Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 45D0858106	**(X3) Date Survey Completed** 09/20/2018
Name of Provider or Supplier Wellmed At Greenway Park	**Street Address, City, State** 2455 Ne Loop 410, San Antonio, 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**
D0000	