| **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**<br>(Each deficiency should be preceded by full regulatory or LSC identifying information) |
|---|---|
| **J0124** | PROVISION OF SERVICES<br><br>491.9(b) Patient care policies. (3) The policies include: (i) A description of the services the clinic . . . furnishes directly and those furnished through agreement or arrangement. (ii) Guidelines for the medical management of health problems which include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services furnished by the clinic . . .<br><br>This STANDARD is not met as evidenced by:<br>Based on interview, the Physican/owner failed to develop and implement patient care polices as required by the RHC guidelines. The findings included: During the entrance conference when asked for patient care polices, the surveyor was provided the Employee policy handbook. In an interview on 8/15/2022 at 10:30 AM, The Office Manager verified there were no patient care polices. |