

Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/01/2020
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES,	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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4A000	<p>Memo</p> <p>On 04/01/20 at 9:00 AM, an entrance conference was conducted via phone with Facility Representatives. The Representatives were informed the purpose of the call was to conduct a complaint survey. At that time the complaint was reviewed.</p> <p>On 04/01/20 at 9:09 AM, an exit conference was conducted via phone with Facility Representatives. The Representatives were informed no deficiencies were cited.</p>	4A000	<p>20-049</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE



SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

Public reporting burden for this collection of information is estimated to average 0 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Office of Financial Management, CMS, IO, Box 26684, Baltimore, MD 21207; or to the Office of Management and Budget, Paperwork Reduction Project(0838-0583), Washington, D.C. 20503.

Provider/Supplier Number	Provider/Supplier Name LITTLE ROCK FAMILY PLANNING SERVICES, PLLC
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Type of Survey (select all that apply)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- A Complaint Investigation
- B Dumping Investigation
- C Federal Monitoring
- D Follow-up Visit
- M Other
- E Initial Certification
- F Inspection of Care
- G Validation
- H Life Safety Code
- I Recertification
- J Sanctions/Hearing
- K State License
- L CHOW

Extent of Survey (select all that apply)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- A Routine/Standard Survey (all providers/suppliers)
- B Extended Survey (HHA or Long Term Care Facility)
- C Partial Extended Survey (HHA)
- D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor Use the surveyor's identification number

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
1. 26183			0.50	0.00	1.00	0.00	0.00	0.50
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

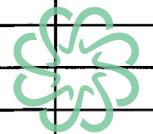
Total SA Supervisory Review Hours.... 1.00

Total RO Supervisory Review Hours... 0.00

Total SA Clerical/Data Entry Hours.... 0.50

Total RO Clerical/Data Entry Hours... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?... No



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HHA IC Desk Review Survey Tool

Agency: Little Rock Family Planning	Date/Time: 4/1/2020	
Surveyor: Liz Davis, RN	Agency Representative: Lori Williams, RNP	
	YES	NO
Have you used the reference materials from the ADH website, CDC and WHO ?	<input checked="" type="checkbox"/>	COMMENTS
Visitor Handling:		
Is your office open to the public or staff at this time?	<input checked="" type="checkbox"/>	pt and staff only
Are there signs posted at all entrances with recommended language?	<input checked="" type="checkbox"/>	
Have you trained, documented and monitored the screening process for visitors and staff entering the agency?	<input checked="" type="checkbox"/>	
Do you have a process to limit exposure of staff and visitors?	<input checked="" type="checkbox"/>	
General Standard Precautions		
Have you trained, documented and monitored general standard precautions such as respiratory etiquette and environmental cleaning specific to COVID 19?	<input checked="" type="checkbox"/>	
Have you trained, documented and monitored the process for reusable equipment?	<input checked="" type="checkbox"/>	
Hand Hygiene:		
Have you trained, documented and monitored hand hygiene for all staff?	<input checked="" type="checkbox"/>	
Do you have adequate hand hygiene supplies available for staff today?	<input checked="" type="checkbox"/>	
Personal Protective Equipment (PPE):		
Have you trained, documented and monitored PPE for all staff?	<input checked="" type="checkbox"/>	
Are there sufficient PPE supplies available today to follow infection prevention and control guidelines for COVID-19?	<input checked="" type="checkbox"/>	



HHA IC Desk Review Survey Tool

Agency: Little Rock Family Planning		Date/Time: 4/1/2020	
Surveyor: Liz Davis, RN		Agency Representative: Lori Williams, RNP	
	YES	NO	COMMENTS
In the event of PPE shortages, do you have a plan to address this issue?	x		
Transmission-Based Precautions:			
Have you trained, documented and monitored transmission precautions for COVID 19 patients at home?	n/a		Do not care for COVID 19 pt
Do you have training materials for patient and family education to include emergency procedures, disinfection and disease process?	n/a		
Do you have dedicated equipment available for COVID 19 patients?	n/a		
Have you established emergency transport procedures with local authorities and facilities?	n/a		
Have you established a care path to expedite the care planning process?	n/a		
Policy and Procedure:			
Have you established an agency wide IPCP for undiagnosed respiratory illness and COVID-19.	YES		
Infection Surveillance:			
Do you know how many confirmed positive COVID 19 patients you currently have?	n/a		(do not collect data)
Do you know how many suspected cases of COVID 19 you have?	n/a		(do not collect data)
Do you have a detailed surveillance plan?	n/a		
Do you have a process for communicating the diagnosis, treatment and laboratory test results when transferring patients?	n/a		
Education, Monitoring, and Screening of Staff			
Have you trained, documented and monitored COVID 19 training to staff?	YES		



HHA IC Desk Review Survey Tool

Agency: Little Rock Family Planning		Date/Time: 4/1/2020	
Surveyor: Liz Davis, RN		Agency Representative: Lori Williams, RNP	
		YES	NO COMMENTS
	Do you have a process to convey updates on COVID-19 to all staff?	YES	
	Have you trained, documented and monitored the screening and identification process for staff?	YES	
	Do you have a plan for ill staff that includes reporting within your agency and to local authorities?	YES	
	Do you have a surge plan?	no	

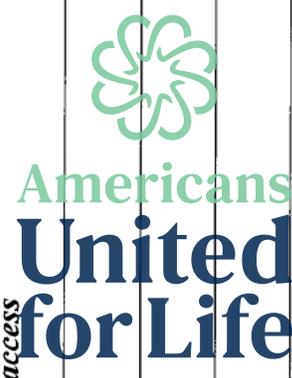


ENTRANCE AND/OR EXIT CONFERENCE ATTENDANCE RECORD

AGENCY: <i>Little Rock Family Planning</i>	PROVIDER 000103
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SIGNATURE	ENTRANCE CONFERENCE PRINT NAME	Date:	Time:	PRINT TITLE	DATE
<i>Remote access</i>	<i>Liz Davis, RN</i>			<i>Program Manager</i>	<i>4/1/20</i>
<i>phone</i>	[REDACTED]			<i>Administrator</i>	<i>4/1/20</i>

SIGNATURE	EXIT CONFERENCE PRINT NAME	Date:	Time:	PRINT TITLE	DATE
<i>Remote access</i>	<i>Liz Davis, RN</i>			<i>Program manager</i>	<i>4/1/20</i>
<i>Phone</i>	[REDACTED]			<i>Administrator</i>	<i>4/1/20</i>



INTAKE INFORMATION

PROVIDER INFORMATION:

Name: LITTLE ROCK FAMILY PLANNING SERVICES, PLLC
Address: #4 OFFICE PARK DRIVE
City/State/Zip/County: LITTLE ROCK, AR, 72211, PULASKI
Telephone: (501) 225-3836

License #:
Type: AB
Medicaid #:
Administrator: [REDACTED]

INTAKE INFORMATION:

Intake Number: AR00024470
Taken by - Staff: STAVE, LIZ W.
Location Received:
Intake Type: Complaint
Intake Subtype: State-only, licensure
SA Contact: DAVIS, LIZ
STAVE, LIZ W.
RO Contact:
Responsible Team:
Source: Other

Received Start: 04/01/2020 **At** 10:29
Received End: 04/01/2020 **At** 10:29
Received by:
State Complaint ID: 20-049
CIS Number:
External Control #:

COMPLAINANTS:

Name	Address	Phone	EMail
[REDACTED] (Primary) <u>Link ID:</u> 18DI0B <u>Confidentiality Requested:</u> Y	[REDACTED]	[REDACTED]	

INTAKE DETAIL:

Date of Alleged Event: **Time:** **Shift:**

Standard Notes: On Tuesday March 17 from 8am to 9am and again on Friday March 20, 2020 from 9am to 10am, I was praying on the sidewalk outside this facility. In the course of one hour on both days, 14 and 11 patients respectively arrived, their IDs were checked and allowed to enter by [REDACTED] the security guard. On Friday the patients' companions/drivers were asked to wait in their cars once IDs were checked. I am concerned that in a time when non-essential procedures should be delayed in order to conserve needed medical supplies, this facility is clearly not complying with recommendations by ADH to other clinics, including Dentists, in Arkansas. The week of March 9th this clinic was open an additional day so it appears that non-essential procedures continue. Thank you for looking into this matter.

Extended RO Notes:
Extended CO Notes:

ALLEGATIONS:

Category: Infection Control
Sub-category:
Seriousness:
Details:

SURVEY INFORMATION:

Event ID	Start Date	Exit Date	Team Members
SMMW11	04/01/20	04/01/20	DAVIS, LIZ

ACTIVITIES:

Type	Sent	Due	Completed	Responsible Staff Member
Schedule Onsite Visit	04/01/2020	04/01/2020	04/01/2020	DAVIS, LIZ

Reason for Restraint:
Cause of Death:



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END OF INTAKE INFORMATION



Arkansas Department of Health

5800 West Tenth St. Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

April 1, 2020



Dear Ms. Silfies:

We have received your concerns. We appreciate the interest you have shown in bringing this matter to our attention. The complaint will be investigated by a team from Health Facility Services of the Arkansas Department of Health.

The Arkansas State Medical Board is the regulatory agency of Physicians, concerns regarding Physicians may be directed to: Arkansas State Medical Board, 1401 West Capitol Avenue, Suite 340, Little Rock, AR 72201, Telephone: (501) 296-1802, FAX: (501) 603-3555, Web Address: <http://www.armedicalboard.org/support/contact.aspx>.

KePRO also receives quality of care concerns specific to individuals with Medicare benefits. They may be reached at: KePRO, Rock Run Center, 5700 Lombardo Center, Suite 100, Seven Hills, OH 44131, Telephone: (844) 430-9504

Thank you for taking the time to inform us of this situation.

Sincerely,

Liz Davis, Program Manager
Health Facility Services
Arkansas Department of Health

/LS



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Arkansas Department of Health

5800 West Tenth St. Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

April 1, 2020

██████████ Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Complaint Survey
Conducted 04/01/2020

Dear Ms. Williams:

Little Rock Family Planning Services, PLLC is considered to be in compliance with applicable provisions of the Rules and Regulations for Licensure. We appreciate the cooperation of the facility staff during the survey.

If you have any questions, please call (501) 661-2201.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,

Becky Bennett, Section Chief
Health Facility Services
Arkansas Department of Health

/LS



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Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/07/2020
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES,	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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4A000	<p>Memo</p> <p>On 04/07/20 at 3:18 PM, an entrance conference was conducted with Facility Representatives. The Representatives were informed the purpose of the visit was to conduct a complaint survey. At that time the complaint was reviewed.</p> <p>On 04/07/20 at 4:15 PM, an exit conference was conducted with Facility Representatives. The Representatives were informed no deficiencies were cited.</p>	4A000	<p>20-051</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

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Provider/Supplier Number	Provider/Supplier Name LITTLE ROCK FAMILY PLANNING SERVICES, PLLC
--------------------------	--

Type of Survey (select all that apply)

A

- A Complaint Investigation
- B Dumping Investigation
- C Federal Monitoring
- D Follow-up Visit
- M Other
- E Initial Certification
- F Inspection of Care
- G Validation
- H Life Safety Code
- I Recertification
- J Sanctions/Hearing
- K State License
- L CHOW

Extent of Survey (select all that apply)

D

- A Routine/Standard Survey (all providers/suppliers)
- B Extended Survey (HHA or Long Term Care Facility)
- C Partial Extended Survey (HHA)
- D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor Use the surveyor's identification number

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
1. 26183	04/07/2020	04/07/2020	0.50	0.00	1.00	0.00	1.00	1.00
2. 31207	04/07/2020	04/07/2020	0.50	0.00	1.00	0.00	1.00	1.00
3.								
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14.								

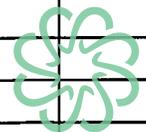
Total SA Supervisory Review Hours.... 1.00

Total RO Supervisory Review Hours... 0.00

Total SA Clerical/Data Entry Hours.... 0.75

Total RO Clerical/Data Entry Hours.... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?... No



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COMPLAINT SURVEY

DATE: April 7, 2020

RE: Provider #: 000103
Little Rock Family Planning
#4 Office Park Drive
Little Rock, AR 72211
Administrator: [REDACTED]
Telephone #: (501) 225-3836

SUBJECT: State Agency Control # 20-051

The complaint was surveyed on 04/07/20. An entrance conference was conducted with Facility Representatives at 3:18 PM. The nature of the complaint and request for records were discussed.

The Complainant alleged: I am a retired RN with 37 years of OB practice and an Arkansas resident for over 30 years. I am concerned about the increase in out of state patients at the Little Rock Family Planning Services Facility providing abortions. An abortion is NOT an essential health care need but rather an elective surgery to end the life of a precious baby. There has been a great increase in the number of women seeking abortions at this Little Rock facility from Texas, Louisiana, and Oklahoma as noted from the license plates in the parking lot. They are busy, busy, busy making money and using valuable PPE (Personal Protective Equipment) that could be used in hospital settings to save lives. Many Arkansas medical personnel ARE RISKING THEIR LIVES TO CARE FOR SICK PATIENTS FROM THIS PANDEMIC. Thank you for your pro-life support. As well as that of Governor Asa Hutchinson. I support you both and ask that you close this facility during this pandemic. WE DON ' T NEED TO BE AN ABORTION " DESTINATION " FOR SURROUNDING STATES. Thank YOU for all to do to keep Arkansas healthy!! I appreciate your efforts at this stressful time.

Findings follow:

Observations: There was one car in the patient parking lot with two people in the car. The car left the parking lot within five minutes. The facility had screening information posted on the entrance door. The waiting room had signs in the chairs for social distancing of six feet. Staff members were wearing surgical face masks.

The Facility Representative provided the following information by interview:

Measures to distance:

Patients for the 1st day appointment sit in the waiting room and complete paperwork. The waiting room has 24 chairs. The staff allow 6 people in the waiting room at a time.



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The facility has additional days and lengthened hours to accommodate spacing.
Day 2 patients check in at the front door and wait in their car until a private room is available.
No guests are allowed unless the patient is a minor, as required by law.
Screening procedures are in place.

Use of PPE

Staff wears surgical masks provided by the facility.

Two staff have self-supplied N95 masks.

No gowns are used.

There are approximately 12 staff in the facility on a given day including the physician.

All available PPE has been sourced from normal channels. The facility has not accepted offers from other resources who are offering to distribute to clinics.

The facility does not intend to reorder masks. When the current supplies are depleted, cloth masks will be used if needed.

CDC guidelines to extend PPE are being followed.

Patient population:

We always see patients from other states.

Patients from Texas have increased because abortion is not accessible in Texas right now.

In the last two weeks we have seen a slight increase in patients.

Essential healthcare:

All abortions are essential healthcare.

Any increase in gestational age increases the risk to the patient.

The Facility Representative produced a copy of the ADH letter regarding essential healthcare and stated the following exclusions applied: Time sensitive care shall continue and if risk of progression on condition in the surgery is not performed.

Facility visits:

Procedures were performed today

Procedures are scheduled for tomorrow

Procedures were not performed yesterday

Record Review:

1. All records were reviewed for visits today, 4/7/20, with the exception of the patient currently in the recovery room. Data gathered included city and state of residence and gestational age for patients who had a procedure.

Procedures: Total of 15.

5 of 15 had a residence outside Arkansas.

6 of 15 had a gestational age > 6 weeks

Consent visit: Total of 14.

