Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 45D1073299	**(X3) Date Survey Completed** 02/06/2018
Name of Provider or Supplier Guajira Family Clinic	**Street Address, City, State** 404 S 18th Suite A, Edinburg, 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.