| **Statement of Deficiencies** | **(X1) Provider/Supplier/CLIA Identification Number**<br><br>883929 | **(X3) Date Survey Completed**<br><br>05/05/2026 |
|---|---|---|
| **Name of Provider or Supplier**<br><br>Summertown Medical Center | **Street Address, City, State**<br><br>4955d Hwy 43 N, Mount Pleasant, 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><br>(Each deficiency should be preceded by full regulatory or LSC identifying information) |
|---|---|
| **E0000** | An unannounced recertification survey was completed on 5/05/2026 for Emergency Preparedness with no deficiencies cited. The facility is in substantial compliance with all requirements under Rural Health Clinics Emergency Preparedness regulations. |