5 of 14 had a residence outside Arkansas



2. All records were reviewed for visits scheduled for tomorrow, 4/8/20. Data gathered included city and state of residence.

Procedures scheduled for 4/8/20: Total of 12.

5 of 12 had a residence outside Arkansas.

Consent visit scheduled for 4/8/20: Total of 15.

No address information documented in facility records.

An exit conference was held with Facility Representatives at 4:15 PM. No deficiencies were cited. State Agency recommends no further action.



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Complaint: Little Rock Family Planning 4/7/20

Record Review:

Date and type of Service	Alias Identifier	Address	Gestational Age
4/7/20 Procedure	9	██████████ AR	9 6/7
4/7/20 Procedure	10	██████████ AR	4 6/7
4/7/20 Procedure	8	██████████ AR	4 3/7
4/7/20 Procedure	2	██████████ LA	15 1/17
4/7/20 Procedure	6	██████████ AR	4 3/7
4/7/20 Procedure	4	██████████ AR	7
4/7/20 Procedure	1	██████████ AR	6 5/7
4/7/20 Procedure	3	██████████ AR	4 3/7
4/7/20 Procedure	5	██████████ AR	10 2/7
4/7/20 Procedure	7	██████████ TX	6 1/7
4/7/20 Procedure	11	██████████ OK	6 1/7
4/7/20 Procedure	13	██████████ TX	7 1/7
4/7/20 Procedure	12	██████████ MS	8 1/7
4/7/20 Procedure	16	██████████ AR	4 5/7
4/7/20 Procedure	15	██████████ AR	6 2/7



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Complaint 4/7/20 Little Rock Family Planning

Record Review

Service on schedule for 4/8/20	Alias	Address
Procedure	4/4/20 H	██████████ TX
Procedure	3/30/20 N	██████████ AR
Procedure	3/31/20 L	██████████ AR
Procedure	3/24/20 K	██████████ TX
Procedure	4/3/20 P	██████████ AR
Procedure	4/4/20 C	██████████ TX
Procedure	4/3/20 S	██████████ AR
Procedure	4/3/20 X	██████████ AR
Procedure	4/3/20 V	██████████ TX
Procedure	4/4/20 E	██████████ AR
Procedure	4/4/20 O	██████████ TN
Procedure	4/3/20 D	██████████ AR
Medical	6	██████████ AR
Medical	12	██████████ AR
Consent 15 records	None assigned	Address not available for scheduled consent visits



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INTAKE INFORMATION

PROVIDER INFORMATION:

Name: LITTLE ROCK FAMILY PLANNING SERVICES, PLLC
Address: #4 OFFICE PARK DRIVE
City/State/Zip/County: LITTLE ROCK, AR, 72211, PULASKI
Telephone: (501) 225-3836

License #: [REDACTED]
Type: AB
Medicaid #: [REDACTED]
Administrator: [REDACTED]

INTAKE INFORMATION:

Intake Number: AR00024499
Taken by - Staff: STAVE, LIZ W.
Location Received: HFS HHA COMPLAINT TEAM
Intake Type: Complaint
Intake Subtype: State-only, licensure
SA Contact: DAVIS, LIZ
STAVE, LIZ W.
RO Contact:
Responsible Team: HFS HHA COMPLAINT TEAM
Source: Other

Received Start: 04/07/2020 At 13:46
Received End: 04/07/2020 At 13:46
Received by:
State Complaint ID: 20-051
CIS Number:
External Control #:

COMPLAINANTS:

Name	Address	Phone	Email
[REDACTED] (Primary)			

Link ID: 203EFK
Confidentiality Requested: Y

INTAKE DETAIL:

Date of Alleged Event: Time: Shift:

Standard Notes: I am a retired RN with 37 years of OB practice and an Arkansas resident for over 30 years. I am concerned about the increase in out of state patients at the Little Rock Family Planning Services Facility providing abortions. An abortion is NOT an essential health care need but rather an elective surgery to end the life of a precious baby. There has been a great increase in the number of Women seeking abortions at this Little Rock facility from Texas, Louisiana, and Oklahoma as noted from the license plates in the parking lot. They are busy busy busy making money and using valuable PPE that could be used in hospital settings to save lives. Many Arkansas medical personnel ARE RISKING THEIR LIVES TO CARE FOR SICK PATIENTS FROM THIS PANDEMIC. Thank you for your pro-life support As well as that of Governor Asa Hutchinson. I support you both and ask that you close this facility during this pandemic. WE DON'T NEED TO BE AN ABORTION "DESTINATION" FOR SURROUNDING STATES. Thank YOU for all to do to keep Arkansas healthy!! I appreciate your efforts at this stressful time.

Extended RO Notes:
Extended CO Notes:

ALLEGATIONS:

Category: State Licensure
Sub-category:
Seriousness:
Details:

SURVEY INFORMATION:

Event ID	Start Date	Exit Date	Team Members
GW8Y11	04/07/20	04/07/20	DAVIS, LIZ SIMPSON, TIM

ACTIVITIES:

Type	Sent	Due	Completed	Responsible Staff Member
Schedule Onsite Visit	04/07/2020	04/07/2020	04/07/2020	SIMPSON, TIM DAVIS, LIZ



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Printed: 05/06/2020
Due Date: 05/22/2020
Priority: Non-IJ High

INTAKE INFORMATION

Intake Number: AR00024499
Facility ID: ABOR00001
Provider Number:

Reason for Restraint:
Cause of Death:

END OF INTAKE INFORMATION

CONFIDENTIAL



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Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

April 10, 2020

Little Rock Family Planning
4 Office Park Dr.
Little Rock, AR 72211

RE: Healthcare Facility Complaint Survey
Conducted April 7, 2020

Dear Administrator:

We recently completed an unannounced investigation of your facility following the receipt of a complaint. The investigation was conducted on April 7, 2020, by personnel from Health Facility Services and included a review of medical records and facility staff interviews.

That investigation did not reveal any deficiencies with respect to the rules for abortion facilities in Arkansas.

However, your facility is in violation of the April 3, 2020 Arkansas Department of Health Directive on Elective Surgeries. That directive was posted on the ADH's website on April 3, 2020, and a copy was mailed to your facility on Monday, April 6, 2020. The April 3 Directive mandates the postponement of all procedures that are not immediately medically necessary during the COVID-19 emergency. That prohibition applies to surgical abortions that are not immediately necessary to protect the life or health of the patient.

Your facility was found to be performing surgical abortions that are not immediately necessary to protect the life or health of the patient, and your facility is therefore in violation of the April 3 Directive. Your facility is required to postpone such procedures until after the COVID-19 emergency has ended and the April 3 Directive is withdrawn.

Accordingly, your facility is ordered to immediately cease and desist the performance of surgical abortions, except where immediately necessary to protect the life or health of the patient. Any further violations of the April 3 Directive will result in an immediate suspension of your facility's license.

Sincerely,

Becky Bennett
Section Chief, Health Facility Services



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Today I acknowledge receiving a copy of the April 10, 2020 cease and desist letter from the Arkansas Department of Health.



Printed name

4/10/20
Date

Nell Smith

Witness signature

Nell Smith

Printed name

4/10/20
Date



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Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

April 10, 2020

Little Rock Family Planning
4 Office Park Dr.
Little Rock, AR 72211

RE: Healthcare Facility Complaint Survey
Conducted April 7, 2020

Dear Administrator:

We recently completed an unannounced investigation of your facility following the receipt of a complaint. The investigation was conducted on April 7, 2020, by personnel from Health Facility Services and included a review of medical records and facility staff interviews.

That investigation did not reveal any deficiencies with respect to the rules for abortion facilities in Arkansas.

However, your facility is in violation of the April 3, 2020 Arkansas Department of Health Directive on Elective Surgeries. That directive was posted on the ADH's website on April 3, 2020, and a copy was mailed to your facility on Monday, April 6, 2020. The April 3 Directive mandates the postponement of all procedures that are not immediately medically necessary during the COVID-19 emergency. That prohibition applies to surgical abortions that are not immediately necessary to protect the life or health of the patient.

Your facility was found to be performing surgical abortions that are not immediately necessary to protect the life or health of the patient, and your facility is therefore in violation of the April 3 Directive. Your facility is required to postpone such procedures until after the COVID-19 emergency has ended and the April 3 Directive is withdrawn.

Accordingly, your facility is ordered to immediately cease and desist the performance of surgical abortions, except where immediately necessary to protect the life or health of the patient. Any further violations of the April 3 Directive will result in an immediate suspension of your facility's license.

Sincerely,

A handwritten signature in black ink that reads "Becky Bennett".

Becky Bennett
Section Chief, Health Facility Services



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Today I acknowledge receiving a copy of the April 10, 2020 cease and desist letter from the Arkansas Department of Health.



Printed name

4/10/20
Date

Nell Smith

Witness signature

Nell Smith

Printed name

4/10/20
Date



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Arkansas Department of Health

5800 West Tenth St. Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

April 8, 2020

██████████ Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Survey Conducted
04/07/2020

Dear Ms. Williams:

Little Rock Family Planning Services, PLLC is considered to be in compliance with applicable provisions of the Rules and Regulations for Licensure. We appreciate the cooperation of the facility staff during the survey.

If you have any questions, please call (501) 661-2201.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,

Becky Bennett, Section Chief
Health Facility Services
Arkansas Department of Health

/LS



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Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/01/2020
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES,	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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4A000	<p>Memo</p> <p>On 05/01/20 at 10:00 AM an entrance conference was conducted with Facility Representatives. The Representatives were informed the purpose of the visit was to conduct a complaint survey.</p> <p>On 05/01/20 at 10:25 AM an exit conference was conducted with Facility Representatives. The Representatives were informed no deficiencies were cited.</p>	4A000	<p><i>20-065</i></p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE



SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

Public reporting burden for this collection of information is estimated to average 0 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Office of Financial Management, CMS, R. Box 26684, Baltimore, MD 21207; or to the Office of Management and Budget, Paperwork Reduction Project(0838-0583), Washington, D.C. 20503.

Provider/Supplier Number	Provider/Supplier Name LITTLE ROCK FAMILY PLANNING SERVICES, PLLC
--------------------------	--

Type of Survey (select all that apply)

A

- A Complaint Investigation
- B Dumping Investigation
- C Federal Monitoring
- D Follow-up Visit
- M Other
- E Initial Certification
- F Inspection of Care
- G Validation
- H Life Safety Code
- I Recertification
- J Sanctions/Hearing
- K State License
- L CHOW

Extent of Survey (select all that apply)

D

- A Routine/Standard Survey (all providers/suppliers)
- B Extended Survey (HHA or Long Term Care Facility)
- C Partial Extended Survey (HHA)
- D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor Use the surveyor's identification number

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
1. 26183	05/01/2020	05/01/2020	0.50	0.00	0.50	0.00	0.50	0.50
2. 41508	05/01/2020	05/01/2020	0.50	0.00	0.50	0.00	0.50	0.50
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours....

1.75

Total RO Supervisory Review Hours....

0.00

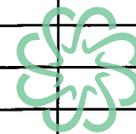
Total SA Clerical/Data Entry Hours....

0.75

Total RO Clerical/Data Entry Hours....

0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?... No



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COMPLAINT SURVEY

DATE: May 1, 2020

RE: Provider #: 000103
Little Rock Family Planning
#4 Office Park Drive
Little Rock, AR 72211
Administrator: [REDACTED]
Telephone #: (501) 225-3836

SUBJECT: State Agency Control # 20-065

The complaint was surveyed on 05/01/20. An entrance conference was conducted with Facility Representatives at 10:00 AM. The Representatives were informed the purpose of the visit was to conduct a complaint survey.

The Complainant alleged: Today 4/30/20 14 employee cars and 12 client cars parked outside abortion clinic. That does not count the girls that were dropped off. At least 26 people were inside LRFP abortion clinic at 12:20PM today 4/30/20 Including employees and clients. I doubt they were tested for covid and there is no way that many people can be kept 6 feet apart.

The facility was entered on 05/01/20 at 9:55 AM. Upon arrival, observation of the parking lot there were people waiting in their cars. In the front ante room where screening is conducted, one staff member was observed and wearing a mask. The front office had three staff members wearing masks.

On interview with Facility Representative on 05/01/20 at 10:00 a.m. The Representative provided her social distancing protocols which were described below and verified during tour:

- Guests and surgical abortion patients wait in their vehicles. Verified on tour upon entrance.
- The appointment times have been spaced out and the scheduling days are longer so not as many people are in the clinic at one time.
- When a patient comes in for their first appointment, they sit in the waiting room and complete their initial paperwork. On tour, it was noted chairs were arranged to ensure six feet spacing.
- The patient then goes to a private room for consents. On tour, there were two chairs in each room; one for the patient, one for the clinician.
- When the patient is here for an abortion, they initially wait in their car until staff completes their chart. Observed on entrance.
- The patient is called to the lab individually and then placed in a private room for



counselling. On observation, the lab had only one chair for lab draw of a patient. There were two lab members observed in the lab wearing masks and were approximately six feet apart.

- If a medication abortion is provided, the patient is given the medication in the private room.
- If a surgical abortion is provided, the patient is taken to the procedure room and then to the recovery area. On observation, procedure room number 1 was observed with one staff member cleaning while wearing a mask. The second procedure room was clean, dark and empty. There were five chairs in the recovery area, four chairs were separated by walls (bays), one area had two chairs in it but staff limit use to one chair. There were no patients or staff in the area.

○

Record Review: All records for dates of service beginning 04/27/20 to current were requested and provided. There was a total of four records. All four records had COVID-19 testing results which revealed virus negative/not detected and none were greater than 48-hours of procedure.

An exit conference was conducted with Facility Representatives on 05/01/20 at 10:25 AM. When asked about their process to confirm COVID-19 test results within 48 hours, the Representative commented that when patients arrive at the clinic, if they do not have test results in hand, the clinic attempts to receive test results from the lab. The results are not typically ready within 48 hours and patients have to return multiple times to a testing facility. Testing is an extraordinary challenge. (Local Facility) is refusing to test patients who are asymptomatic for elective procedures outside their facility. On Tuesday, 04/28/20, four of five patients scheduled could not be completed and Thursday 04/30/20, six of nine patients scheduled could not be completed due to test results not available. Patients wait in their cars (or go home if they live nearby) while clinic staff attempt to retrieve lab results. The clinic cannot get their own specimen collection kits. No deficiencies were cited. State Agency recommends no further action.



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INTAKE INFORMATION

PROVIDER INFORMATION:

Name: LITTLE ROCK FAMILY PLANNING SERVICES, PLLC
Address: #4 OFFICE PARK DRIVE
City/State/Zip/County: LITTLE ROCK, AR, 72211, PULASKI
Telephone: (501) 225-3836

License #: [REDACTED]
Type: AB
Medicaid #: [REDACTED]
Administrator: [REDACTED]

INTAKE INFORMATION:

Intake Number: AR00024584
Taken by - Staff: STAVE, LIZ W.
Location Received: HFS HHA COMPLAINT TEAM
Intake Type: Complaint
Intake Subtype: State-only, licensure
SA Contact: DAVIS, LIZ
STAVE, LIZ W.
RO Contact:
Responsible Team: HFS HHA COMPLAINT TEAM
Source: Other

Received Start: 04/30/2020 At 13:42
Received End: 04/30/2020 At 13:42
Received by:
State Complaint ID: 20-065
CIS Number:
External Control #:

COMPLAINANTS:

Name	Address	Phone	Email
[REDACTED] Link ID: 20S5WY Confidentiality Requested : Y	[REDACTED]		

INTAKE DETAIL:

Date of Alleged Event: Time: Shift:

Standard Notes: Today 4/30/20 14 employee cars and 12 client cars parked outside abortion clinic. That does not count the girls that were dropped off.
At least 26 people were inside LRFP abortion clinic at 12:20 PM today 4/30/20 Including employees and clients. I doubt they were tested for covid and there is no way that many people can be kept 6 feet apart.

