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)
J0120	PROVISION OF SERVICES 491.9 Provision of services. This CONDITION is not met as evidenced by: Based on document review and interview, the Physican/owner failed to develop and implement policies to govern the clinic and define appropriate patient care and services. The findings included: 1. The Physican/owner failed to develop patient care polices to govern the clinical services provided and review the patient care policies at least every 2 years as required. Refer to J 123 and J 124 2. The Physican/owner failed to develop and implement policies to address drug storage, handling and administration of drugs and biologicals Refer to J 125