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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 45D0495838 | (X3) Date Survey Completed 12/19/2023 |
| Name of Provider or Supplier Toshio Yamauchi Md | Street Address, City, State 16651 Southwest Freeway #150, Sugar Land, TX | |
| For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency. | | |

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| (X4) ID Prefix Tag | Summary Statement of Deficiencies |
| D0000 | |