Extended RO Notes:
Extended CO Notes:

ALLEGATIONS:

Category: State Licensure
Sub-category:
Seriousness:
Details:

SURVEY INFORMATION:

Event ID	Start Date	Exit Date	Team Members
BT1511	05/01/20	05/01/20	DAVIS, LIZ DAY, PAULA

ACTIVITIES:

Type	Sent	Due	Completed	Responsible Staff Member
Schedule Onsite Visit	05/01/2020	05/01/2020	05/01/2020	DAY, PAULA DAVIS, LIZ

Reason for Restraint:
Cause of Death:



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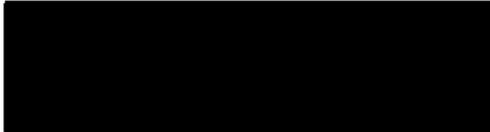
END OF INTAKE INFORMATION



Arkansas Department of Health

5800 West Tenth St. Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

April 30, 2020



Dear Ms. [REDACTED]

We have received your concerns. We appreciate the interest you have shown in bringing this matter to our attention. The complaint will be investigated by a team from Health Facility Services of the Arkansas Department of Health.

The Arkansas State Medical Board is the regulatory agency of Physicians, concerns regarding Physicians may be directed to: Arkansas State Medical Board, 1401 West Capitol Avenue, Suite 340, Little Rock, AR 72201, Telephone: (501) 296-1802, FAX: (501) 603-3555, Web Address: <http://www.armedicalboard.org/support/contact.aspx>.

KePRO also receives quality of care concerns specific to individuals with Medicare benefits. They may be reached at: KePRO, Rock Run Center, 5700 Lombardo Center, Suite 100, Seven Hills, OH 44131, Telephone: (844) 430-9504

Thank you for taking the time to inform us of this situation.

Sincerely,

Liz Davis, Program Manager
Health Facility Services
Arkansas Department of Health

/LS



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Arkansas Department of Health

5800 West Tenth St. Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

May 1, 2020

██████████ Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Complaint Survey
Conducted 05/01/2020

Dear Ms. ██████████

Little Rock Family Planning Services, Pllc is considered to be in compliance with applicable provisions of the Rules and Regulations for Licensure. We appreciate the cooperation of the facility staff during the survey.

If you have any questions, please call (501) 661-2201.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,

A handwritten signature in cursive script that reads 'Becky Bennett'.

Becky Bennett, Section Chief
Health Facility Services
Arkansas Department of Health

/LS



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Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/05/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES,	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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4A000	<p>Memo</p> <p>On 05/05/20 at 10:15 AM, an entrance conference was conducted with Facility Representatives. The Representatives were informed the purpose of the visit was to conduct a complaint survey.</p> <p>On 05/05/20 at 10:45 AM, an exit conference was conducted with Facility Representatives. The Representatives were informed no deficiencies were cited.</p>	4A000	<p>20-067</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE



SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

Public reporting burden for this collection of information is estimated to average 0 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Office of Financial Management, CMS, IO, Box 26684, Baltimore, MD 21207; or to the Office of Management and Budget, Paperwork Reduction Project(0838-0583), Washington, D.C. 20503.

Provider/Supplier Number	Provider/Supplier Name LITTLE ROCK FAMILY PLANNING SERVICES, PLLC
--------------------------	--

Type of Survey (select all that apply)

A

- A Complaint Investigation
- B Dumping Investigation
- C Federal Monitoring
- D Follow-up Visit
- M Other
- E Initial Certification
- F Inspection of Care
- G Validation
- H Life Safety Code
- I Recertification
- J Sanctions/Hearing
- K State License
- L CHOW

Extent of Survey (select all that apply)

D

- A Routine/Standard Survey (all providers/suppliers)
- B Extended Survey (HHA or Long Term Care Facility)
- C Partial Extended Survey (HHA)
- D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor Use the surveyor's identification number

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
1. 26183	05/05/2020	05/05/2020	0.50	0.00	0.75	0.00	0.50	0.50
2. 41508	05/05/2020	05/05/2020	0.50	0.00	0.75	0.00	0.50	0.50
3.								
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13.								
14.								

Total SA Supervisory Review Hours....

1.25

Total RO Supervisory Review Hours...

0.00

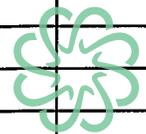
Total SA Clerical/Data Entry Hours....

1.00

Total RO Clerical/Data Entry Hours...

0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No



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COMPLAINT SURVEY

DATE: May 5, 2020

RE: Provider #: 000103
Little Rock Family Planning
#4 Office Park Drive
Little Rock, AR 72211
Administrator: Lori Williams
Telephone #: (501) 225-3836

SUBJECT: State Agency Control # 20-067

The complaint was surveyed on 05/05/20. Surveyors arrived at the facility at 10:15 AM.

The Complainant alleged:

On Friday, May 1, 2020, I was on the sidewalk outside this abortion facility from 8:30 AM to 10:00 AM. At about 9:45 AM I observed who appeared to be two inspectors from the Arkansas Department of Health arrive and enter the facility. Immediately after they entered the front entrance, two facility employees rushed out the back door carrying items to the employee parking area; I heard car doors close and within a very short time, maybe a minute, both reentered the back door, this time empty handed. I do not know what the employees were carrying to a car(s) but the incident certainly seemed suspicious, given the ADH inspectors had just entered the facility. Additionally, Friday was the first time I have seen patients being asked to wait in their cars until they were called inside and I have been outside the abortion facility 2-3 days a week for over 10 years. I do not believe the "unannounced" inspections are unannounced at all. It seems the facility is always found to be in compliance, regardless of the complaint. During the month-long suspension of non-essential surgical procedures, this facility was open an additional day a week and business was brisk, including an increase in out-of-state clients, defying the Governor ' s and Dr. Smith's directives. After reading in the paper the "waiting room chairs were placed 6' apart" I knew from my own observations that social distancing was not being practiced when 12-14 girls were inside, along with companions, etc. I do not understand why this facility is never held accountable.

Observations: Upon arrival, Surveyors #1 and #2 observed four protestors standing on the sidewalk in front of the agency. None of the protestors were wearing masks and did not appear to be maintaining 6 ft. distancing. From the sidewalk where the protestors were standing, a privacy fence was observed which blocked a view of the side employee door. It appeared the front entrance and side employee entrance could not be visualized from one vantage point due to the privacy fence blocking sight of the side entrance while standing at the front entrance.



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Upon arrival, surveyors also observed, there were 9 cars in the designated patient parking spaces. People could be seen sitting in the driver ' s seat in three of the cars. The interior of the other cars was either empty or could not be visualized. There were 12 cars in the designated staff parking spaces.

Upon arrival, Surveyor #1 walked to the front entrance while the security guard was walking toward Surveyor #2 who was walking toward the employee entrance. Surveyor #1 waited outside the front entrance and the security guard returned. The security guard stated, I just have to make sure no one enters undetected and stated the protestors are going up to cars without wearing masks and handing materials to persons in the cars. Surveyor #1 asked the security guard to enter the front entrance and stated Surveyor #2 was going to enter through the employee entrance. Upon arrival, Surveyor #2 walked toward the side employee entrance where the security guard stopped the surveyor and questioned the reason for being there. Surveyor #2 explained the reason. The security guard stated the protestors do not wear masks and frequently come over onto the property. When asked by Surveyor #2 if the protestors come to the employee parking lot, the security guard stated they are usually stopped before they get there and further stated the protestors hand out flyers without wearing gloves or disinfecting the flyers.

Surveyor #1 entered the facility and immediately told the Facility Representative the nature of the complaint and asked to go through the facility and allow Surveyor #2 to enter through the employee entrance.

Tour: There were three patients in the waiting room with masks on and were more than 6 ft. apart. Signs remained on chairs to ensure social distancing. The recovery rooms were unoccupied. One procedure room had a staff member wearing a mask. Other staff members were seen throughout the facility, all wearing masks.

Interview: At 10:20 AM, the Facility Representative was asked about the employee entrance. The Facility Representative stated all employees have access to the entrance and all have keys. The entrance is video monitored, many of the employees are smokers and use that door. Many employees bring their lunches and go out to retrieve it or replace their lunch receptacles. The Facility Representative reported the door is always locked.

Surveyor #1 asked about the video monitoring and if there had ever been an instance of someone taking something out the employee door. The Facility Representative stated they had not noted any incidents of questionable removal of items from the facility and that there were 20 + video cameras which ran in a loop.

When discussing the survey process, the Facility Representative confirmed in the past all areas of the clinic were observed on tour, confirmed all surveys had always been unannounced, and they had produced all documents when requested to include using all available records sources to



assure all documents have been produced and include all records, i.e. billing, laboratory. The Facility Representative further stated all records are maintained in sequential order and there would be no way to remove anything from the sequential order without detection by the Surveyors.

The Facility Representative commented over the last month, protesters have started going into the private lot at the back of the building and interacting with staff. That ' s where the staff go to smoke and this has created an increased security risk.

Surveyor #1 asked if distancing protocols were still in place and the Facility Representative stated, yes. We have had staff meetings and assessed risks to staff. They have also allowed staff to take a leave of absence when necessary and gave an example of one staff member ' s elderly family member.

An exit conference was completed at 10:45 AM

After exit, surveyors drove to the parking lot located behind the facility where the Facility Representative reported protesters were seen looking into the employee parking lot and verbally interacting with staff who may have been in the lot. Surveyors identified where protesters could see the back entrance to the facility through bushes. From the back-vantage point, the front entrance was not visible.

In summary, the complaint allegations were not substantiated. No deficiencies were cited. State Agency recommends no further action.



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ENTRANCE AND/OR EXIT CONFERENCE ATTENDANCE RECORD

AGENCY:	PROVIDER
----------------	-----------------

ENTRANCE CONFERENCE		Date: 5/5/20	Time: 10:20 AM
SIGNATURE	PRINT NAME	PRINT TITLE	DATE
<i>Liz Davis</i>	Liz Davis	Program Manager	5/5/2020
<i>Kirk Gardner</i>	Kirk Gardner	RN Surveyor	5/5/2020
<i>Lori Williams</i>	Lori Williams	Clinic Director	5/5/2020

EXIT CONFERENCE		Date: 5/5/20	Time: 10:45
SIGNATURE	PRINT NAME	PRINT TITLE	DATE
<i>Liz Davis</i>	Liz Davis	Program Manager	5/5/2020
<i>Lori Williams</i>	Lori Williams	Clinic Director	5/5/2020
<i>Kirk Gardner</i>	Kirk Gardner	RN Surveyor	5/5/2020



INTAKE INFORMATION

PROVIDER INFORMATION:

Name: LITTLE ROCK FAMILY PLANNING SERVICES, PLLC
Address: #4 OFFICE PARK DRIVE
City/State/Zip/County: LITTLE ROCK, AR, 72211, PULASKI
Telephone: (501) 225-3836

License #:
Type: AB
Medicaid #:
Administrator: LORI WILLIAMS

INTAKE INFORMATION:

Intake Number: AR00024603
Taken by - Staff: STAVE, LIZ W.
Location Received: HFS HHA COMPLAINT TEAM
Intake Type: Complaint
Intake Subtype: State-only, licensure
SA Contact: DAVIS, LIZ
STAVE, LIZ W.
RO Contact:
Responsible Team: HFS HHA COMPLAINT TEAM
Source: Other

Received Start: 05/05/2020 **At** 09:09
Received End: 05/05/2020 **At** 09:09
Received by:
State Complaint ID: 20-067
CIS Number:
External Control #:

COMPLAINANTS:

Name	Address	Phone	Email
[REDACTED] (Primary)	[REDACTED]	H: [REDACTED]	

Link ID: 18DI0B
Confidentiality Requested: Y

INTAKE DETAIL:

Date of Alleged Event: **Time:** **Shift:**

Standard Notes: On Friday, May 1, 2020, I was on the sidewalk outside this abortion facility from 8:30am to 10:00am. At about 9:45am I observed who appeared to be two inspectors from the Arkansas Dept of Health arrive and enter the facility. Immediately after they entered the front entrance, two facility employees rushed out the back door carrying items to the employee parking area; I heard car doors close and within a very short time, maybe a minute, both reentered the back door, this time empty handed. I do not know what the employees were carrying to a car(s) but the incident certainly seemed suspicious, given the ADH inspectors had just entered the facility. Additionally, Friday was the first time I have seen patients being asked to wait in their cars until they were called inside and I have been outside the abortion facility 2-3 days a week for over 10 years. I do not believe the "unannounced" inspections are unannounced at all. It seems the facility is always found to be in compliance, regardless of the complaint. During the month-long suspension of non-essential surgical procedures, this facility was open an additional day a week and business was brisk, including an increase in out-of-state clients, defying the Governor's and Dr. Smith's directives. After reading in the paper the "waiting room chairs were placed 6' apart" I knew from my own observations that socia distancing was not being practiced when 12-14 girls were inside, along with companions, etc. I do not understand why this facility is never held accountable.

Extended RO Notes:

Extended CO Notes:

ALLEGATIONS:

Category: State Licensure
Sub-category:
Seriousness:
Details:

SURVEY INFORMATION:

Event ID	Start Date	Exit Date	Team Members
8B5I11	05/05/20	05/05/20	DAVIS, LIZ DAY, PAULA



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Printed: 05/06/2020
Due Date: 06/04/2020
Priority: Non-IJ High

INTAKE INFORMATION

Intake Number: AR00024603
Facility ID: ABOR00001
Provider Number:

ACTIVITIES:

<u>Type</u>	<u>Sent</u>	<u>Due</u>	<u>Completed</u>	<u>Responsible Staff Member</u>
Schedule Onsite Visit	05/05/2020	05/05/2020	05/05/2020	DAY, PAULA DAVIS, LIZ

Reason for Restraint:
Cause of Death:

END OF INTAKE INFORMATION



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Arkansas Department of Health

5800 West Tenth St. Suite 400 • Little Rock, Arkansas 72201 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

May 5, 2020

Dear Ms. [REDACTED]

We have received your concerns. We appreciate the interest you have shown in bringing this matter to our attention. The complaint will be investigated by a team from Health Facility Services of the Arkansas Department of Health.

The Arkansas State Medical Board is the regulatory agency of Physicians, concerns regarding Physicians may be directed to: Arkansas State Medical Board, 1401 West Capitol Avenue, Suite 340, Little Rock, AR 72201, Telephone: (501) 296-1802, FAX: (501) 603-3555, Web Address: <http://www.armedicalboard.org/support/contact.aspx>.

KePRO also receives quality of care concerns specific to individuals with Medicare benefits. They may be reached at: KePRO, Rock Run Center, 5700 Lombardo Center, Suite 100, Seven Hills, OH 44131, Telephone: (844) 430-9504

Thank you for taking the time to inform us of this situation.

