Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D0990052	01/26/2018
Name of Provider or Supplier	**Street Address, City, State**	
St Anthony Family Clinic	680 Paredes Line Road, Brownsville, 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.