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)
J0000	The initial certification was conducted on 8/15/2022. An entrance conference was held on 8/15/2022 at 9:35 AM. The facility was cited Condition level noncompliance for Provision of Services at 491.1 and Program Evaluation at 491.11. An exit meeting was held on 8/15/2022 with the Physican/owner, and he was given an opportunity to ask questions about the survey results.