Sincerely,

Becky Bennett

Becky Bennett, Section Chief
Health Facility Services
Arkansas Department of Health

/LS



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Arkansas Department of Health

5800 West Tenth St. Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

May 6, 2020

██████████ Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Complaint Survey
Conducted 05/05/2020

Dear Ms. ██████████

Little Rock Family Planning Services, PLLC is considered to be in compliance with applicable provisions of the Rules and Regulations for Licensure. We appreciate the cooperation of the facility staff during the survey.

If you have any questions, please call (501) 661-2201.

If we may be of assistance at any time, please call (501) 661-2201.

Regards,

Becky Bennett

Becky Bennett, Section Chief
Health Facility Services
Phone: 501-661-2201
Arkansas Department of Health

/LS



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ENTRANCE AND/OR EXIT CONFERENCE ATTENDANCE RECORD

AGENCY: Little Rock Family Planning

PROVIDER #

ENTRANCE CONFERENCE

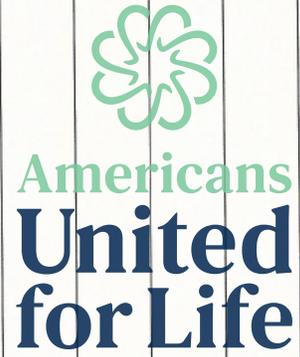
Date: 5/12/20 Time: 11:30 AM

SIGNATURE	PRINT NAME	PRINT TITLE	DATE
	Kirk Gardner, RN	Registered Nurse Surveyor	
	Liz Davis, RN	Program Manager	
		Clinic Director	5/12/2020

EXIT CONFERENCE

Date: 5/12/20 Time: 1:20 PM

SIGNATURE	PRINT NAME	PRINT TITLE	DATE
	Kirk Gardner, RN	Registered Nurse Surveyor	
	Liz Davis, RN	Program Manager	
		Clinic Director	5/12/2020



FACILITY: Little Rock Family Planning SURVEYOR: Liz Davis, RN Kirk Gardner, RN DATE: 5/12/20

Record #	3		6		7		3		3		7		2		14		2		5		1		4		5		8		9		10	
	4/30/20	4/30/20	4/30/20	5/2/20	5/2/20	5/2/20	5/5/20	5/5/20	5/5/20	5/5/20	5/7/20	5/7/20	5/7/20	5/7/20	5/7/20	5/7/20	5/7/20	5/7/20	5/7/20	5/7/20	5/7/20	5/7/20	5/7/20	5/7/20	5/7/20	5/7/20	5/7/20	5/7/20	5/7/20	5/7/20		
Date of Procedure:	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A	Y=Present N=Not Present N/A			
1	Negative COVID-19 NAAT lab results within 48 hrs	4/28/20		4/28/20	5/3/20	5/5/20	5/5/20	4/26/20	4/28/20	4/30/20	5/3/20	5/5/20	5/5/20	5/5/20	5/5/20	5/5/20	5/5/20	5/5/20	5/5/20	5/5/20	5/5/20	5/5/20	5/5/20	5/5/20	5/5/20	5/5/20	5/5/20	5/5/20	5/5/20	5/5/20		
2	ASA rating not above II confirmed by H&P and note in charty no substantive functional limitation of one or more moderate to severe disease.	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
3	AS 4010 present and complete in record	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
4	Receipt of ADH counseling and material acknowledged by patient signature	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
5	AS 4011 present and complete in record if patient was a minor	n/a		n/a	Y	n/a	n/a	n/a	n/a	n/a	Y	n/a	n/a																			
6	The medical record confirms abortion was performed no more than 20 weeks from probable gestational age.	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		





Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

March 23, 2018

██████████
Planned Parenthood of Arkansas and Eastern Oklahoma
5921 West 12th Street Suite C
Little Rock, AR 72204

Re: Complaint Investigation 01/25/18

Dear ██████████

On January 25, 2018, the Arkansas Department of Health conducted a complaint investigation at your facility. Based on document review and confirmation by interviews, it was determined the facility required credit card or debit card information for billing purposes at the time of initial appointment as well as a signed authorization to process the credit card charges, which does not allow for a 48-hour reflection period, in violation of Ark. Code Ann. § 20-16-1703(d).

Please include in your plan of correction the following information:

- 1) Steps taken to assure no payment (credit card, debit card, cash, or any other means) for a service provided in relation to abortion is required or obtained prior to the 48-hour reflection period;
- 2) Changes in policy to assure continued compliance; and
- 3) Who will be responsible for monitoring the plan for continued compliance.

Pursuant to Arkansas Ann Code §20-9-302 (3)(A)(ii) you have thirty (30) days from the mailing of this notice to submit your plan of correction for the violation or ask for a hearing. If you fail to do so, the license will be suspended. The suspension shall remain in effect until all violations have been corrected pursuant to §20-9-302 (3)(A)(iv).

This notification replaces that previously dated March 13, 2018, thereby the thirty (30) day response requirement begins March 23, 2018.

Sincerely,

Becky Bennett

Becky Bennett, Section Chief
Health Facility Services
Phone: 501-661-2201



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Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

October 30, 2018

██████████ Administrator
Planned Parenthood Of AR & Eastern OK
5921 West 12th Street, Suite C
Little Rock, AR 72204

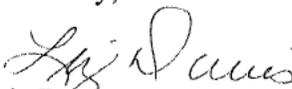
RE: Licensure Abortion Clinic Complaint Survey
Conducted 01/26/2018

Dear ██████████

The plan of correction regarding the above referenced survey has been reviewed by the appropriate disciplines and was determined to be an acceptable plan of correction.

If you have any questions, please call (501) 661-2201.

Sincerely,


Liz Davis, Program Manager
Health Facility Services
Arkansas Department of Health

/LS



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Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/17/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF AR & OK, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1501 ALDRSGATE ROAD LITTLE ROCK, AR 72205
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

4A000	<p>Memo</p> <p>On 04/17/20 at 2:10 PM, an entrance conference was conducted with Facility Representatives. The Representatives were informed the purpose of the visit was to conduct a complaint survey.</p> <p>On 04/17/20 at 3:24 PM, an exit conference was conducted with Facility Representatives. The Representatives were informed no deficiencies were cited.</p>	4A000	<p>20-03a</p>	
-------	---	-------	---------------	--

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE





Arkansas Department of Health

5800 West Tenth St. Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

April 20, 2020

Administrator
Planned Parenthood Of Ar & Ok, Inc
1501 Aldersgate Road
Little Rock, AR 72205

RE: Licensure Abortion Clinic Survey Conducted
04/17/2020

Dear Administrator:

Planned Parenthood Of Ar & Ok, Inc is considered to be in compliance with applicable provisions of the Rules and Regulations for Licensure. We appreciate the cooperation of the facility staff during the survey.

If you have any questions, please call (501) 661-2201.

If we may be of assistance at any time, please call (501) 661-2201.

Regards,

Becky Bennett

Becky Bennett, Section Chief
Health Facility Services
Phone: 501-661-2201

/LS



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Arkansas Department of Health

Health Facility Services

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204-1704 • Telephone (501) 661-2201

Governor Mike Beebe

Nathaniel Smith, MD, MPH, Director and State Health Officer

July 28, 2014

██████████ Administrator
Planned Parenthood Of AR & Eastern OK
5921 West 12th Street, Suite C
Little Rock, AR 72204

RE: Licensure Abortion Facility Survey Conducted
07/25/2014 (#000106)

Dear ██████████

Planned Parenthood Of AR & Eastern OK is considered to be in compliance with applicable provisions of the Rules and Regulations for Abortion Facilities. We appreciate the cooperation of the facility staff during the survey.

If you have any questions, please call (501) 661-2201.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,

Kris Carlisle, RN
Surveyor
Health Facility Services
Arkansas Department of Health



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Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF AR & EASTERN (STREET ADDRESS, CITY, STATE, ZIP CODE 5921 WEST 12TH STREET, SUITE C LITTLE ROCK, AR 72204
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

4A000	<p>Memo</p> <p>Authority</p> <p>The following Rules and Regulations for Abortion Facilities in Arkansas are duly adopted and promulgated by the Arkansas State Board of Health pursuant to the authority expressly conferred by the laws of the State of Arkansas in Acts 509 of 1983 and 11763 of 2011; Ark. Code Ann. § 20-9-302 as amended.</p> <p>On 07/23/14, at 1045 hours, an entrance conference was conducted with Facility Representatives. The Facility was informed the purpose of the visit was to conduct a State Licensure survey. The general nature of the survey process and the length of the survey was explained.</p> <p>On 07/23/14, at 1500 hours, an exit conference was conducted with Agency Representatives. The findings of the survey were discussed. Additional documentation was requested by the Surveyor and provided by the Facility on 07/25/14.</p> <p>The Facility was found to be in compliance with the Rules and Regulations for Abortion Facilities in the State of Arkansas. There were no deficiencies cited.</p>	4A000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____





Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

September 25, 2015

██████████ Center Manager
Planned Parenthood Of AR & Eastern OK
5921 West 12th Street, Suite C
Little Rock, AR 72204

RE: Licensure Abortion Facility Survey Conducted
09/24/2015

Dear ██████████

Planned Parenthood Of AR & Eastern OK is considered to be in compliance with applicable provisions of the Rules and Regulations for Abortion Facilities. We appreciate the cooperation of the facility staff during the survey.

If you have any questions, please call (501) 661-2201.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,

Kris Carlisle, RN
Surveyor
Health Facility Services
Arkansas Department of Health



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Health Facility Services

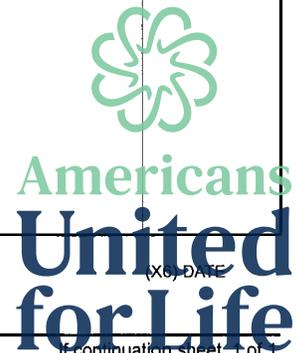
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF AR & EASTERN (STREET ADDRESS, CITY, STATE, ZIP CODE 5921 WEST 12TH STREET, SUITE C LITTLE ROCK, AR 72204
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
4A000	<p>Memo</p> <p>Authority</p> <p>The following Rules and Regulations for Abortion Facilities in Arkansas are duly adopted and promulgated by the Arkansas State Board of Health pursuant to the authority expressly conferred by the laws of the State of Arkansas in Acts 509 of 1983 and 11763 of 2011; Ark. Code Ann. § 20-9-302 as amended.</p> <p>On 09/24/15, at 0900 hours, an entrance conference was conducted with Facility Representatives. The Facility was informed the purpose of the visit was to conduct a State Licensure survey. The general nature of the survey process and the length of the survey was explained.</p> <p>On 09/24/15, at 1300 hours, an exit conference was conducted with Agency Representatives. The findings of the survey were discussed.</p> <p>The Facility was found to be in compliance with the Rules and Regulations for Abortion Facilities in the State of Arkansas. There were no deficiencies cited.</p>	4A000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE





Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

October 8, 2019

Attention: [REDACTED]

Planned Parenthood Of AR & Eastern OK

5921 West 12th Street, Suite C

Little Rock, AR 72204

RE: Licensed Abortion Facility Survey Conducted 10/01/2019

Dear Administrator:

On 10/01/2019 a relicensure survey was conducted at your facility. Upon completion of the survey process which included review of records and staff interviews, no deficiencies were cited.

Thank you for your cooperation. If you have any questions, please call (501) 661-2201.

Sincerely,

Liz Davis

Program Manager

Health Facility Services



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Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Director and State Health Officer

November 22, 2016



Planned Parenthood Of AR & Eastern OK
5921 West 12th Street, Suite C
Little Rock, AR 72204

Dear Administrator:

The Arkansas Department of Health completed a survey of your agency on 10/19/2016, to determine whether or not it was in compliance with the Rules and Regulations for Abortion Facilities in Arkansas.

In a letter dated 11/01/2016, we informed you that an acceptable Plan of Correction (POC) would be required in order for us to complete the survey process. The POC that we received from you dated 11/21/2016, is not acceptable. Please resubmit a POC that answers the following questions:

1. What specific action will be taken to correct the deficient practice including systemic changes made to ensure the deficient practice does not recur? 6M10 Please address what discipline can administer medications in your policy and procedure.
2. How will you evaluate or monitor the corrective action to prevent the recurrence of the deficient practice? 8E3 and 10A2.

The instructions for the submission of the Plan of Correction follow:

Arkansas Department of Health
Health Facility Services
5800 West 10th Street, Suite 400
Little Rock, AR 72204

If you have any questions, feel free to call me at (501)661-2201

Sincerely,

Liz Davis

Liz Davis, Program Manager
Health Facility Services



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Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Director and State Health Officer

December 7, 2017

██████████
Planned Parenthood of Arkansas and Eastern Oklahoma
5921 West 12th Street Suite C
Little Rock, AR 72204

Re: Facility Inspection 11/9/17

Dear ██████████

On November 9, 2017, the Arkansas Department of Health conducted an inspection of your facility and found your facility is in compliance with the applicable Section(s) of the Rules and Regulations for Abortion Facilities in Arkansas.

Sincerely,

Becky Bennett

Becky Bennett, Section Chief
Health Facility Services
Phone: 501-661-2201



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Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF AR & EASTERN (STREET ADDRESS, CITY, STATE, ZIP CODE 5921 WEST 12TH STREET, SUITE C LITTLE ROCK, AR 72204
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1 000	<p>LICENSURE MEMO TAG</p> <p>On 11/08/17 at 09:30 AM, an entrance conference was conducted with the Facility Representative. The Representative was informed the purpose of the visit was to conduct a state licensure survey.</p> <p>On 11/09/17 at 11:00 AM, an exit conference was conducted with Facility Representative. The preliminary findings of the survey were discussed.</p>	1 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE





Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Director and State Health Officer

November 28, 2018

Attention: [REDACTED]
Planned Parenthood Of AR & Eastern OK
5921 West 12th Street, Suite C
Little Rock, AR 72204

RE: Licensed Abortion Facility Survey Conducted 11/27/2018

Dear Administrator:

On 11/27/2018 a relicensure survey was conducted at your facility. Upon completion of the survey process which included review of records and staff interviews, no deficiencies were cited.

Thank you for your cooperation. If you have any questions, please call (501) 661-2201.

Sincerely,

Becky Bennett
Section Chief
Health Facility Services



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Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

Secretary of Health

DIRECTIVE (ORDER)

Limitations on Gatherings 10 people / 6 feet

March 26, 2020

The Secretary of Health, in consultation with the Governor, has sole authority over all instances of quarantine, isolation, and restrictions on commerce and travel throughout Arkansas, as necessary and appropriate to control disease in the state of Arkansas as authorized by Ark. Code Ann. §20-7-109—110. Based on available scientific evidence, it is necessary and appropriate to take further action to ensure that COVID-19 remains controlled and that residents and visitors in Arkansas remain safe.

All public and private gatherings of any number of people occurring outside a single household or living unit are subject to the following directives and exceptions:

- Due to the high risk of community spread of COVID-19, gatherings of more than ten (10) people in any confined indoor or outdoor space are prohibited until further notice. Gatherings subject to this directive include, without limitation, community, civic, public, leisure, commercial, or sporting events, concerts, conferences, conventions, fundraisers, parades, fairs, and festivals.
- This directive does not apply to gatherings of ten (10) or more people in unenclosed, outdoor spaces such as parks, trails, athletic fields and courts, parking lots, golf courses, and driving ranges where social distancing of at least six (6) feet can be easily achieved.
- This directive does not apply to businesses, manufacturers, construction companies, places of worship, the Arkansas General Assembly, municipal or county governing bodies, or the judiciary; however, these entities are advised to limit person-to-person contact and maintain appropriate social distancing of at least six (6) feet to prevent the spread of this virus.
- The Secretary of Health reserves the right to exercise his authority to prevent the spread of disease in this State if, in his judgment, any of the excluded entities are operating in a manner that is a risk to public health.



