Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D0503810	03/05/2018
Name of Provider or Supplier	**Street Address, City, State**	
Mission Pediatric Center	210 South Bryan Road Suite 5a, Mission, TX	

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**
No Tags	No deficiency details available.