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)
J0161	PROGRAM EVALUATION 491.11 Program evaluation. (a) The clinic or center carries out, or arranges for, a biennial evaluation of its total program. (b) The evaluation includes review of: (1) The utilization of clinic or center services, including at least the number of patients served and the volume of services; (2) A representative sample of both active and closed clinical records; and (3) The clinic's or center's health care policies. (c) The purpose of the evaluation is to determine whether: (1) The utilization of services was appropriate; (2) The established policies were followed; and (3) Any changes are needed. This STANDARD is not met as evidenced by: Based on interview, the rural health clinic (RHC) failed to compete or arrange for, a biennial evaluation of its total program that included a review of policies and procedures, utilization of clinic or center services, including at least the number of patients served and the volume of services and a sample review of active and closed clinical records. The clinic was unable to provide documentation that the utilization of services was appropriate, the established policies were followed and any changes that were made or needed as a result of the evaluation. The findings included: During the entrance conference on 8/15/2022 at 9:35 AM, the Physican/owner verified he had not conducted a program evaluation because he did not know it was a requirement. He further stated he did not have a copy of the RHC regulations.