Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 883943	**(X3) Date Survey Completed** 06/01/2026
Name of Provider or Supplier Express Med Primary Care	**Street Address, City, State** 726 North Locust Avenue, Lawrenceburg, 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)
E0000	An unannounced recertification survey was completed on 6/01/2026 for Emergency Preparedness with no deficiencies cited. The facility is in substantial compliance with all requirements under Rural Health Clinics regulations.