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)
J0160	PROGRAM EVALUATION 491.11 Program evaluation. This CONDITION is not met as evidenced by: Based on review of Rural Health Clinic's (RHC's) policy and interview, the RHC failed to perform a program evaluation, at least biennially. The findings included: 1. The Administrator/Medical Director failed to complete or arrange for a biennial evaluation of the 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 Rural Health Clinic was unable to provide documentation of any action taken based on a completed biennial evaluation. Refer to J-0162