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)
J0160	PROGRAM EVALUATION 491.11 Program evaluation. This CONDITION is not met as evidenced by: Based on interview, the facility failed to perform a program evaluation at least bi-annually. The findings included: 1. The Physican/owner failed to complete or arrange for, a biennial evaluation of its total program that included a review of policies and procedures and a sample review of active and closed clinical records. Refer to J 0161 2. The Physican/owner was unable to provide documentation of any actions taken based on a completed bi-annual evaluation. Refer to J 0162