

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D0966849	(X3) Date Survey Completed 04/03/2018
Name of Provider or Supplier Mahendra C Patel Md Pa	Street Address, City, State 7950 Floyd Curl Drive, Ste 600, 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	