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Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

April 16, 2020

Directive Regarding the Use of Nucleic Acid Amplification Test for the Diagnosis of SARS-CoV-2 Infections in Physician Offices, Urgent Care Settings and Pharmacies

The Secretary of Health, in consultation with the Governor, has sole authority over all instances of quarantine, isolation, and restrictions on commerce and travel throughout Arkansas, as necessary and appropriate to control disease in the state of Arkansas, as authorized by Ark. Code Ann. §20-7-109—110 and the Arkansas State Board of Health Rules Pertaining to Reportable Disease (2019). Based on available scientific evidence, it is necessary and appropriate to take further action to ensure that COVID-19 remains controlled and that residents and visitors in Arkansas remain safe.

Nucleic acid amplification tests (NAATs) are molecular assays that detect a pathogen's (virus, bacteria, fungus, parasite) genetic material in a clinical sample (respiratory, body fluid, tissue, or excreta.) from a patient. Food and Drug Administration (FDA)-authorized NAAT tests for detection of SARS-CoV-2 meet the FDA Emergency Use Authorization (EUA) statutory standard. Based on currently available data, NAATs for the detection of SARS-CoV-2 are believed to be highly accurate (i.e. high sensitivity and specificity), meaning that a positive or a negative result from a NAAT is likely to be true. The FDA has given EUA for several molecular diagnostic platforms used for the diagnosis of SARS-CoV-2: <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ivd>.

Such tests can be carried out in a patient care setting that is qualified to perform the test as a result of operating under a Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver or Certificate of Compliance. The term "point of care (POC)" may include settings such as hospitals, physician offices, urgent care settings, outreach clinics, pharmacies, and temporary patient care settings that have appropriately trained personnel to perform the test. It does not apply to home specimen collection or at home testing.

The Arkansas Department of Health (ADH) recognizes the importance of having diagnostic NAATs for the detection of SARS-CoV-2 at POC settings such as those listed above during the current public health emergency. In the interest of patient safety, the ADH requires that all POC NAAT devices and assays used outside of CLIA approved laboratories have written approval from the Arkansas Secretary of Health. In addition, ADH requires that all results (positive, negative, or indeterminate) from NAATs used in POC settings must be reported to the ADH electronically as soon as they are available.

Providers with questions can call the ADH COVID-19 Physicians' Call Line at 1-844-930-3023



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Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

April 10, 2020

Standardized Case Definition and Notification for Coronavirus

Disease 2019 (COVID-19)

Symptoms of COVID-19 are non-specific and the disease presentation can range from no symptoms (asymptomatic) to severe pneumonia and death. People with COVID-19 generally develop signs and symptoms, including mild respiratory symptoms and fever, about 5 days after infection (mean incubation period 5-6 days, range 1-14 days). The aim of this document is to inform you of the standardized case definition for COVID-19 caused by SARS COV-2 that the Arkansas Department of Health (ADH) will be using for Arkansas. It was developed by the Council of State and Territorial Epidemiologists (CSTE).

COVID-19 is a notifiable disease. Cases shall be reported as confirmed and probable using the following criteria:

Clinical Criteria

At least **two** of the following symptoms:

- fever (measured or subjective)
- chills
- myalgia
- sore throat
- rigors
- headache
- new olfactory and taste disorder(s)

OR

At least **one** of the following symptoms:

- cough
- shortness of breath
- difficulty breathing

OR

Severe respiratory illness with at least **one** of the following:

- Clinical or radiographic evidence of pneumonia, or
- Acute respiratory distress syndrome (ARDS)

AND

No alternative diagnosis is more likely



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Laboratory Criteria

Laboratory evidence using a method approved or authorized by the FDA:

Confirmatory laboratory evidence:

- Detection of SARS-CoV-2 RNA in a clinical specimen using a molecular amplification detection test

Presumptive laboratory evidence:

- Detection of specific antigen in a clinical specimen
- Detection of specific antibody in serum, plasma, or whole blood indicative of a new or recent infection*

**serologic methods for diagnosis are currently being defined*

Epidemiologic Linkage

One or more of the following exposures in the 14 days before onset of symptoms:

- Close contact** with a confirmed or probable case of COVID-19 disease; or
- Close contact** with a person with:
 - Clinically compatible illness AND
 - Linkage to a confirmed case of COVID-19 disease.
- Travel to or residence in an area with sustained, ongoing community transmission of SARS-CoV-2
- Member of a risk cohort as defined by public health authorities during an outbreak.

***Close contact is defined as being within 6 feet for at least a period of 10 minutes to 30 minutes or more depending upon the exposure. In healthcare settings, this may be defined as exposures of greater than a few minutes or more. Data are insufficient to precisely define the duration of exposure that constitutes prolonged exposure and thus a close contact.*

Vital Records Criteria

A death certificate that lists COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death.

Case Classifications

Confirmed:

- Meets confirmatory laboratory evidence



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Probable:

- Meets clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19.
- Meets presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence.
- Meets vital records criteria with no confirmatory laboratory testing performed for COVID-19.

For more information about the CSTE COVID-19 case definition, please visit:

https://cdn.ymaws.com/www.cste.org/resource/resmgr/2020ps/interim-20-id-01_covid-19.pdf

Physicians with questions about case definitions may call the ADH Physician Call Line at 1-844-930-3023.



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Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Secretary of Health

Effective April 27, 2020

Directive on Resuming Elective Procedures

The Secretary of Health, in consultation with the Governor, has sole authority over all instances of quarantine, isolation, and restrictions on commerce and travel throughout Arkansas, as necessary and appropriate to control disease in the state of Arkansas as authorized by Ark. Code Ann. §20-7-109--110. Based on available scientific evidence, it is necessary and appropriate to take further action to ensure that COVID-19 remains controlled and that residents and visitors in Arkansas remain safe.

On April 3, 2020, the Secretary of Health, in consultation with Governor Asa Hutchinson, issued a directive that elective procedures in the state would cease. The directive went into detail regarding considerations and exemptions. The Arkansas Department of Health (ADH) has developed requirements for the resumption of elective procedures, so that surgical facilities could perform elective procedures based on a decrease in COVID-19 cases and hospitalizations.

This directive emphasizes the need for facilities to understand their capabilities (e.g., beds, testing, ORs) as well as potential constraints (e.g. workforce, supply chain), while watching for possible subsequent waves of the virus, which may require a return to prior restrictions. Elective procedures shall be limited as follows:

1. Only outpatients with no plans for overnight stay.
2. An American Society of Anesthesiologists rating of I or II. If they are a II-rating, their disease process should be well controlled.
3. No contact with known COVID-19 patients during the past 14 days.
4. Patients must be asymptomatic for COVID-19 per ADH guidelines.
5. Start with a small initial volume of cases and increase incrementally as PPE availability and number of statewide occurrences dictate.
6. Each institution must have an ample supply of PPE for resuming elective procedures while maintaining a reserve should there be a resurgence of the virus. The acquisition of PPE is a matter for each institution to address and is not the responsibility of ADH.
7. For an asymptomatic patient to be a candidate for a procedure, he/she must have at least one negative COVID-19 NAAT test within 48 hours prior to the beginning of the procedure.

These requirements pertain to all elective procedures, including dental, eye, nasopharyngeal, chest surgery, and colonoscopy. Small rural hospitals under 60 beds and critical access hospitals, though strongly advised to follow this directive to maximize resources and minimize risk, are excluded from this directive. The April 3, 2020 directive's exemptions for medically necessary procedures to preserve a patient's life or health also remain in effect.

This directive was developed with input from the Arkansas Chapter of the American College of Surgeons.





ASA Physical Status Classification System

Committee of Oversight: Economics

(Approved by the ASA House of Delegates on October 15, 2014, and last amended on October 23, 2019)

The ASA Physical Status Classification System has been in use for over 60 years. The purpose of the system is to assess and communicate a patient's pre-anesthesia medical co-morbidities. The classification system alone does not predict the perioperative risks, but used with other factors (eg, type of surgery, frailty, level of deconditioning), it can be helpful in predicting perioperative risks.

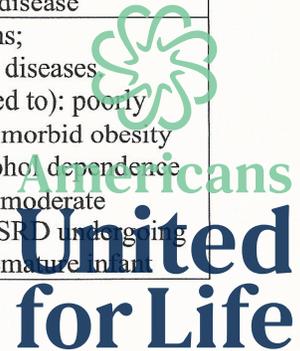
The definitions and examples shown in the table below are guidelines for the clinician. To improve communication and assessments at a specific institution, anesthesiology departments may choose to develop institutional-specific examples to supplement the ASA-approved examples.

The examples in the table below address adult patients and are not necessarily applicable to pediatric or obstetric patients.

Assigning a Physical Status classification level is a clinical decision based on multiple factors. While the Physical Status classification may initially be determined at various times during the preoperative assessment of the patient, the final assignment of Physical Status classification is made on the day of anesthesia care by the anesthesiologist after evaluating the patient.

Current Definitions and ASA-Approved Examples

ASA PS Classification	Definition	Adult Examples, Including, but not Limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30<BMI<40), well-controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant



Date EUA Issued	Manufacturer	Diagnostic (Letter of Authorization)	Technology	Authorized Setting(s) ¹	Authorization Documents ²	Other Documents/ ³
04/02/2020	Becton, Dickinson & Company (BD)	BioGX SARS-CoV-2 Reagents for BD MAX System (/media/136650/download)	Molecular	H, M	HCP (/media/136652/download), Patients (/media/136651), IFU (/media/136653/download)	None
04/01/2020	Ipsium Diagnostics, LLC	COV-19 IDx assay (/media/136618/download)	Molecular	H	HCP (/media/136619/download), Patients (/media/136620/download), EUA Summary (/media/136621/download)	None
04/01/2020	Cellex Inc.	qSARS-CoV-2 IgG/IgM Rapid Test (/media/136622/download)	Serology IgM and IgG	H, M	HCP (/media/136623/download), Patients (/media/136624/download), IFU (/media/136625/download)	None
03/30/2020	QIAGEN GmbH	QIAstat-Dx Respiratory SARS-CoV-2 Panel (/media/136569/download)	Molecular	H, M	HCP (/media/136568/download), Patients (/media/136570/download), IFU (/media/136571/download)	None
03/30/2020	NeuMoDx Molecular, Inc.	NeuMoDx SARS-CoV-2 Assay (/media/136566/download)	Molecular	H, M	HCP (/media/136564/download), Patients (/media/136567/download), IFU (/media/136565/download)	Letter Granting EUA Amendment(s) (April 23, 2020) (/media/137355/download)
03/27/2020	Luminex Molecular Diagnostics, Inc.	NxTAG CoV Extended Panel Assay (/media/136497/download)	Molecular	H	HCP (/media/136498/download), Patients (/media/136499/download), IFU (/media/136500/download)	None
03/27/2020	Abbott Diagnostics Scarborough, Inc.	ID NOW COVID-19 (/media/136522/download)	Molecular	H, M, W	HCP (/media/136523/download), Patients (/media/136524/download), IFU (/media/136525/download)	Letter Granting EUA Amendment(s) (April 21, 2020) (/media/137181/download)
03/26/2020	BGI Genomics Co. Ltd	Real-Time Fluorescent RT- PCR Kit for Detecting SARS- CoV-2 (/media/136473/download)	Molecular	H	HCP (/media/136471/download), Patients (/media/136474/download), IFU (/media/136472/download)	Letter Granting EUA Amendment(s) (April 24, 2020) (/media/137354/download)
03/25/2020	Avellino Lab USA, Inc.	AvellinoCoV2 test (/media/136450/download)	Molecular	H	HCP (/media/136451/download), Patients (/media/136452/download), EUA Summary (/media/136453/download)	None
03/24/2020	PerkinElmer, Inc.	PerkinElmer New Coronavirus Nucleic Acid Detection Kit (/media/136407/download)	Molecular	H	HCP (/media/136408/download), Patients (/media/136409/download), IFU (/media/136410/download)	Letter Granting EUA Amendment(s) (April 1, 2020) (/media/136616/download)
03/23/2020	Mesa Biotech Inc.	Accula SARS-Cov-2 Test (/media/136345/download)	Molecular	H, M, W	HCP (/media/136347/download), Patients (/media/136349/download), IFU (/media/136355/download)	Letter Granting EUA Amendment(s) (April 30, 2020) (/media/137533/download)



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COMPLAINT SURVEY

DATE: May 12, 2020

RE: Provider #: 000103
Little Rock Family Planning
#4 Office Park Drive
Little Rock, AR 72211
Administrator: [REDACTED]
Telephone #: [REDACTED]

SUBJECT: State Agency Control # 20-069

A complaint investigation was conducted 05/12/20. An entrance conference was conducted with Facility Representatives at 11:30 AM. The Representatives were informed the purpose of the visit was to conduct a complaint survey. At that time the complaint was reviewed.

The Complainants alleged:

Complaint #1

I have reason to believe that Little Rock Family Planning Services is not in compliance with the directive from the Secretary of Health regarding elective medical procedures. I have reason to believe that patients at the facility are not being required to test negative of COVID-19 at least 48 hours prior to their procedures. On Thursday afternoon at approximately 1 p.m., I was on the sidewalk in front of Little Rock Family Planning Services. I saw that the facility was open and appeared to be seeing patients. I spoke with a sidewalk counselor who said that it appeared to be a "normal day" at the facility where surgical abortions are performed. Considering the fact that spokespersons for Little Rock Family Planning Services have said that they have been unable to comply with COVID testing requirements, I have reason to believe that operators of the facility may not be complying with COVID-19 health directives. I have photographs of the facility and the parking area. A staff member is on duty at the front door of the facility.

I personally checked to see if Little Rock Family Planning Services is open and possibly performing surgical abortions. At least two individuals who routinely counsel people on the sidewalk in front of the facility indicated they believe surgical abortions are being performed at the facility. Little Rock Family Planning Services has maintained that they are unable to meet COVID testing requirements set forth by the Arkansas Department of Health. If they are unable to meet testing requirements, how are they able to perform surgical abortions.

I have spoken with two individuals who normally counsel patients on the sidewalk in front of the facility. They indicated that they believe surgical abortions are occurring at the facility.

Complaint #2

The abortion mill has been regularly defying the states directives concerning COVID-19 safety measures. I have been observing over 20 persons in close proximity in the abortion mill. The abortion mill does not provide the required counseling and Arkansas Department of Health material before making an informed decision. There is an informant at the Department of Health who contacts Little Rock Family Planning services prior to all "surprise inspections".



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Little Rock Family Planning Services also performs later term abortions and also abortions on under aged clients while not reporting statutory rape. In my past visits to the abortion mill I have observed several under aged girls.

On [REDACTED] at [REDACTED] two young ladies came to the Little Rock Family Planning abortion mill. The young lady having the abortion was too young to drive so her sister of only age 17 drove. The 17-year-old driver told me their mother was unaware of what they were doing and would be totally devastated to know she killed her grandchild.

