Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D0504045	01/11/2018
Name of Provider or Supplier	**Street Address, City, State**	
Elgin Medical Center Pa	209 East 2nd Street, Elgin, 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.