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)
J0043	PHYSICAL PLANT AND ENVIRONMENT The clinic . . . has a preventive maintenance program to ensure that: 491.6(b)(2) Drugs and biologicals are appropriately stored; and This STANDARD is not met as evidenced by: Based on observations and interview, the rural health clinic failed to label the opened medication container with the date opened before it was stored. The findings included: Observations on 3/17/2026 at 1:45 PM stored in the medication cabinet revealed an 8-ounce bottle of ibuprofen oral suspension 100 milligram/5 milliliters. The medication had been opened; however, an open date was not documented on the container. During an interview on 3/17/2026 at 1:45 PM the Office Manager stated the facility did not place "open dates" on the multi-dose medications.