On [REDACTED] at [REDACTED] AM I observed another under aged girl from [REDACTED] at the abortion mill. This young girl was [REDACTED] the abortion mill and [REDACTED] but had to be carried out with an abortion worker under each of her arms helping her back to the [REDACTED].

On April 17th at 8:30 AM the security guard became very hostile charging at me and three other Catholic older ladies standing on the sidewalk. He cursed at the Catholic ladies horribly of which I have on video.

The following items were reviewed:

04/27/20 ADH Directive on Resuming Elective Procedures

04/10/20 ADH Directive on Standardized Case Definition and Notification of Coronavirus Disease 2019

American Society of Anesthesiologist, Physical Classification System

FDA Emergency Use Authorization for COVID-19 tests

Records of all patients for 04/08/20

Records of all patients undergoing surgical abortions from 04/27/20 to 05/12/20

Allegation: *not following elective procedures directive published 04/27/20*

On interview with the Facility Representative at 11:35 AM, she stated no patients stay overnight in our facility and they do not perform procedures on patients with an ASA (American Society of Anesthesiology) rating of greater than 2. Sixteen patient records were reviewed which showed no ASA ratings greater than 2. The Facility Representative stated no procedures have been performed on patients who have had known contact with COVID-19 persons during the past 14 days or were symptomatic for COVID-19 per ADH (Arkansas Department of Health) guidelines. This was confirmed on record review of 16 charts. The Facility Representative stated they have ample supply and have a stable supply line from their normal vendors for PPE (personal protective equipment). All staff members observed wore masks. All patients observed wore masks. The Facility Representative stated they follow the ADH guidelines for COVID-19 NAAT testing and this was confirmed by review of 16 patient records.

Allegation: *sidewalk counselors*

On interview with the Facility Representative she stated the facility did not use or employ side-walk counselors. She stated, prior to COVID-19, they had trained volunteer escorts who helped patients enter and exit the facility.

Allegation: *a spokesperson for LRF (Little Rock Family Planning) stated that LRF has been unable to comply with COVID-19 testing requirements*

On interview with the Facility Representative, she confirmed some patients had been denied care due to them not having negative COVID-19 test results.



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Allegation: *does not provide the required counseling and Arkansas Department of Health material before making an informed decision*

Review of 16 of 16 records showed documented evidence of counseling and receipt of required ADH pamphlet and CD (compact disc).

Allegation: *observing over 20 persons in close proximity in the facility*

The Facility Representative stated there had been no change in their social distancing protocols since the issuance of the ADH directive. On observation, the waiting room had seating arranged to ensure six feet distancing. No people were observed in close proximity to one another. Two patients were observed; one in the waiting room and one in the lab. All staff members observed wore masks. All patients observed wore masks.

Tour: Upon exit of the facility, surveyors observed windows on the front of the facility only. Each window had blinds and three of the windows were covered by bushes, completely obstructing a view of the inside of the facility.

Allegation: *facility is informed prior to investigations*

On interview the Facility Representative stated, absolutely not, it is always a complete surprise.

Allegation: *minors were seen on [REDACTED]*

During record review, it was determined no abortions were performed on [REDACTED]. The facility has a sequential chart numbering system. The sequential chart numbering ended on [REDACTED] and started again on [REDACTED] which provided evidence no patients were seen on [REDACTED].

Allegation: *on [REDACTED] a minor was [REDACTED] the facility and [REDACTED]. The patient was carried out supported under her arms by facility staff.*

Record review showed the [REDACTED] was a [REDACTED]-year-old from [REDACTED] who checked in at [REDACTED] and discharged at [REDACTED]. There was no documented evidence of the patient being supported under her arms when escorted to her vehicle. The last patient of the day was a [REDACTED]-year-old from [REDACTED] who was discharged at [REDACTED].

Allegation: *performance of late term abortions*

On record review 16 of 16 records revealed all were within the 20th week of the patient's pregnancy. One record revealed an abortion was performed at 19.1 weeks gestational age.

Allegation: *facility is performing abortions on minors without consent*

One of one record reviewed for an abortion performed on a minor had a signed parental consent form AS-4011 present in the record.

An exit conference was conducted with Facility Representatives on 05/12/20 at 1:30 PM. The complaint was not substantiated. No deficiencies were cited. State Agency recommends no further action.



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Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

March 13, 2018

[REDACTED]
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

Re: Complaint Investigation 01/30/18

Dear [REDACTED]

On January 30, 2018, the Arkansas Department of Health conducted a complaint investigation at your facility. Based on document review and confirmation by interviews, it was determined your facility has been requiring and obtaining payment for services provided in relation to abortion before the expiration of the forty-eight-hour reflection period, in violation of Ark. Code Ann. § 20-16-1703(d).

Pursuant to Arkansas Ann Code §20-9-302 (3)(A)(ii) you have thirty (30) days from the mailing of this notice to submit your plan for correction or ask for a hearing. If you fail to do so, the license will be suspended. The suspension shall remain in effect until all violations have been corrected pursuant to §20-9-302 (3) (A)(iv).

Sincerely,

Becky Bennett

Becky Bennett, Section Chief
Health Facility Services
Phone: 501-661-2201



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Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

October 30, 2018

██████████ Administrator
Little Rock Family Planning Services, PLLc
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Complaint Survey
Conducted 01/30/2018

Dear ██████████

The plan of correction regarding the above referenced survey has been reviewed by the appropriate disciplines and was determined to be an acceptable plan of correction.

If you have any questions, please call (501) 661-2201.

Sincerely,

Liz Davis, Program Manager
Health Facility Services
Arkansas Department of Health

/LS



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Health Facility Services

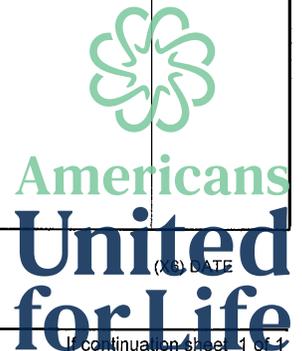
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/27/2018
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES,	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
4A000	<p>Memo</p> <p>On 03/27/18 at 11:00 AM, an entrance conference was conducted with the Facility Representative. The area of focus for the complaint investigation was discussed at that time.</p> <p>On 03/27/18 at 01:30 PM, an exit conference was conducted with the Facility Representative. Preliminary findings were discussed with the Facility Representative.</p>	4A000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE





Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

May 2, 2018

[REDACTED]
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

Re: Licensed Abortion Facility Complaint Survey Conducted 03/27/18

Dear [REDACTED]

On 03/27/18 a complaint survey was conducted at your facility. Upon completion of the survey process which included review of records and staff interviews, no deficiencies were cited.

If you have any questions, please let me know.

Regards,

Becky Bennett

Becky Bennett, Section Chief
Health Facility Services
Phone: 501-661-2201



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Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/28/2019
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES,	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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1 000	<p>LICENSURE MEMO TAG</p> <p>On 03/28/19 at 9:00 AM, an entrance conference was conducted with Facility Representatives. The Representatives were informed the purpose of the visit was to conduct a complaint investigation.</p> <p>On 03/28/19 at 11:04 AM an exit conference was conducted with the Facility Representative. The Surveyor informed the Representative the complaint had been investigated and the facility would be notified of the findings in writing.</p>	1 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE





Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

March 28, 2019

██████████ Administrator

Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Complaint Survey
Conducted 03/28/2019

Dear ██████████

Little Rock Family Planning Services, PLLC is considered to be in compliance with applicable provisions of the Rules and Regulations for Licensure. We appreciate the cooperation of the facility staff during the survey.

If you have any questions, please call (501) 661-2201.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,

Becky Bennett, Section Chief
Health Facility Services
Arkansas Department of Health

/LS



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Arkansas Department of Health

Health Facility Services
5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204-1704 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Director and State Health Officer

April 2, 2015

██████████ Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Facility Survey Conducted
04/01/2015

Dear ██████████

Little Rock Family Planning Services, PLLC is considered to be in compliance with applicable provisions of the Rules and Regulations for Abortion Facilities. We appreciate the cooperation of the facility staff during the survey.

If you have any questions, please call (501) 661-2201.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,

Kris Carlisle, RN
Surveyor
Health Facility Services
Arkansas Department of Health



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Health Facility Services

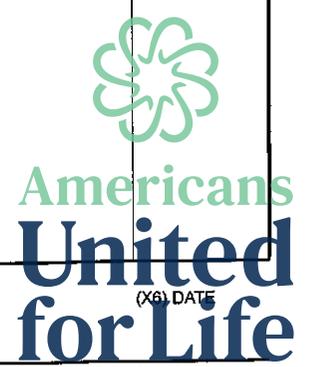
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2015
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES, I	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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1 000	<p>MEMO</p> <p>The following Rules and Regulations for Abortion Facilities in Arkansas are duly adopted and promulgated by the Arkansas State Board of Health pursuant to the authority expressly conferred by the laws of the State of Arkansas in Acts 509 of 1983 and 11763 of 2011; Ark. Code Ann. § 20-9-302 as amended.</p> <p>On 04/01/15, at 0910 hours, an entrance conference was conducted with Facility Representatives. The Facility was informed the purpose of the visit was to conduct a State Licensure survey. The general nature of the survey process and the length of the survey was explained.</p> <p>On 04/01/15, at 1505 hours, an exit conference was conducted with Agency Representatives. The findings of the survey were discussed.</p> <p>The Facility was found to be in compliance with the Rules and Regulations for Abortion Facilities in the State of Arkansas. There were no deficiencies cited.</p>	1 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE
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Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/01/2020
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES,	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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4A000	<p>Memo</p> <p>On 04/01/20 at 9:00 AM, an entrance conference was conducted via phone with Facility Representatives. The Representatives were informed the purpose of the call was to conduct a complaint survey. At that time the complaint was reviewed.</p> <p>On 04/01/20 at 9:09 AM, an exit conference was conducted via phone with Facility Representatives. The Representatives were informed no deficiencies were cited.</p>	4A000	<p>20-049</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE





Arkansas Department of Health

5800 West Tenth St. Suite 400 • Little Rock, Arkansas 72201 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

April 1, 2020

██████████ Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Complaint Survey
Conducted 04/01/2020

Dear ██████████

Little Rock Family Planning Services, PLLC is considered to be in compliance with applicable provisions of the Rules and Regulations for Licensure. We appreciate the cooperation of the facility staff during the survey.

If you have any questions, please call (501) 661-2201.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,

Becky Bennett, Section Chief
Health Facility Services
Arkansas Department of Health

/LS



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000103



Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

May 6, 2015

██████████ Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Survey Conducted
04/07/2015

Dear ██████████

The plan of correction regarding the above referenced survey has been reviewed by the appropriate disciplines and was determined to be an acceptable plan of correction.

If you have any questions, please call (501) 661-2201.

Sincerely,

Liz Davis, Program Manager
Health Facility Services
Arkansas Department of Health

/sm



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Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

April 14, 2015

██████████ Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Complaint Survey
Conducted 04/07/2015

Dear ██████████

The following deficiency was identified by the survey team of the Arkansas Department of Health during their visit on 04/07/2015.

HEALTH INFORMATION SERVICES SECTION 9

This is a recurrent deficiency. Based on review of two of two medical records, of patients that were transferred to a hospital, it was determined the medical record did not contain accurate information regarding the disposition of the patient. Patient information was documented on the medical record before it happened. The findings follow.

Record #5

The patient was ██████████ at the time of discharge. However, Form 4B-G dated ██████████ reflected the Discharge Rx (Prescription) was documented given, the patient condition on discharge was documented Ambulatory and it was also documented the patient was discharged in the care of (Named Friend). The above three entries were signed by the Registered Nurse and marked thru as errors.

Record #6

The patient was ██████████ at the time of discharge. However, Form 4B-G dated ██████████ reflected the Discharge Rx (Prescription) was documented given, the patient condition on discharge was documented Ambulatory and it was also documented the patient was discharged in the care of (Named Friend). The above three entries were signed by the Registered Nurse and marked as errors.



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Little Rock Family Planning Services, PLLC
Page 2

The above deficiency shall be corrected at the earliest possible date in order to provide maximum care and/or safety to the patients in your facility. Your response on the above should be forwarded to this office within ten calendar days of receipt of this correspondence. Such comments should include any corrective action, taken or proposed, the person responsible for correction and the date of correction.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,



Liz Davis, Program Manager
Health Facility Services
Arkansas Department of Health

/sm



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Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/07/2020
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES,	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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4A000	<p>Memo</p> <p>On 04/07/20 at 3:18 PM, an entrance conference was conducted with Facility Representatives. The Representatives were informed the purpose of the visit was to conduct a complaint survey. At that time the complaint was reviewed.</p> <p>On 04/07/20 at 4:15 PM, an exit conference was conducted with Facility Representatives. The Representatives were informed no deficiencies were cited.</p>	4A000	<p>20-051</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Arkansas Department of Health

5800 West Tenth St. Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

April 8, 2020

██████████ Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Survey Conducted
04/07/2020

Dear ██████████

Little Rock Family Planning Services, PLLC is considered to be in compliance with applicable provisions of the Rules and Regulations for Licensure. We appreciate the cooperation of the facility staff during the survey.

If you have any questions, please call (501) 661-2201.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,

Becky Bennett, Section Chief
Health Facility Services
Arkansas Department of Health

/LS



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Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

April 10, 2020

Little Rock Family Planning
4 Office Park Dr.
Little Rock, AR 72211

RE: Healthcare Facility Complaint Survey
Conducted April 10, 2020

Dear Administrator:

We recently completed an unannounced investigation of your facility following the receipt of a complaint. The investigation was conducted on April 10, 2020, by personnel from Health Facility Services and included a tour of the facility, review of medical records, and staff interviews.

The investigation did not reveal any deficiencies with respect to the rules for abortion facilities in Arkansas.

On April 10, 2020, it was determined your facility was not in violation of the order (copy enclosed) to cease and desist the performance of surgical abortions, except where immediately necessary to protect the life or health of the patient.

Any violations of the April 3 Directive will result in an immediate suspension of your facility's license.

Sincerely,

A handwritten signature in cursive script that reads "Becky Bennett".

Becky Bennett
Section Chief, Health Facility Services

enclosure



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Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

April 15, 2016

██████████ Administrator

Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Survey Conducted
04/14/2016

Dear ██████████

Little Rock Family Planning Services, Plle is considered to be in compliance with applicable provisions of the Rules and Regulations for Abortion Facilities in Arkansas. We appreciate the cooperation of the Facility staff during the survey.

If you have any questions, please call (501) 661-2201.

Sincerely,

Liz Davis, Program Manager
Health Facility Services
Arkansas Department of Health

/sm



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Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/14/2016
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES,	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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4A000 Memo

4A000

An entrance conference was conducted on 04/14/16 at 1320 with a Facility Representative. The Representative was informed the purpose of the visit was to conduct a complaint survey.

An exit conference was conducted on 04/14/16 at 0930 with a Facility Representative. The Representative was informed no deficiencies were cited.



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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE



Arkansas Department of Health

5800 West Tenth St. Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

April 15, 2020

██████████ Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Complaint Survey
Conducted 04/14/2020

Dear ██████████

Little Rock Family Planning Services, Pllc is considered to be in compliance with applicable provisions of the Rules and Regulations for Licensure. We appreciate the cooperation of the facility staff during the survey.

The facility was found not to be in violation of the cease and desist order published on April 10, 2020.

