

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D1015161	(X3) Date Survey Completed 02/05/2018
Name of Provider or Supplier Tch Family Medical Clinic	Street Address, City, State 104 North Beech Street, Woodville, 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.