

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0959238	(X3) Date Survey Completed 03/05/2018
Name of Provider or Supplier Trawood Family Health Center	Street Address, City, State 1860 Dean Martin Suite 104, El Paso, 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	