Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	883929	05/05/2026
Name of Provider or Supplier	**Street Address, City, State**	
Summertown Medical Center	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)
J0042	PHYSICAL PLANT AND ENVIRONMENT 491.6(b) Maintenance: The clinic . . . has a preventive maintenance program to ensure that: (1) All essential mechanical, electrical and patient-care equipment is maintained in safe operating condition; This STANDARD is not met as evidenced by: Based on documentation review and interview, the facility failed to provide current documentation to ensure all mechanical and electrical equipment were safe and functioning properly. The findings included: 1. Review of facility documentation revealed there was no current documentation of the preventive maintenance program which included an annual inspection of all clinic equipment. 2. During an interview on 5/05/2026 at 4:39 PM, the Market Director stated there was no current documentation for the annual inspection of equipment.