Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	883943	06/01/2026
Name of Provider or Supplier	**Street Address, City, State**	
Express Med Primary Care	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)
J0084	STAFFING AND STAFF RESPONSIBILITIES 491.8(a) Staffing. (4) The staff may also include ancillary personnel who are supervised by the professional staff. This STANDARD is not met as evidenced by: Based on personnel file review and interview, the facility failed to ensure a Licensed Practical Nurse (LPN) held a current State license. The findings included: 1. Review of the personnel file revealed LPN #1's Licensed Practical Nurse license expired on 5 /31/2025. 2. During an interview on 6/01/2026 at 2:09 PM, the Billing Manager /Owner confirmed LPN #1 functioned as a facility nurse and confirmed her license had expired.