| **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) |
|---|---|
| **J0162** | PROGRAM EVALUATION<br><br>491.11(d) The clinic or center staff considers the findings of the evaluation and takes corrective action if necessary.<br><br>This STANDARD is not met as evidenced by:<br>Based on interview, the rural health clinic (RHC) failed to consider the findings of the program evaluation and take corrective action as needed. The findings included:<br>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. |