If you have any questions, please call (501) 661-2201.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,

Becky Bennett, Section Chief
Health Facility Services
Arkansas Department of Health

/LS



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Health Facility Services

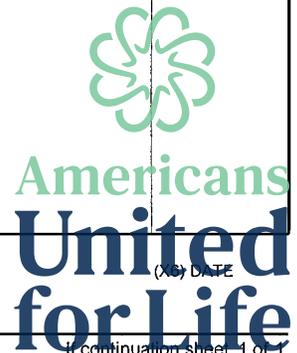
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/16/2018
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES,	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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4A000	<p>Memo</p> <p>On 04/16/18 at 10:00 AM, an entrance conference was conducted with the Facility Representative. The area of focus for the complaint investigation was discussed at that time.</p> <p>On 04/16/18 at 11:10 AM, an exit conference was conducted with the Facility Representative. Preliminary findings were discussed with the Facility Representative.</p>	4A000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE





Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

May 2, 2018

[REDACTED]
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

Re: Licensed Abortion Facility Complaint Survey Conducted 04/16/18

Dear Ms. Williams,

On 04/16/18 a complaint survey was conducted at your facility. Upon completion of the survey process which included review of records and staff interviews, no deficiencies were cited.

If you have any questions, please let me know.

Regards,

Becky Bennett

Becky Bennett, Section Chief
Health Facility Services
Phone: 501-661-2201



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Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/22/2020
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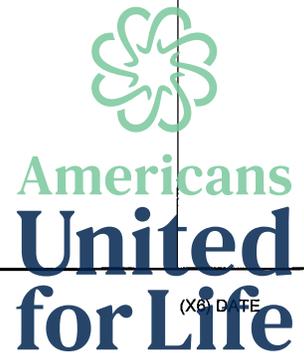
NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES,	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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4A000	<p>Memo</p> <p>On 04/22/2020 at 1:50 PM, an entrance conference was conducted with Facility Representatives. The Representatives were informed the purpose of the visit was to conduct a complaint survey. At that time the complaint was reviewed.</p> <p>An exit conference was conducted with Facility Representatives on 04/22/20 at 2:09 PM. The Representatives were informed no deficiencies were cited. State Agency recommends no further action.</p>	4A000	<p>20-06-2</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE



(X8) DATE



Arkansas Department of Health

5800 West Tenth St. Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

April 22, 2020

██████████ Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Survey Conducted
04/22/2020

Dear ██████████

Little Rock Family Planning Services, PLLC is considered to be in compliance with applicable provisions of the Rules and Regulations for License. We appreciate the cooperation of the facility staff during the survey.

If you have any questions, please call (501) 661-2201.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,

Becky Bennett, Section Chief
Health Facility Services
Arkansas Department of Health

/LS



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Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204-1704 • Telephone (501) 661-2201

Governor Mike Beebe

Nathaniel Smith, MD, MPH, Director and State Health Officer

May 13, 2014

██████████ Administrator

Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Survey
Conducted 04/25/2014

Dear ██████████

The following deficiencies were identified by the survey team of the Arkansas Department of Health during their visit on 04/25/2014.

INFECTION CONTROL SECTION 10.A.3.g.11

Based on observations and interview, it was determined the facility failed to separate clean from dirty items for patient care in that patient care items were stored under a sink, an oxygen mask touched the floor and the wheel of the oxygen cart and refrigerator door shelves in Recovery A were stained. Failure to separate clean from dirty items had the potential for use of contaminated items during patient care. The failed practice affected all patients who received intravenous medications on 04/24/14 and 04/25/14. Findings follow:

- A. During a tour of the facility at 1530 on 04/24/14, the following was observed: 37 Benton Dickson Safety Lock 3 ml (milliliter) syringes, 75 Benton Dickson 10 ml syringes and 32 Clearlink Intravenous tubing stored under the sink in the Nurses Station. The findings were verified by the Clinic Director at 0950 on 04/25/14.
- B. An oxygen mask was touching the oxygen cart wheel and the floor in Operating Room #2 was observed at 1610 on 04/24/14 and was verified by Registered Nurse (RN) #1 at that time.
- C. The refrigerator door shelves in Recovery A were observed at 1640 on 04/24/14 to be stained



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with multiple brown stains on all three shelves and were verified by RN #1 at that time.

PHARMACEUTICAL SERVICES SECTION 11.B.1-2

Based on observation, interview and review of policies and procedures, it was determined the facility failed to assure expired drugs were not used for patients and failed to store medication in the original container prior to administration. The facility could not assure the efficacy of the expired or unlabeled drugs. The failed practice had the potential to affect all patients who received treatment at the facility. The findings were:

A. Observation on 04/24/14 at 1615 revealed all stock of Midazolam (Versed) had an expiration date of 04/01/2014. Review of the Scheduled Drug log revealed from 04/02/14-04/24/14 revealed the expired Midazolam medication was administered to patients 183 times. The findings were confirmed by the Clinical Director at the time of observation on 04/24/14.

B. Observation on 04/24/14 at 1635 of the Recovery Area Nursing Station revealed 36 clear medicine cups contained two white oblong tablets in each cup, a total of 72 tablets. The cups were stacked in a white plastic container labeled "Azithromycin." The individual cups were not labeled or identified and were not stored in the original container. The contents were not individually identifiable to their originating label. The Clinical Director confirmed the findings at the time of observation on 04/24/14.

C. Review of the facility policy and procedure, "Pharmaceutical Services" revealed "Medications shall be stored in their original container which reflects names, expiration dates and lot numbers." The policy and procedure "Pharmacy Services: Record Keeping" on 04/25/14 stated "Controlled Drugs: Expired drugs are sent to Arkansas Health Department for disposal."

PHARMACEUTICAL SERVICES SECTION 11.E.4

Based on review of the scheduled drug log, policies and procedures and interview, it was determined the facility failed to assure an accurate audit was conducted at the end of the shift for 04/23/14. Failure to perform an audit at the end of the shift did not allow identification and reporting of potential discrepancies. The findings were:

A. Review of the Scheduled drug log on 04/24/14 at 1615 revealed an end of shift balance was not recorded for Midazolam and Fentanyl on 04/23/14 as follow.

1) Review of the Midazolam administration record revealed 15 patient names were recorded and the amount given was listed. The amount administered with each dose was not subtracted from the total amount 15 of 15 times on 04/23/14; therefore an accurate count of the controlled drug was not recorded after each dosage was administered. On 04/24/14 when the first dose was signed out, there was not an accurate balance recorded.

2) Review of the Fentanyl Citrate administration record revealed [REDACTED] patient names were recorded



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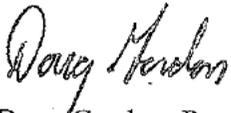
and the amount given was listed. The amount administered with each dose was not subtracted from the total amount [REDACTED] times on 04/23/14; therefore an accurate count of the controlled drug was not recorded after each dosage was administered. On 04/24/14 when the first dose was signed out, there was not an accurate balance recorded.

B. Review of the "Drug and Count Verification" log revealed two name columns for nurses to sign. On 04/23 and 24/14, the scheduled drug log did not include an ongoing account of Fentanyl and Midazolam and at the end of shift the amount was not recorded for 04/23/14.

The above deficiencies shall be corrected at the earliest possible date in order to provide maximum care and/or safety to the patients in your facility. Your response on the above should be forwarded to this office within ten calendar days of receipt of this correspondence. Such comments should include any corrective action, taken or proposed, the person responsible for correction and the date of correction.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,



Doug Gordon, Program Manager
Health Facility Services
Arkansas Department of Health

/tm



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Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204-1704 • Telephone (501) 661-2201

Governor Mike Beebe

Nathaniel Smith, MD, MPH, Director and State Health Officer

June 2, 2014

██████████ Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Survey Conducted
04/25/2014

Dear ██████████

The plan of correction regarding the above referenced survey has been reviewed by the appropriate disciplines and was determined to be an acceptable plan of correction.

If you have any questions, please call (501) 661-2201.

Sincerely,

Doug Gordon, Program Manager
Health Facility Services
Arkansas Department of Health

/tm



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Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/01/2020
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES,	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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4A000	<p>Memo</p> <p>On 05/01/20 at 10:00 AM an entrance conference was conducted with Facility Representatives. The Representatives were informed the purpose of the visit was to conduct a complaint survey.</p> <p>On 05/01/20 at 10:25 AM an exit conference was conducted with Facility Representatives. The Representatives were informed no deficiencies were cited.</p>	4A000	<p><i>20-065</i></p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE





Arkansas Department of Health

5800 West Tenth St. Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

May 1, 2020

██████████ Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Complaint Survey
Conducted 05/01/2020

Dear ██████████

Little Rock Family Planning Services, Pllc is considered to be in compliance with applicable provisions of the Rules and Regulations for Licensure. We appreciate the cooperation of the facility staff during the survey.

If you have any questions, please call (501) 661-2201.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,

Becky Bennett

Becky Bennett, Section Chief
Health Facility Services
Arkansas Department of Health

/LS



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Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/05/2020
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES,	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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4A000	<p>Memo</p> <p>On 05/05/20 at 10:15 AM, an entrance conference was conducted with Facility Representatives. The Representatives were informed the purpose of the visit was to conduct a complaint survey.</p> <p>On 05/05/20 at 10:45 AM, an exit conference was conducted with Facility Representatives. The Representatives were informed no deficiencies were cited.</p>	4A000	<p style="text-align: center; font-size: 2em;"><i>20-067</i></p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE





Arkansas Department of Health

5800 West Tenth St. Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

May 6, 2020

██████████ Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Complaint Survey
Conducted 05/05/2020

Dear ██████████

Little Rock Family Planning Services, PLLC is considered to be in compliance with applicable provisions of the Rules and Regulations for Licensure. We appreciate the cooperation of the facility staff during the survey.

If you have any questions, please call (501) 661-2201.

If we may be of assistance at any time, please call (501) 661-2201.

Regards,

Becky Bennett

Becky Bennett, Section Chief
Health Facility Services
Phone: 501-661-2201
Arkansas Department of Health

/LS



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Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

May 16, 2016

██████████ Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Complaint Survey
Conducted 05/12/2016

Dear ██████████

Little Rock Family Planning Services, PLLC is considered to be in compliance with applicable provisions of the Rules and Regulations for Abortion Clinics in Arkansas. We appreciate the cooperation of the Facility staff during the survey.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,

Liz Davis, Program Manager
Health Facility Services
Arkansas Department of Health

/sm



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Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2020
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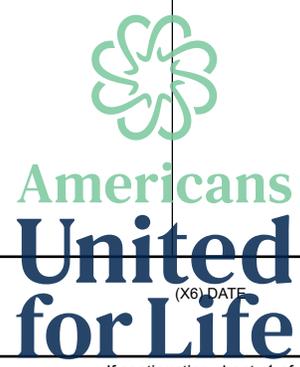
NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES, PLLC	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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4A000	<p>Memo</p> <p>On 05/12/20 at 11:30 AM, an entrance conference was conducted with Facility Representatives. The Representatives were informed the purpose of the visit was to conduct a complaint survey.</p> <p>On 05/12/20 at 1:30 PM, an exit conference was conducted with Facility Representatives. The Representatives were informed no deficiencies were cited.</p>	4A000		
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LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE





Arkansas Department of Health

5800 West Tenth St. Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

May 12, 2020

██████████, Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Survey Conducted
05/12/2020

Dear ██████████

Little Rock Family Planning Services, PLLC is considered to be in compliance with applicable provisions of the Rules and Regulations for Licensure. We appreciate the cooperation of the facility staff during the survey.

If you have any questions, please call (501) 661-2201.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,

Becky Bennett

Becky Bennett, Section Chief
Health Facility Services
Arkansas Department of Health

/LS



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Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/05/2019
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES,	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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4A000	<p>Memo</p> <p>On 6/5/19 at 9:15 AM, an entrance conference was conducted with the Facility Representative. The Representative was informed the purpose of the visit was to conduct a complaint investigation.</p> <p>On 6/5/19 at 9:35 AM an exit conference was conducted with the Facility Representative. The surveyor informed the Representative the complaint had been investigated and the facility would be notified of the findings in writing.</p>	4A000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE



(X) DATE



Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

June 6, 2019

██████████ Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Complaint Survey Conducted
06/05/2019

Dear ██████████

Little Rock Family Planning Services, Plc is considered to be in compliance with applicable provisions of the Rules and Regulations for Licensure. We appreciate the cooperation of the facility staff during the survey.

If you have any questions, please call (501) 661-2201.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,

Becky Bennett

Becky Bennett, Section Chief
Health Facility Services
Arkansas Department of Health

/LS



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Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/20/2019
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES,	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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4A000	<p>Memo</p> <p>On 06/20/19 at 9:30 AM an entrance conference was conducted with Facility Representatives. The facility was informed the purpose of the visit was to conduct a complaint investigation.</p> <p>On 06/20/19 at 11:10 AM, an exit conference was conducted with Facility Representatives. The facility was informed no deficiencies were cited.</p>	4A000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE





Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Director and State Health Officer

June 21, 2019

██████████ Administrator
Little Rock Family Planning Services, Pllc
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Complaint Survey
Conducted 06/20/2019

Dear ██████████

Little Rock Family Planning Services, Pllc is considered to be in compliance with applicable provisions of the Rules and Regulations for Licensure. We appreciate the cooperation of the facility staff during the survey.

If you have any questions, please call (501) 661-2201.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,

Becky Bennett, Section Chief
Health Facility Services
Arkansas Department of Health

/LS



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Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/03/2019
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES,	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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4A000	<p>Memo</p> <p>An Entrance Conference was conducted with a Facility Representative 7/3/2019 at 10:20 AM. The surveyors explained the purpose of the visit was to conduct a complaint investigation.</p> <p>An Exit Conference was conducted with a Facility Representative 7/3/2019 at 11:00 AM. The Representative was informed no deficiencies were cited.</p>	4A000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE





Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

July 8, 2019

██████████ Administrator

Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Complaint Survey
Conducted 07/03/2019

Dear ██████████

Little Rock Family Planning Services, PLLC is considered to be in compliance with applicable provisions of the Rules and Regulations for Licensure. We appreciate the cooperation of the facility staff during the survey.

If you have any questions, please call (501) 661-2201.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,

Becky Bennett

Becky Bennett, Section Chief
Health Facility Services
Arkansas Department of Health

/LS



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Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

July 27, 2016

Provider #

██████████ Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Complaint
Survey Conducted 07/14/2016

Dear Administrator:

The Arkansas Department of Health conducted a complaint survey of your Agency on 07/14/2016. The findings of the survey are in the enclosed Statement of Deficiencies and Plan of Correction (State Form).

In order for us to complete the survey process, you must submit an acceptable Plan of Correction (POC). When developing your POC it is essential that you answer the following questions for each deficiency:

1. What specific action will be taken to correct the deficient practice?
2. When will the correction be completed?
3. Who will be responsible for taking the corrective action?
4. How will you evaluate or monitor the corrective action to prevent the recurrence of the deficient practice?

The instructions for the submission of the Plan of Correction (POC) follow:

1. Indicate a plan for correction for each deficiency with an appropriate completion date on the right side of the enclosed State Form.
2. Sign and date page 1 of the State Form. Unsigned forms will be rejected.
3. Mail the form to the following address no later than 10 days from the receipt of this letter.

Arkansas Department of Health
Health Facility Services
5800 West 10th Street, Suite 400
Little Rock, AR 72204



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for Life

Little Rock Family Planning Services

Page 2

If you have any questions, please call me at (501)661-2201.

