

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 45D2050056	(X3) Date Survey Completed 12/18/2023
Name of Provider or Supplier Shadow Creek Medical Clinic	Street Address, City, State 11021 Shadow Creek Pkwy #102, Pearland, 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 D0000	Summary Statement of Deficiencies
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