Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	45D2000387	02/15/2018
Name of Provider or Supplier	**Street Address, City, State**	
Texas Internal Medicine And Diagnostic Center	4502 N Laurent St, Victoria, 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.