Sincerely,

A handwritten signature in cursive script, appearing to read "Liz Davis".

Liz Davis, Program Manager
Arkansas Department of Health
Health Facility Services

Enclosure



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Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2016
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES, PLLC	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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1 000	<p>LICENSURE MEMO TAG</p> <p>An entrance conference was conducted on 07/25/16 with the Facility Representative. The Representative was informed the purpose of the visit was to conduct a state licensure survey.</p> <p>An exit conference was conducted on 07/27/16 with the Facility Representative.</p> <p>INFECTION CONTROL FOR ABORTION FACILITIES SECTION 10: A.1. The facility shall develop and use a coordinated process that effectively reduces the risk of endemic and epidemic nosocomial infections in patients, and health care workers.</p> <p>Based on observation and interview, the facility failed to ensure a clean and sanitary environment was maintained in that the furnishings of two (#1, #4) of five (#1-#5) recovery areas included cloth chairs; one (#5) recovery area had a chair with rips; disposable padding was observed on the floor between recovery rooms #1-#2 and #4-#5; the laundry room had a ceiling tile that was loose and hanging with a blue pad inserted above; three ceiling tiles had an area of brown discoloration in Procedure Room #1, and there was an accumulation of dust on equipment in the ultrasound room. The failed practice did not assure patients would be protected from likely sources of infection and affected all patients who received treatment at the facility. The findings were:</p> <p>A. Observation on 07/27/16 from 1500 - 1550 revealed the following: 1) Recovery areas #1 and #4 of 5 (#1-#5) had a cloth chair in the area which could not be sanitized between patients.</p>	1 000		

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE



Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2016
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES, PLLC	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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1 000	<p>Continued From page 1</p> <p>2) Recovery area #5 had a chair with vinyl type covering with rips in the surface which could not be sanitized between patients.</p> <p>3) Disposable blue padding was observed on the floor between recovery rooms #1-#2 and #4-#5. There were no patients in the recovery rooms at the time of observation. The Director of Nursing stated procedures were finished for the day and at the time of observation; the rooms had not been cleaned.</p> <p>4) In the Laundry room, above the washer and dryer area, a ceiling tile was displaced and hanging down. A disposable blue pad was observed on top of the tile. At the time of observation, the Director of Nursing stated a prior water leak had occurred in the ceiling above the tile.</p> <p>5) Three ceiling tiles in Procedure Room #1 were discolored and stained brown. At the time of observation, the Director of Nursing stated a prior water leak had occurred in the ceiling above the discolored tiles.</p> <p>6) A Mindray Mobile Trolley for Ultrasound had an accumulation of dust on the surface.</p> <p>B. The Director of Nursing confirmed the findings in A. at the time of observation.</p> <p>INFECTION CONTROL FOR ABORTION FACILITIES SECTION 10.A.3.d There shall be policies and procedures establishing and defining the Infection Prevention and Control Program, including: ... (d) measures for prevention of infections;</p> <p>Based on observation, review of high level disinfectant (HLD) daily test strip logs, review of manufacturer's instructions and interview, it was determined the facility failed to assure patients</p>	1 000		

Health Facility Services

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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES, PLLC	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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1 000	<p>Continued From page 2</p> <p>were protected from likely sources of infection in that the Minimum Recommended concentration (MRC) of the HLD was not verified prior to each reprocessing cycle as required per manufacturer's instructions. Failure to test the MRC prior to each reprocessing cycle did not assure the concentration of the product was above the level needed to achieve HLD. The failed practice was likely to affect all patients treated at the facility. The findings were:</p> <p>A. Observation on 07/27/16 from 1500-1550, revealed six containers, identified by the Director of Nursing as used for HLD of non-critical equipment. The Director of Nursing stated at the time of observation the HLD used by the facility was MaxiCide OPA 28 day.</p> <p>B. Review on 07/29/16 from 1048 -1103 of "MaxiCide OPA 28 daily Test Strip Log" for Procedure Rooms #1 and #2 revealed the statement "MaxiCide OPA is to be tested daily with provided test strips. Pass/Fail of the strip should be recorded for each individual area of MaxiCide". Review of the test strip logs for Procedure Rooms #1 and #2 revealed from 01/06/16 - 07/29/16 Area 1 (hand piece soaking), Area 2 (hose soaking) and Area 3, (soaking done near Berkley) were not documented prior to each reprocessing cycle.</p> <p>C. Review of the manufacturer's instructions of use for MaxiCide OPA 28 day solution on 07/29/16 at 0930 revealed "Monitor the Minimum Recommended Concentration (MRC) of the solution prior to each reprocessing cycle to ensure the OPA concentration is above 0.35%".</p> <p>D. The Director of Nursing was interviewed on 07/29/16 at 1340 and confirmed the facility was</p>	1 000		
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Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/29/2016
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES, PLLC	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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1 000	<p>Continued From page 3</p> <p>not checking the MRC of the MaxiCide OPA 28 prior to each reprocessing cycle.</p> <p>Based on observation, review of manufacturer's instructions, Center for Disease Control (CDC) Guidelines and interview, it was determined the facility failed to assure patients were protected from likely sources of infection from reusable nasal hoods. Failure to store nasal hoods to prevent recontamination did not assure patients would be protected from infection. The failed practice was likely to affect all patients treated at the facility. The findings were:</p> <p>A. Observation on 07/27/16 from 1500-1550 of Procedure Rooms #1 and #2 revealed a drawer in each room was lined with a paper product. The contents of each drawer included two nasal hoods. Each nasal hood had a paper product lining the inside. In an interview with the Director of Nursing at the time of observation she stated: the paper product in each of the nasal hoods was used to collect extra liquid after the items were high level disinfected and rinsed; nasal hoods were retrieved from the drawer prior to use by staff in the Procedure Room; and the facility adhered to CDC and manufacturer's guidelines.</p> <p>PHARMACEUTICAL SERVICES SECTION 11.A.2.d. Pharmaceutical services shall be under the direction of a licensed pharmacist if required by State law. In case the Abortion Facility does not require a licensed pharmacist, the Medical Director shall assume the responsibility of directing Pharmaceutical Services. A licensed pharmacist means any person licensed to practice pharmacy by the Arkansas State Board of Pharmacy who provides pharmaceutical services as defined in the Pharmacy Practice Act.</p>	1 000		

Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2016
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES, PLLC	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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1 000	<p>Continued From page 4</p> <p>The pharmacist or Medical Director shall make provisions that shall include, but not be limited to: (a) development and implementation of pharmacy policies and procedures; (b) annual review and revisions of pharmacy policies and procedures, with documentation of dates of review; (c) maintenance of medications in the Abortion Facility to meet the needs of the population served; (d) maintenance of medications in the Abortion Facility to ensure accountability; and (e) proper storage of medications.</p> <p>Based on observation, review of the medication log and interview, it was determined the facility failed to ensure an accurate count of two (Fentanyl, Midazolam) of three (Fentanyl, Midazolam and Diazepam) controlled drugs at the facility. Failure to have an accurate count of Fentanyl and Midazolam did not assure medication errors or unauthorized use of the drugs would be identified. The failed practice affected all patients treated at the facility. The findings were:</p> <p>A. Observation on 07/27/16 from 1500-1550 revealed Midazolam 1601 milligrams (mg) listed on the facility controlled drug log. The count was verified by the Director of Nursing at the time of observation and counted as 267 mg in excess of the 1601 mg documented on the controlled drug log. The Director of Nursing stated the excess was the result of an accumulation of medication vial overfills from the manufacturer.</p> <p>B. Observation on 07/29/16 at 1240 revealed Fentanyl 5072 milliliters (ml) listed on the facility controlled drug log. The count was verified by the Director of Nursing at the time of observation and counted as 13 ml in excess of the 5072 documented on the controlled drug log. The</p>	1 000		
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Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2016
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES, PLLC	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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1 000	<p>Continued From page 5</p> <p>Director of Nursing stated the excess was the result of an accumulation of medication vial overfills from the manufacturer.</p> <p>C. The Director of Nursing confirmed by interview on 07/29/16 at 1248 unauthorized use of the drugs as listed in A and B would be difficult to determine due to the undocumented controlled drug excess.</p>	1 000		
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Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Director and State Health Officer

August 16, 2016

[REDACTED]
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

Mailing Address:
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: **Licensure Survey** Conducted 07/29/2016

Dear Administrator:

The Arkansas Department of Health conducted a survey of your agency on 07/29/2016. The findings of the survey are in the enclosed Statement of Deficiencies and Plan of Correction (State Form).

In order for us to complete the survey process, you must submit an acceptable Plan of Correction (POC). When developing your POC it is essential that you answer the following questions for **each** deficiency:

1. **What** specific action will be taken to correct the deficient practice?
2. **When** will the correction be completed?
3. **Who** will be responsible for taking the corrective action?
4. **How** will you evaluate or monitor the corrective action to prevent the recurrence of the deficient practice?

The instructions for the submission of the Plan of Correction (POC) follow:

1. Indicate a plan for correction for each deficiency with an appropriate completion date on the right side of the enclosed State Form.
2. Sign and date page 1 of the State Form. Unsigned forms will be rejected.
3. Mail the form to the following address no later than 10 days from the receipt of this letter.

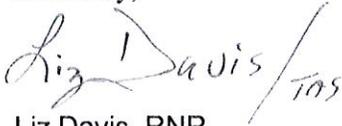


Americans
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for Life**

Arkansas Department of Health
Health Facility Services
5800 West 10th Street, Suite 400
Little Rock, AR 72204

If you have any questions, please call me at (501)661-2201.

Sincerely,

A handwritten signature in cursive script that reads "Liz Davis" with a flourish at the end.

Liz Davis, RNP
Program Manager
Health Facility Services

Enclosure



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for Life**



Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

September 20, 2016

██████████ Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

Mailing Address

Little Rock Family Planning Services, Pllc
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Survey Conducted 09/20/2016

Dear ██████████

The plan of correction regarding the above referenced survey has been reviewed by the appropriate disciplines and was determined to be an acceptable plan of correction.

If you have any questions, please call (501) 661-2201.

Sincerely,

Liz Davis, Program Manager
Health Facility Services
Arkansas Department of Health



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for Life**



Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Director and State Health Officer

August 26, 2019

██████████ Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Survey Conducted
08/22/2019

Dear ██████████

Little Rock Family Planning Services, PLLC is considered to be in compliance with applicable provisions of the Rules and Regulations for Licensure. We appreciate the cooperation of the facility staff during the survey.

If you have any questions, please call (501) 661-2201.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,

Becky Bennett

Becky Bennett Section Chief
Health Facility Services
Arkansas Department of Health

/LSA



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Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

September 15, 2015

██████████ Administrator
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Compliant Survey
Conducted 09-15-15

Dear ██████████

Little Rock Family Planning Services, PLLC is considered to be in compliance with applicable provisions of the Rules and Regulations for Abortion Clinics in the Arkansas. We appreciate the cooperation of the Facility staff during the survey.

If you have any questions, please call (501) 661-2201.

Sincerely,

Liz Davis, Program Manager
Health Facility Services
Arkansas Department of Health

/sm



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for Life**



Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

November 2, 2018

Attention: [REDACTED]

Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensed Abortion Facility Survey Conducted 10/31/2018

Dear Ms Williams:

On 10/31/2018 a licensure survey was conducted at your facility. Upon completion of the survey process which included review of records, tour of facility and staff interviews, no deficiencies were cited.

Thank you for your cooperation. If you have any questions, please call (501) 661-2201.

Sincerely,

A handwritten signature in black ink that reads "Becky Bennett".

Becky Bennett, Section Chief
Health Facility Services
Phone: 501-661-2201



Americans
**United
for Life**

Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED C 10/31/2018
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES,	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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1 000	<p>LICENSURE MEMO TAG</p> <p>On 10/31/18 at 08:40 AM, an entrance conference was conducted with the Facility Representative. The Representatives were informed the purpose of the visit was to conduct a complaint survey.</p> <p>On 10/31/18 at 2:00 PM, an exit conference was conducted with the Facility Representative. Preliminary findings were discussed with the Facility Representative.</p>	1 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE



(X6) DATE



Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Director and State Health Officer

November 5, 2018

██████████ Administrator

Little Rock Family Planning Services, Pllc
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensure Abortion Clinic Complaint Survey
Conducted 10/31/2018

Dear ██████████

Little Rock Family Planning Services, Pllc is considered to be in compliance with applicable provisions of the Rules and Regulations for Licensure. We appreciate the cooperation of the facility staff during the survey.

If you have any questions, please call (501) 661-2201.

If we may be of assistance at any time, please call (501) 661-2201.

Sincerely,

Becky Bennett, Section Chief
Health Facility Services
Arkansas Department of Health

/LS



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Arkansas Department of Health

5800 West Tenth St. Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Secretary of Health

November 12, 2019

Attention: [REDACTED]
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

RE: Licensed Abortion Facility Survey Conducted 11/07/2019

Dear [REDACTED]

On 11/07/2019 a re-licensure survey was conducted at your facility. Upon completion of the survey process which included review of records, tour of facility and staff interviews, no deficiencies were cited.

Thank you for your cooperation. If you have any questions, please call (501) 661-2201.

Sincerely,

A handwritten signature in cursive script that reads 'Becky Bennett'.

Becky Bennett, Section Chief
Health Facility Services
Phone: 501-661-2201



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Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

December 15, 2017

██████████
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

Re: Facility Inspection 11/21/17

Dear ██████████

The Arkansas Department of Health is in receipt of your correspondence dated 12/14/17 confirming correction of your Emergency Phone list to include the Red Cross, which satisfies the requirement. Therefore, Little Rock Family Planning Services' license will not be suspended.

Sincerely,

Becky Bennett

Becky Bennett, Section Chief
Health Facility Services
Phone: 501-661-2201



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Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ABOR00001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2017
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NAME OF PROVIDER OR SUPPLIER LITTLE ROCK FAMILY PLANNING SERVICES,	STREET ADDRESS, CITY, STATE, ZIP CODE #4 OFFICE PARK DRIVE LITTLE ROCK, AR 72211
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1 000	<p>LICENSURE MEMO TAG</p> <p>On 11/20/17 at 10:15 AM, an entrance conference was conducted with the Facility Representative. The Representative was informed the purpose of the visit was to conduct a state licensure survey.</p> <p>On 11/21/17 at 12:25 PM, an exit conference was conducted with Facility Representatives. The findings of the survey were discussed.</p>	1 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE





Arkansas Department of Health

5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204 • Telephone (501) 661-2201

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

December 7, 2017

██████████
Little Rock Family Planning Services, PLLC
#4 Office Park Drive
Little Rock, AR 72211

Re: Facility Inspection 11/21/17

Dear ██████████

On November 21, 2017, the Arkansas Department of Health conducted an inspection of your facility. The findings from this inspection revealed the Red Cross was not listed on the Emergency Phone Number list as required.

It is our understanding this has been corrected. Please fax a statement confirming our understanding to 501-661-2165.

Pursuant to Arkansas Ann Code §20-9-302 (3)(A)(ii) you have thirty (30) days from the mailing of this notice to respond with the confirmation or ask for a hearing. If you fail to do so, the license will be suspended. The suspension shall remain in effect until all violations have been corrected pursuant to §20-9-302 (3) (A)(iv).

Sincerely,

Becky Bennett

Becky Bennett, Section Chief
Health Facility Services
Phone: 501-661-2201



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