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]
Planned Parenthood of Arkansas and Eastern Oklahoma
3729 North Crossover, Suite 107
Fayetteville, AR 72703

Re: Complaint Investigation 02/01/18

Dear [redacted]

On February 1, 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 has possibly been requiring or 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). To further assist our investigation, we ask that you provide the following information:

- Describe the steps and timing by which the facility obtains payment from patients who inquire about or schedule an abortion and who pay by credit or debit card.

- Describe the steps and timing by which the facility obtains payment from patients who inquire about or schedule an abortion and who pay by cash.

- Describe the steps and timing by which the facility obtains payment from patients who inquire about or schedule an abortion and who pay by any means other than credit card, debit card, or cash.

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 of 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).

Sincerely,

Becky Bennett

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

Planned Parenthood®
Care. No matter what.

Planned Parenthood of the Heartland

1007 S. Peoria
Tulsa, OK 74120
p: 918.587.1101
f: 918.587.0589

FAX

To: Kris Carlisle **Fax:** 501-280-4930

From: [redacted] **At phone number:** [redacted]

Date: 10/19/15 **RE:** Corrective Action

# of Pages Including Cover: 3

Comments:

Signed/Dated Corrective Action Plan follows and will be mailed today, too.

PRINTED: 09/28/2015
FORM APPROVED

Health Facility Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ABOR00003	A. BUILDING: _____ B. WING _____	09/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLANNED PARENTHOOD OF AR & EASTERN (	3729 NORTH CROSSOVER, SUITE 107 FAYETTEVILLE, AR 72703

(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	Memo Authority 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. On 09/22/15, at 1100 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. On 09/22/15, at 1630 hours, an exit conference was conducted with Facility Representatives. The findings of the survey were discussed. The Facility was informed a deficiency would be cited. SECTION 8. PROGRAM REQUIREMENTS. A. Admission Evaluation. Every woman seeking to have an abortion shall be registered by the facility and evaluated by means of a history, physical examination, counseling, and laboratory test. 3. Pre-abortion Tests. The following are required prior to an abortion: hematocrit or hemoglobin, Rh typing, and onsite proof of pregnancy, such as pregnancy test, copy of a pregnancy test or ultrasound. Other testing may be performed according to facility policy.	4A000	The Regional Director and Health Center Manager will create a checklist for the front office team to utilize while confirming medication abortion appointments one to two days ahead of time. Said checklist will detail testing documentation which the employee must verify exists in EHR before calling the patient to confirm. More specifically, the checklist will include a reminder to verify hemoglobin was performed and documented in EHR on the Day One (Informed Consent) visit. If, during the confirmation process, it is discovered that hemoglobin is not documented, the front office team member will note on the checklist and on the patient's appointment data that hemoglobin testing must be performed before the patient receives her abortion medications. This checklist will be in use at the Fayetteville Health Center as of Friday, October 9, 2015. The front office specialist and health center manager will be responsible for taking on this checklist and ensuring its completion. The Regional Director of Health Services will audit 100% of medication abortion charts for three months to ensure compliance. After three months, depending on compliance, the auditing process will be evaluated and it will be determined what percentage of charts should continue to be audited moving forward. The auditing process will be evaluated in three month increments.	10/9/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [redacted] TITLE (X6) DATE 10/7/15

PRINTED: 09/28/2015
FORM APPROVED

Health Facility Services

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4A000	Continued From page 1 Based on Clinical Record review and staff interview, it was determined the Facility failed to obtain the Patient's hematocrit or hemoglobin level prior to the provision of a medication abortion in 1 (#8) of 30 (#1-#30) Clinical Records reviewed. 1. Review of Clinical Record #8 revealed a patient with procedure date of [redacted] Review of an untitled document used for documentation of an office visit for the purpose of a medication abortion revealed no evidence the Hemoglobin level was tested prior to the administration of the abortion inducing medication. 2. An interview was conducted with Facility Representative #1 on 09/22/15 at 1415 who verified the omission of the Patients hemoglobin level.	4A000		