and with state and local heath departments. Refer to E 0029. 10. The RHC failed to include contact information for staff, physicians, volunteers and other health facilities as part of the written communication plan. Refer to E 0030. 11. The RHC failed to include contact information for Federal, State, regional and local emergency preparedness officials as part of the written communication plan. Refer to E 0031. 12. The RHC failed to ensure it developed a communication plan that included primary and alternate means for communication with facility staff, Federal, State and local emergency management agencies. Refer to E 0032. 13. The RHC failed to ensure it developed a plan for sharing medical information. Refer to E 0033. 14. The RHC failed to ensure it developed an emergency plan for providing information about the facility's needs and its ability to provide assistance to the authority having jurisdiction. Refer to E 0034. 15. The RHC failed to ensure it developed and maintained an EP training and testing program. Refer to E 0036. 16. The RHC failed to educate all employees on the EP program upon hire and annually. Refer to E 0037. 17. The RHC failed to participate in a community-based or facility based full scale exercise to test the EP program. Refer to E 0039.