Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D0722545	01/16/2018
Name of Provider or Supplier	**Street Address, City, State**	
Babies & Childrens Clinic	900 West Sam Houston Suite 1, Pharr, 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.