Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 883929	**(X3) Date Survey Completed** 05/05/2026
Name of Provider or Supplier Summertown Medical Center	**Street Address, City, State** 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** (Each deficiency should be preceded by full regulatory or LSC identifying information)
J0000	A recertification survey was conducted on 5/05/2026. The Rural Health Clinic (RHC) was found to have a Standard level deficiency for non-compliance with the regulations for RHCs.