Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	883920	03/17/2026
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)
E0022	Policies/Procedures for Sheltering in Place 403.748(b)(4), 416.54(b)(3), 418.113(b)(6)(i), 441.184(b)(4), 460.84(b)(5), 482.15(b)(4), 483.73(b)(4), 483.475(b)(4), 485.68(b)(2), 485.542(b)(4), 485.625(b)(4), 485.727(b)(2), 485.920(b)(3), 491.12(b)(2), 494.62(b)(3). (b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:] [(4) or (2),(3),(5),(6)] A means to shelter in place for patients, staff, and volunteers who remain in the [facility]. *[For Inpatient Hospices at 418.113(b):] Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (i) A means to shelter in place for patients, hospice employees who remain in the hospice. This STANDARD is not met as evidenced by: Based on Rural Health Clinic's (RHC's) policy review and interview, the RHC failed to maintain and update every two years emergency preparedness policies and procedures to address a means to shelter in place for patients, staff, and volunteers who remain in the facility. The findings included: Review of the RHC's policy, "[named RHC] Policy and Procedures," revised 8/28/2022, revealed that the RHC did not maintain and update every two years emergency preparedness policies and procedures to address a means to shelter in place for patients, staff, and volunteers who remain in the facility. During an interview on 3/17/2026 at 11:00 AM, the Office Manager (OM) stated the RHC did not have documentation of updates available for review. During an interview on 3/17/2026 at 12:00 PM, the Administrator stated the RHC did not have documentation of updates available for review.